

Carluker Dignity Care Housing Support Service

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Type of inspection:
Unannounced

Completed on:
12 March 2026

Service provided by:
Carluker Dignity Care Ltd

Service provider number:
SP2023000167

Service no:
CS2023000264

About the service

Carl Luke Dignity Care offers home care, 24-hour live in care and supported living packages. The service supports people with learning disabilities, autism and complex needs, mental health difficulties and frail elderly, including those with dementia and stress and distress. The service was registered with the Care Inspectorate in August 2023.

At the time of inspection the service was supporting 28 people.

About the inspection

This was an unannounced inspection which took place over three days from 10:00 and 16:00 between the 04 and 12 March 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for this first inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service was registered.

To inform our evaluations of the service we:

- spoke to four people being supported by the service;
- spoke to three relatives/friends of people supported;
- reviewed 15 staff questionnaire responses;
- reviewed five questionnaire responses from people supported;
- reviewed two questionnaire responses from external professionals;
- spoke with staff and management;
- reviewed documents.

Key messages

- People's needs were being met to a good standard.
- Staffing levels were sufficient to meet people's needs.
- Improvements were needed in ensuring people received their care and support in line with agreed times.
- Overseas staff should be supported with their language development and cultural awareness.
- Audits processes should be improved and staff practice observations of moving and assisting competency be included and documented fully.

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?	4 - 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?

4 - Good

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

Feedback gathered from people using the service, their relatives, external professionals, and review of care planning documentation demonstrates that the service is achieving good outcomes for the majority of those supported. Visits to four people, conversations with three relatives, and analysis of five completed questionnaires indicated that people generally experienced safe, respectful, and compassionate care.

People told us they were largely happy with the care they received, with four out of five service-user questionnaire responses expressing overall satisfaction. One person described themselves as a "new service user, very happy so far with care and treatment." One person shared an example of staff going "over and above" what was expected, reinforcing positive outcomes in relation to personalised support and strong relationships with carers.

A small number of people reported occasional concerns around staff punctuality and visits feeling rushed. Some described differing attendance times and occasional early departures, which should be explored further (**see area for improvement 1**). A minority also highlighted communication challenges with overseas staff and some cultural differences in food preparation (**see area for improvement 2**). One person expressed uncertainty about how to make a complaint and did not feel involved in their support planning. These issues link to clear areas for improvement, particularly around communication, and cultural understanding in improving service provision.

Feedback from external professionals was highly positive. Professionals described the quality of support as excellent and expressed confidence in the service. They highlighted strong leadership, prompt responsiveness from the manager, and consistently positive feedback from the individuals they support.

Reviews were well documented, with a clear system ensuring reviews take place at least every six months. It was suggested that review schedules could be better staggered, particularly for people who started in December, to support smoother workload management.

Care plans were sufficiently detailed, including clear medication information. A positive behaviour plan that was sampled, during inspection, was comprehensive, and monthly multi-disciplinary meetings offered a suitable forum for service review discussions. It was suggested that incorporating these meetings into the service review planning could streamline processes for these intense types of support.

Overall, evidence showed the service delivered good outcomes, with people feeling well supported, professionals expressing high confidence, and systems in place to maintain safe and effective care.

Areas for improvement

1. The provider should ensure staff consistently arrive promptly at agreed times and deliver the full duration of planned support, maintaining reliability and meeting the care schedules agreed with people supported.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'My care and support meets my needs and is right for me (HSCS 1.19).

2. The provider should strengthen the communication skills of overseas staff by improving language clarity and providing targeted language development support. In addition, a more structured cultural induction process is needed to promote mutual understanding, reduce misunderstandings, and ensure effective care and support.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'My care and support meets my needs and is right for me (HSCS 1.19).

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.

Workforce feedback gathered through four staff visits and 15 Care Standards Questionnaires (CSQs) demonstrated generally positive findings, with clear strengths observed in training compliance, management support, and overall standards of care. Areas needing further development related primarily to operational oversight, workforce planning, and the consistency of supervision and audit processes.

Staff confirmed that they were appropriately registered with the Scottish Social Services Council (SSSC) and that both mandatory and core training were up to date. This was supported by the provider's training matrix. Ensuring the accuracy of training records supported a robust assurance of a competent and compliant workforce.

Staff described management as supportive and accessible, and noted that the service demonstrated effective organisation, strong safeguarding practice, and consistent adherence to care plans. Staff also highlighted good teamwork and a commitment to maintaining health and safety standards. These positive factors contribute to stable workforce performance and improved outcomes for people experiencing care.

Several staff raised concerns regarding insufficient travel time due to the geographical spread of visits, and some reported that allocated care times did not always allow for unhurried, person-centred support. Addressing these issues would strengthen the reliability of the service and support improved experiences for individuals. Staff also noted that, at times, expectations from people receiving care exceeded the agreed support outlined within care plans, indicating a need for clearer communication and review processes.

Supervision records showed that only some staff received regular, established supervision. While recent meetings have focused on probationary requirements due to an influx of new employees, the introduction of additional senior staff should support the development of a consistent supervision structure. Regular, planned supervision remains essential for maintaining practice quality and supporting staff wellbeing.

Although audits and competency checks had been undertaken, there was limited evidence of follow-up actions or the outcomes of these activities. The service would benefit from a more structured monitoring and assurance framework, incorporating clearly documented action plans, defined responsibilities, and regular review processes to support robust governance.

In addition, a formal and routinely updated staff competency assessment should be implemented for all employees. This should include demonstrated competence in moving and assisting practices to ensure safe and consistent standards of care (**see area for improvement 1**).

Areas for improvement

1. The provider should ensure that audit actions are more clearly evidenced, with outcomes recorded and actions formally signed off on completion. Staff competency checks should be fully documented and include, in each case, an assessment of moving and assisting practice to ensure staff competence is consistently assured.

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).

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 people receive the safest and best care the service should formalise its audit processes, to include but not be limited to documented staff practice observations, care plan audits and medication audits. The service should also ensure dates on all service documentation are accurate and forms fully and properly completed.

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).

This area for improvement was made on 28 February 2025.

Action taken since then

An appropriate audit system with associated records were available online but needed clearer evidence, completed actions, and sign-off. A further area for improvement was identified to ensure competency checks included moving and assisting practice for staff competence.

This area for improvement had been met.

Previous area for improvement 2

To ensure the service has good oversight of areas of service provision it needs to improve upon, a service improvement plan should be developed in line with best practice. This should be subject to regular review and include an associated, monitored action plan.

This is to ensure that care and support is consistent with Health and Social Care Standard (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)

This area for improvement was made on 28 February 2025.

Action taken since then

The sampled service improvement plan predominantly focused on service growth and development and addressed the identified area for improvement; however, further alignment with current guidance was needed. Updated guidance was shared with the manager to further improve this process.

This area for improvement had been met.

Previous area for improvement 3

To ensure people are safe, social care staff working in the service should be registered with the Scottish Social Services Council (SSSC) on the correct part of the register. The relevant registers should be subject to regular checks to verify staff's continued registration and ongoing ability to work in regulated care.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 28 February 2025.

Action taken since then

All staff were confirmed as registered on at least one of the two relevant SSSC service registers. Discrepancies identified during inspection were immediately corrected by the manager, demonstrating timely and effective action in fully addressing the previously identified area for improvement.

This area for improvement had been met.

Previous area for improvement 4

To ensure people are kept safe risk assessments should be regularly reviewed in line with need and dated accordingly evidencing that all risk documentation is always current and in date.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'My care and support meets my needs and is right for me (HSCS 1.19).

This area for improvement was made on 28 February 2025.

Action taken since then

Evidence confirmed the identified improvement had been achieved, with care plans and risk assessments consistently and regularly reviewed for relevance. Records also showed service reviews occurred, as a minimum, at the required six-monthly frequency, demonstrating sustained compliance with expected practice at all times.

This area for improvement had been met

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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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