

# Healthrites Care Solutions Support Service

13 Smithfield Road  
Aberdeen  
AB24 4NR

Telephone: 01224 679364

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
6 February 2026

**Service provided by:**  
Healthrites Care Solutions Limited

**Service provider number:**  
SP2022000211

**Service no:**  
CS2022000317

## About the service

Healthrites Care Solutions is registered to provide a service to adults including older people in their own homes and in the community. Their office base is in Aberdeen City.

At the time of inspection, the service supported 72 people living in Aberdeenshire and Aberdeen City.

## About the inspection

This was a short notice announced inspection which took place between 02 and 06 February 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for this inspection we reviewed information about this 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:

- spoke to or received feedback from 32 people using the service and 11 of their family, friends or representatives
- spoke to or received feedback from 18 staff and management
- reviewed documents.

**Key messages**

- People spoke positively about their care, describing staff as friendly, caring and reliable.
- People were supported in a person-centred way which helped them maintain independence and control.
- People received care from a consistent and stable workforce which helped them feel secure and confident in the care they received.
- There was room to improve recording of 'as required' and topical medication.
- Feedback from staff described a positive organisational culture.
- Staff worked calmly, confidently and respectfully with each other, people experiencing care and families.
- Training, induction and competency processes were generally effective, helping ensure staff were confident and well prepared for their roles.
- Observation of staff practice should be more thorough to strengthen oversight.

**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 staff team?	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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People spoke positively about their care, describing staff as friendly, caring and reliable. One person told us, "I am treated with respect. All the carers are really nice," while a family member said, "We get some of the best care possible." This showed people were treated with compassion, dignity and respect.

We observed staff engaging people warmly in relaxed conversations, using appropriate humour. We also heard a staff member singing along with the person during their morning routine, which created a lighter atmosphere and helped reduce any anxiety. This meant people felt at ease and well supported during their routines, which improved their emotional wellbeing.

People were also supported in a person-centred way. Staff offered choices, checked preferences and involved people in decisions about their support. For example, staff asked what people would like to eat, checked how they were feeling and adjusted the pace of care accordingly. These actions showed staff recognised and respected people as individuals and helped them maintain independence and control.

People also described a strong sense of continuity in their care. They told us they saw a small number of carers whom they knew well. This helped people feel secure and confident in the support they received. People also reported their visits were generally on time, and in the rare instance that a carer was going to be late, they were informed. This reliability meant people could plan their day and feel assured their needs would be met.

The service's digital care planning system provided examples of well developed, personalised information. Most care plans included clear summaries of people's routines, likes, dislikes and guidance for staff on how best to support them. There were also detailed documents in place to support safe practice, such as moving and positioning guidance, risk assessments and records of professional input. These documents helped ensure staff had access to up-to-date information to guide safe and consistent care.

The background information in the personal plans contained ample medical information but sometimes lacked information about what was important to the person and their life history. Enhancing this information would help staff deliver more personalised support and enrich day-to-day interactions that contribute to people's emotional wellbeing. The service reassured us this would be addressed promptly.

Digital systems used by the service also supported oversight and reliability. The service used electronic care planning and daily notes and had an additional app that allowed staff to confirm their arrival and departure times at visits, ensuring they could only log in when at the person's home. This provided extra assurance that visits were carried out as scheduled and helped prevent missed or inaccurately recorded visits, thereby protecting people's safety and wellbeing.

The service had clear systems for improvement planning. The service improvement plan showed that leadership had identified priorities directly linked to people's outcomes, such as enhancing person-centred care, improving communication, strengthening governance and managing medication-related risks. Improvement plans included objectives, planned actions and expected impacts, demonstrating a structured approach to developing the service in ways that benefit people's health and wellbeing.

The service had good systems in place for recording and administering medication, and we observed very good staff practice. However, the recording of 'as required' medication lacked detail at times about the reason for administration and its effectiveness. This meant people could receive medication that was no longer effective in managing their pain. We also found that people's creams and ointments did not have opening dates recorded. This increased the risk of using products that may no longer work, which could harm people's skin health. The service assured us these issues would be addressed immediately. This will help protect people's health and wellbeing.

The service had processes in place for recording and responding to incidents and complaints, and we saw examples of prompt investigation and appropriate action. However, the outcomes of one complaint were not clearly recorded, particularly regarding how the findings were communicated to the person and their family. The provider assured us they would address this for any future concerns. Improving how outcomes are recorded and communicated would support greater transparency and help reassure people that their concerns are taken seriously.

### How good is our staff team?

4 - Good

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

Staff described a positive organisational culture. Staff told us they felt well supported, valued and able to raise concerns or seek advice when needed. They felt comfortable contacting management colleagues for guidance during visits, and several staff gave examples of management accommodating personal circumstances. These approaches fostered a sense of belonging and loyalty within the team. When staff feel supported, they are more likely to deliver consistent, compassionate care that benefits the people they support.

We observed staff working calmly, respectfully and confidently, and communicating well with each other, the people they supported and their families. Staff appeared to have positive relationships with those they supported, and this contributed to a warm and trusting environment that benefitted people's health and wellbeing.

Recruitment procedures were robust and well organised with comprehensive documentation, including essential checks such as identity verification, appropriate references and right to work verification. The interview process also included scenario-based questioning intended to assess candidates' suitability, values and approach. This meant people could be reassured that staff were recruited fairly and robustly and were fit to undertake the roles they had been recruited for.

However, most interviews were carried out by a single panel member, which is not in line with best practice. Management assured us that a minimum of two interviewers would be present for all future interviews. This will help strengthen fairness, support objective decision-making and reduce bias, and further reassure people that staff are recruited safely and appropriately.

Induction processes for new staff were structured and included shadowing, competency reviews and opportunities for feedback. Competency reviews covered key areas such as personal care, infection prevention and control, moving and handling, and medication support. When completed well, these records showed that staff were being assessed and supported to reach an appropriate level of competence before

working independently. This helped reassure people that they were being supported by a skilled and competent staff team.

Spot checks were also being carried out regularly for existing staff, and the service maintained a tracker to evidence completion. These processes helped the service maintain oversight of staff practice and ensured staff had opportunities to receive feedback on their performance.

However, the quality of competency assessment and spot check documentation varied. There was often limited description of practice observed or what specific improvement was needed. At times there were inconsistencies as well, such as concerns identified in comments not being reflected in the action planning. Strengthening these records so they include clearer narrative and specific actions would improve the service's ability to identify patterns, support learning and ensure safe practice.

There was an outstanding area for improvement relating to competency assessments, which had not been met based on the findings outlined here. We will review progress with this at the next inspection. Please see 'What the service has done to meet any areas for improvement made at or since the last inspection' section for details.

The service had recently recruited an additional care supervisor with a specific focus on quality assurance and improvement. This positive step should help improve oversight and practical support for staff to aid their ongoing development, once this supervisor is established in their role. This will also further reassure people that their health and wellbeing will benefit from the service having robust quality assurance processes in place.

Staff support systems also included a mix of in-person and online training, supervision sessions, team meetings, and informal guidance, all of which helped maintain confidence and consistency in care. However, oversight of training completion was inconsistent, with some staff showing low completion levels that had not been clearly followed up in supervision or appraisal. The service had already started addressing this with staff when we highlighted this and reassured us that training compliance will be monitored closely and learning needs addressed promptly. This will further reassure people that they are being supported by a skilled, well-led team committed to continuous improvement.

## 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

In order to support good outcomes for people, the management team should have robust competency assessment processes in place.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 8 September 2025.

#### Action taken since then

The service had put systems in place to assess staff competency, including induction competency checks for new staff and monthly spot checks for all staff. These processes helped the service improve oversight of staff practice and ensured staff had opportunities to receive feedback on their performance. However, the quality and consistency of the documentation needed to improve to provide strong assurance about the care being delivered by staff. Therefore, this area for improvement has not yet been met. Please see the section, 'How good is our staffing?', for further information. We will review progress with this at the next inspection.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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