

# Specialist Resource Solutions Ltd Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 February 2026

**Service provided by:**  
Specialist Resource Solutions Ltd

**Service provider number:**  
SP2015012508

**Service no:**  
CS2015338085

## About the service

SRS provides care at home and housing support to adults living in their own homes. The service operates across Aberdeen and Aberdeenshire and is managed from an office in Aberdeen. The service provides support with personal care, daily living tasks and other agreed activities.

At the time of the inspection, the service was supporting 403 people.

## About the inspection

This was an unannounced inspection which took place on 27 January 2026, 28 January 2026, 2 February 2026 and 3 February 2026.

The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the 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 with seven people using the service and seven of their family
- received 30 responses to a feedback questionnaire from people using the service
- spoke with 14 staff and management
- received 45 responses to a feedback questionnaire from staff
- spoke with two professionals
- received 20 responses to a feedback questionnaire from professionals
- observed practice
- reviewed documents.

## Key messages

- Many people experienced kind and person-centred support, which helped them feel comfortable when care was delivered.
- People were often supported appropriately when their health needs changed, which helped them maintain their wellbeing and avoid unnecessary deterioration.
- The Digital Support Hub (DSH) provided beneficial support, which promoted more stable routines and increased people's sense of safety.
- Many staff were knowledgeable and skilled, which meant people were more likely to receive safe and well-informed support.
- Care planning often reflected people's wishes, which supported personalised outcomes.
- Some moving and handling practice was inconsistent, which meant people were not always fully protected from potential risks.
- Some people's support was rushed, which meant visits did not always feel relaxed or person-centred.

## 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?	3 - Adequate
How good is our staff team?	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?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses and key areas required improvement.

Support workers were often kind and caring. People described some staff as "exceptional" and said they were "always there for me when I need them." These accounts showed that many people experienced warm, trusting relationships. Regular support workers helped people feel known and understood, which increased people's confidence and comfort. Many people therefore experienced support that felt respectful.

Support workers often responded thoughtfully when people's needs changed. For example, staff paused routine tasks when they noticed a change in a person's skin and contacted nursing professionals promptly. This ensured concerns were addressed early and prevented deterioration. Communication with professionals, including speech and language therapists, social workers and occupational therapists, sometimes supported co-ordinated care. Many people consequently benefited from timely advice and support that protected their wellbeing.

People were often supported to eat and drink. People and families told us that staff reassured them, encouraged food and fluids, and followed familiar routines that promoted appetite and hydration. Predictable mealtime patterns helped some people eat and drink more steadily, improving mood and energy levels. This meant many people experienced support that maintained their nutrition and hydration.

People benefited from reliable and responsive support through the Digital Support Hub (DSH). The DSH provided planned check-ins and technology-enabled alerts that monitored changes in people's wellbeing. Overnight check-ins offered reassurance, and early alerts allowed staff to prepare effectively for morning visits. Day staff told us they arrived better informed about people's needs, and professionals reported fewer overnight responder callouts, reducing night-time crises and freeing capacity. People therefore experienced timelier responses and more stable support that promoted safety and wellbeing.

Support workers supported people with their hygiene needs. Many people experienced organised care that upheld their dignity. Some people, however, told us that personal care support could occasionally feel rushed. Staff also described feeling time-pressured, which may have contributed to these experiences. Less rushed visits could help ensure people consistently receive support in the way that suits them best (see 'How good is our staff team' and 'Area for Improvement 1').

Communication with people and families was mixed. Many people told us they felt well informed, whilst others said they did not always receive updates. This could lead to uncertainty about planned support. The provider had already made improvements to communication processes, and we will follow this up at future inspections.

Support workers assisted people with their medication. Many people experienced safe support. Where issues occurred, these tended to reflect variability in practice. Examples included occasional missed doses, delays in reporting errors, or storage that needed tightening. Strengthening oversight would help ensure medication processes are consistently reliable, which will reduce the likelihood of errors and better protect people's health and wellbeing (see 'Area for Improvement 1').

Support workers made recordings after each visit. Some entries were completed well and gave a clear account of what had happened. However, the overall quality was variable. On some occasions, notes lacked detail or did not fully reflect the care provided, which limited their usefulness for guiding staff or monitoring changes in people's needs. Improving accuracy and consistency would support safer and more person-centred care (see 'Area for Improvement 2').

Support workers helped many people to move and walk safely. Some people experienced practice that respected their choices and promoted independence. However, some areas of practice were not consistently reliable. There were occasions where equipment was not used correctly or assessed plans were not fully followed. Professionals also told us that some staff lacked confidence using hoists and other equipment. These issues increased the potential for avoidable harm, including falls (see 'Requirement 1').

## Requirements

1.

By 3 April 2026, to promote the safety and wellbeing of people, the provider must ensure that moving and handling practice is carried out safely and in accordance with assessed plans.

To do this, the provider must, at a minimum:

- a) ensure staff follow assessed moving and handling plans at all times
- b) implement regular, documented observations of moving and handling practice and take prompt action where unsafe or inconsistent practice is identified
- c) ensure staff have sufficient time, training and support to carry out moving and handling tasks safely
- d) use learning from incidents, concerns, audits and observations to improve practice and reduce recurrence of unsafe practice

This is in order to comply with Regulation 4(1)(a) and 4(2) (welfare of users), and Regulation 5(2)(b) (personal plans), of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

"My care and support meets my needs and is right for me" (HSCS 1.19) and

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14) and

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

## Areas for improvement

1. To support people's health and wellbeing, the provider should strengthen medication oversight systems so that medication is stored safely, administered accurately, and any discrepancies are identified and acted on promptly.

This is to ensure care that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or sudden change in my care needs' (HSCS 1.24) and 'I experience high quality care and support because people have the necessary resources' (HSCS 4.27)

2. To support safe and effective care, the provider should improve the accuracy, completeness and clarity of health and wellbeing related recordings so that records reflect the care provided, any identified concerns, and the actions taken.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My personal plan... sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## 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.

Support workers built positive relationships with many people. People told us staff were mostly approachable and communicated in ways that felt respectful. One person said, "they always speak to me kindly and make me feel comfortable straight away." Many people felt more at ease with regular workers who understood their preferences, which helped them feel settled during support.

Many support workers were knowledgeable and skilled. Staff described training that was relevant to their day-to-day work, and newer colleagues benefitted from guidance from more experienced workers. This helped many people receive safe support. Furthermore, staff also felt supported in their roles. Daily huddles, check-ins and operational meetings kept them informed, and regular supervision and team meetings strengthened reflection and communication. Together, these strengths promoted good practice and supported positive outcomes for many people using the service.

Quality assurance systems improved outcomes for many people. Managers carried out audits and routine checks to review key areas of practice and monitor staff performance. They acted on their findings, which contributed to generally stable service delivery across many parts of the service. These arrangements helped keep missed visits low, including during periods of severe weather. This demonstrated an intent to provide consistent support for people.

Many people therefore experienced safe and organised support. These examples showed the level of practice achievable when staff, systems and routines operated consistently. However, some aspects of practice varied across the service.

People's experiences were sometimes affected by the pace and structure of their support. Some people and families said support felt hurried, and they did not always know who was coming or when. Others told us they were not routinely informed about changes to staff or visit times. Support workers reported insufficient travel time between calls, which contributed to delays and limited opportunities for meaningful interactions. Staff also said this made it more difficult to record information properly. Professionals described rushed personal care, inconsistent timings and delays in communication. Taken together, these issues meant some people did not experience predictable and unhurried support (see Area for Improvement 1).

## Areas for improvement

1. To support people's health and wellbeing and improve the quality of their support, the provider should ensure that people experience unhurried, consistent and person-centred care.

This should include, but not be limited to, ensuring staff have enough time within each visit to deliver compassionate support and complete accurate, person-led records, and ensuring people are informed when there are changes to their planned support, including any delays or changes to who will be attending.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "People have time to support and care for me and to speak with me." (HSCS 3.16) and "My care and support meets my needs and is right for me." (HSCS 1.19).

## How well is our care and support planned?

4 - Good

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

People had personal plans that often supported thoughtful and personalised care. Plans included routines, preferences and approaches that helped people feel comfortable. Many plans were detailed and person-centred, and several support workers spoke confidently about people's needs. Experienced staff encouraged newer colleagues to revisit plans when unsure, which promoted informed and considered decision-making. These examples showed how well-developed plans guided day-to-day care and contributed positively to many people's wellbeing.

Support workers recorded information after each visit. Several staff produced meaningful notes that reflected people's experiences and captured small but important observations. These records supported early intervention and clearer communication. Staff said their confidence in person-led recording had improved following training, which helped information be used more effectively to guide some people's care.

Despite these strengths, practice was not always consistent. Some plans and recordings focused mainly on tasks and lacked meaningful detail. At times, staff described interactions positively without acknowledging concerns that had arisen. When this happens, records do not give an accurate account of people's experiences. This reduces their value, and weakens confidence that care is delivered safely (see 'How well do we support people's wellbeing?' and 'Area for improvement 2'). Furthermore, some support workers told us they felt rushed due to time pressures, which made it difficult to complete notes properly. This increased the risk of gaps or inaccuracies in records and affected the reliability of information needed to support safe care (see 'How good is our staff team?' and 'Area for Improvement 1').

## 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 promote good outcomes for people, the service should continue to improve quality assurance process and regular observations of care practice to evidence staff knowledge and application of learning. This should be recorded and include any feedback or actions taken to improve practice.

This is in order to comply with:

Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

**This area for improvement was made on 13 June 2025.**

#### Action taken since then

The service had introduced a range of quality assurance measures, including medication audits, spot checks, alerts, trackers and more structured oversight. These changes showed positive progress and greater organisation in how monitoring was carried out. However, quality assurance was not yet consistently identifying all areas where practice varied, including occasional medication discrepancies and issues linked to moving and handling. Further strengthening of these processes will help ensure checks are effective and that improvements are sustained.

**This area for improvement has not been met.**

### 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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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