

ScotNursing & Medical Services Limited Housing Support Service

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Type of inspection:
Unannounced

Completed on:
5 February 2026

Service provided by:
ScotNursing & Medical Services
Limited

Service provider number:
SP2011011689

Service no:
CS2011303130

About the service

ScotNursing & Medical Services Limited is registered to provide a combined care at home and housing support service to adults and children with a range of physical and/or mental health needs including those with complex care needs and/or receiving palliative care, living in their own homes and in their local community.

The head office is based in the North of Glasgow and provides some nurse lead and 24/7 complex care packages.

At the time of this inspection, the service was supporting ten people, four of which were children, living in Ayrshire, Edinburgh, Lanarkshire and Dunbartonshire.

About the inspection

This was an unannounced inspection which took place on 2 to 5 February 2026, between 08:00 and 18:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- contacted five family members, through speaking with them or via a questionnaire issued during the inspection
- received feedback from 16 staff, including management, through speaking with them or via a questionnaire issued during the inspection
- reviewed relevant documentation
- observed practice, daily life and interactions between people being supported and staff, during home visits
- received feedback from one health professional.

Key messages

- People were overall very happy with the care and support provided and were very positive about their regular staff.
- People needed reassurance about the consistency of their staff team.
- The service's use of their quality assurance and improvement processes needed to be reviewed.
- Relevant notifications to the Care Inspectorate, needed to be submitted, within the required timescale.
- Feedback from staff and people they support, needed to be sought and collated to inform improvements within the service.
- Personal plans needed to reflect all relevant information and be accessible to people they support.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good, where the service's performance demonstrated major strengths in supporting positive outcomes for people.

People should receive care and support that is right for them. The feedback we received from people, was overall very positive about the care and support received from their regular staff team, 'Happy with all staff and feel fully involved in the care and support provided', 'Regular staff are highly valued', and 'Staff we currently have are brilliant'.

People's needs were assessed by social work or NHS and packages of care and support were agreed. The majority of people supported had complex needs and required staff with additional skills and experience, with some packages of care being nurse-led.

The majority of people felt that the service was proactive in recruiting and matching staff, in relation to skills, experience and personality. The majority of people also told us that they now had a consistent staff team which they appreciated had taken time to build up in order to get the right staff match.

A couple of people, indicated that some shifts were not covered and having a full team of staff rather than relief cover, would make a positive difference. However, from staff rotas, we could see that the service aimed to provide consistent staff, who knew individuals well, and that the majority of people had a consistent staff team. We were also told that people were given additional options if they were unable to cover the exact day or time requested. We asked management to continue to identify key staff and continually review how the consistency of staff could be further improved.

We saw that staff rotas were sent out each week, automatically by the service's electronic system. People spoken with, indicated that they received weekly staff rotas in advance and were advised of any changes.

During home visits, we saw positive interactions between people being supported and staff, who were well known to them. We saw that staff carried out care and support which respected people's preferences and maintained their dignity. Infection prevention and control was also seen to be carried out in line with best practice. This meant that people received the right care and were supported to remain living in their own home.

We found that medication practice was safe, however, we highlighted a couple of areas in relation to medication records and management that needed to be reviewed. Management agreed to review these.

There was evidence of appropriate input and review from health professionals such as GP, district nurses, dietitian, speech and language therapists. We saw that staff followed their advice and this had led to positive outcomes for people they supported. We also saw that people had specialised equipment and home adaptations to promote and enable their independence. This helped to empower people to have as much control of their life as possible.

Feedback we received, from one health professional, that was regularly involved, was very positive about the care and support provided, staff and management, 'The team is responsive and asks for advice or support to support the person's wellbeing, when required', 'Staff very good given the complexity of the service', and

'Have always found senior leadership within the organisation to be accessible and responsive and transparent'.

How good is our leadership?

4 - Good

We evaluated this key question as good, where a number of strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People should benefit from a culture of continuous improvement which is supported by appropriate management oversight. We initially found accessing quality assurance information difficult as the Clinical lead and Care Co-ordinator were not available. We asked management to ensure that information is readily accessible for other members of the management team.

We saw that management used quality assurance processes which allowed them to monitor a number of areas across the service. These included the recruitment and induction of new staff, ongoing training, staff supervisions and observations of practice.

Recruitment practice was seen to be safe and overall follow best practice. However, we asked management to review the use of two interviewers and value-based competency scenarios based on current care needs, as well as involving people they support. We were told that the service had reviewed how they recruit and were planning to arrange informal meetings for people and their families to meet new perspective staff.

When we compared information held by the service and the Scottish Social Services Council (SSSC), we found that staff were registered but not always reflected under the service that employed them. Management needed to ensure that this was actioned by staff, and that their records were accurate and up-to-date in relation to staff's registrations and qualification dates.

We saw that staff completed an induction programme which included mandatory training and shadow shifts. Staff then completed ongoing annual training, and training records reflected that all staff were currently compliant.

Staff also participated in observations of practice, supervision and appraisal meetings. However, from records viewed, it was difficult to see that all staff had participated in these. We were told that more staff were being given part-time management roles to support these. We asked management to ensure that overviews reflected previous and planned dates for all staff.

We saw that management held daily and weekly meetings to discuss all operational matters and to keep up-to-date with any changes. Staff were updated about any relevant changes electronically.

Management had a Service Improvement plan, which reflected the service's planned aims and progress made. However, it was not clear how people being supported, their families and other stakeholders had informed this, or how outcomes for people had improved. Some internal surveys, from people being supported, were seen and reflected positive outcomes, however, it was not clear when these were received. We suggested that the development of a self-evaluation, in relation to the quality framework, would help to prioritise improvements and demonstrate what the service does well, what they could do better and how people's input had shaped outcomes.

We viewed a sample of incidents, since the last inspection. These highlighted that appropriate incident investigations, and actions, had been taken to protect people. However, it became evident that some

relevant notifications had not been submitted to the Care Inspectorate. The notification guidance was shared with management to ensure they were clear about what required to be submitted.

We found that the provider's complaint policy was in line with best practice. No recent complaints had been received by the service and they confirmed that they aimed to address any issues or concerns at the time. This allowed for a quick resolution without a formal complaints process being needed. Relatives, spoken with, indicated that the communication between themselves and the office or management was overall good including the use of on call.

As a result, of the areas highlighted, we have made an area for improvement for management to ensure that their quality assurance processes are being used as intended, and reflect the benefit for the people who use and work in the service (see area for improvement 1).

Areas for improvement

1. To ensure that people benefit from a culture of continuous improvement within the organisation and their service provision, the manager should:

a) review the use of the service's quality assurance systems to ensure that these are used as intended and reflect improvements made within the service

b) submit relevant Care Inspectorate notifications and updates

c) seek and collate regular feedback from people who use and work within the service to inform the improvement plan

d) develop a self-evaluation, which demonstrates what the service does well and what they could do better

e) review SSSC and service records to ensure that registrations and qualification dates are accurate and kept up-to-date.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where a number of strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences.

The service used an electronic personal planning system. We reviewed personal plans of the people we had

spoken with or met during home visits, and we could see that most plans reflected the individual's routines, preferences, interests, who and what was important to them. However, we found that some plans focused on physical or clinical care needs and as a result, details about people's emotional, social or communication needs were not always clearly recorded.

We also found some paper personal plans, in people's homes, and electronic plans that were not up-to-date. People indicated that care and support was reviewed and discussed regularly but, despite this, it was unclear how some information contained within personal plans was not up-to-date. It was also unclear if people were involved in formal reviews of their care on a six-monthly basis. We asked management to ensure that any updates and formal reviews were clearly recorded. We also asked management to discuss and record people's preference in relation to having an up-to-date paper plan at home or access to the electronic system.

During home visits, we saw care records and daily notes that were very detailed and reflected the planned support, what they did and the positive impact on the individual receiving the support.

We also saw relevant electronic communication records and that management assessed care record information on a monthly basis. This helped to ensure that people got the right care for them.

We became aware that staff supported some people with financial transactions, during outings. The Service User's Finances policy, reflected relevant procedures and staff's responsibilities, including accurate recording of any financial transactions. However, we found that financial transactions were not recorded as part of planned care and were not being managed in line with the provider's policy. Management agreed to ensure that people's financial arrangements were reviewed and managed appropriately to protect people.

As a result of the areas highlighted, we have made an area for improvement to ensure that people's personal plans and care records contain all relevant and up-to-date information (see area for improvement 1).

Areas for improvement

1. In order to ensure that people have personal plans that contain all relevant and up-to-date information, the manager should ensure that:

- a) up-to-date and relevant details are recorded for each person's care and support needs including social and communication needs
- b) people, or their representative, are involved in six monthly reviews of their care and this is clearly reflected in their personal plan
- c) relevant systems are in place to record any transactions, where staff are managing or handling people's money
- d) people are able to access their personal plan and information related to their care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15);

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure the service is transparent, the manager should ensure requests for information from people they support and their family are acted upon.

This is in order to comply with: Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 4 June 2025.

Action taken since then

People spoken with, including relatives, indicated that the communication between themselves and the office or management was overall good including the use of on call.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure complaints made to the service are investigated fully and responses are issued in accordance with the company's complaints procedure.

This is in order to comply with: Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 4 June 2025.

Action taken since then

We found that the provider's complaint policy was in line with best practice.

No recent complaints had been received by the service and they confirmed that any issues or concerns raised would be addressed at the time. This allowed for a quick resolution without a formal complaints process being needed.

This area for improvement has been met.

Previous area for improvement 3

To prevent unnecessary anxiety, the manager should ensure people know in advance who will be providing their care and support, and if any changes are made, they are kept informed.

To do this, the manager should:

- a) Provide planned visiting schedules to people at least one week in advance.
- b) Ensure consistent staff groups are allocated to provide each person's care and support.

This is in order to comply with: Health and Social Care Standard 3.11: I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.

This area for improvement was made on 4 June 2025.

Action taken since then

We were told that staff rotas were sent out each week, automatically by the electronic system. People spoken with, indicated that they received weekly staff rotas in advance and were advised of any changes.

Some people told us that they now had a consistent staff team which they appreciated had taken time to build up in order to get the right staff match.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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