

Mears Supported Living - Aberdeenshire Housing Support Service

Mears Care
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Type of inspection:
Unannounced

Completed on:
19 February 2026

Service provided by:
Mears Supported Living Limited

Service provider number:
SP2020013554

Service no:
CS2020380530

About the service

Mears Supported Living - Aberdeenshire provides housing support and care at home to adults in their own homes, in either single or shared tenancies. They provide support in a number of geographical areas in the North east of Scotland. The support ranges from a few hours a week up to 24 hour support. At the time of the inspection, the service was supporting 46 people.

About the inspection

This was an unannounced inspection which took place between 11 and 19 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 or received surveys from 10 people using the service and 12 of their family/representatives
- Spoke with or received surveys from 79 staff and management
- Observed practice and daily life
- Reviewed documents
- Received surveys from 5 visiting professionals.

Key messages

- Some people were supported well, while others needed improvement in the way their support was given to them.
- People had a good range of activities in their life and had good connections with their local community.
- Staff cared about the individual people they were supporting.
- People and staff needed more robust guidance for unsafe situations.
- The leadership team were in a transition period and did not have good oversight of all areas of practice throughout the service.
- We followed up on two requirements from an upheld complaint. These were not met and remain in place.

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 leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

The level at which people's health and wellbeing benefitted from their care and support was adequate. There were some strengths which had a positive impact for people and there were also key areas which needed to improve. These improvements must be made by building on the strengths and addressing elements that are not helping toward good outcomes for people.

In survey replies relatives expressed trust and appreciation for staff doing "everything they can" to ensure wellbeing. Two relatives said they were frustrated with poor communication about their relatives wellbeing.

The support staff knew people well and there were varying levels of respect in the relationships. Sometimes the relationships were almost like a family because they had known one another for many years. This could be caring, or could cross a line and become over bearing and not professional. Some people were clearly in charge in their own homes and spoke to us about what was happening. Sometimes the carers spoke for people, instead of giving them time and space to reply. This will, over time, contribute to people becoming unnecessarily more dependant. In some houses conversations about people's particular habits took place in public areas, and in front of people, which we saw raised people's stress levels. The people who were being supported were all tenants in their homes and staff need to make sure people are treated like adults and enabled to make as much choice and give as much direction as possible.

Two important aspects of people's lives, which were common to many of the houses, was knowing what was happening and good communication. We saw communication tools used effectively in some houses and people knew what was happening next in their day. For other people the tools were in the house but staff were not using them. This lessened the likelihood of people feeling in control and increased the likelihood of distress (see requirement 1 in the Outstanding Requirements section of this report).

People all had a planner for regular activities and the houses had extra staff on, when required, to make sure these happened. This enabled people to be involved in aspects of their life such as choosing and buying their own shopping and personal items. A lot of community facilities were used like local cafes, gyms, and regular social groups. People also showed us that they go into Aberdeen, or up to Elgin for day trips, and also go on holidays. This high level of activity helped people to have interesting lives and be part of their local community. Three people we had contact with told us they enjoy outings, crafts and going for a coffee.

There was a lot of choice for people with their food and drink. Generally people chose their menus a week in advance, and then shopped and were involved in preparing the meals, as far as they were able to. Some people had necessary restrictions on their diet, for example if they had diabetes, or if they were trying to be a healthier weight. These restrictions were planned in collaboration with GPs or nurses and carers ensured the dietary guidelines were followed. We saw examples where this was being effective in controlling diabetes and in a steady loss of weight.

There were other areas which required collaboration with health colleagues, for example a rash, or a shoulder injury. It appeared that some support had been obtained, for example by noting it and saying a GP should be contacted, or by attending a physiotherapist and receiving an exercise sheet. It was difficult to know whether the required treatment plan had been carried out, and the issue resolved. Staff need to be sure to record all following actions on health matters so they can be tracked and ensure a resolution is obtained (see requirement 1 in the Outstanding Requirements section of this report).

The support which people received to access their bank and their cash was good. There were clear systems in place which were followed. This meant people and staff were assured that there was no financial detriment for anyone.

All of the people had medication they needed support with. Administration and recording was generally done well. There were other areas such as returning medication to the pharmacy, and individual and safe storage which were not up to standard and this could lead to errors. This was discussed with the manager who assured us they would improve this.

People's living environments varied. Some were very clean and neat, with no areas which were likely to harbour germs. Others were less cared for and could pose infection risks. Some of the areas that required attention were; stained areas in bathrooms like drains and sealant, cracked or ripped soft furnishings, individual toiletries being muddled in shared bathrooms. The manager agreed this was not up to standard and said they would improve these areas.

How good is our leadership?

2 - Weak

The leadership and quality assurance in the service was at a weak level. Strengths could be identified but they were outweighed by significant weaknesses. The lack of accurate recording and timely intervention was particularly concerning when it contributed to poor or unsafe situations for people.

There were systems in place to ensure continual evaluation of people's experiences in order to ensure people received the right support to meet their outcomes. These were not always well used. In some situations there was confusion about who held responsibility and who should do things. For example, a senior worker had audited medication and advised something should be returned to the pharmacy. In one house this did not happen and in another house it was done. We saw in two separate houses that important health and safety paper checklists had run out so the checks were not being recorded. The lack of checklist had been noted by a carer and by a senior worker and no replacements had been obtained. There was inaccurate recording on checklists that had not been identified as such, for example the fridge temperature box was ticked but when we checked the fridge the temperature was too high, and in a different house the first aid box was ticked but when we looked in it there was not enough there to cope with a first aid situation. These situations had been ongoing for at least three weeks, meaning the quality assurance system was not used effectively, therefore not able to identify areas that required improvement (see requirement 1 and 2 in the Outstanding Requirements section of this report).

The variation of standards of care in different houses was high. This was strange because sometimes it was the same leaders who were overseeing the houses. It seemed that the leaders were sometimes ineffective. Sometimes they did not carry out their quality assurance role effectively. Alternatively they had carried out that role clearly and staff then didn't respond, and the leaders did not notice this. The marked difference in the way that staff spoke to people, and the way people's environments were, or were not, cared for also indicated that leaders were not noticing and encouraging better practice. The result throughout the service was that people were not certain to receive the same high standard of support. Issues that we raised during our inspection were reacted to quickly. This was encouraging and the required improvement is for the leaders to notice deterioration themselves when they are in people's homes, and to direct good practice immediately (see requirement 2 in the Outstanding Requirements section of this report).

A comprehensive improvement plan has been in place previously, with many improvements being completed. This has a good format and the manager planned to add on required actions which can then be tracked through to completion.

There were concerning aspects about leadership which directly impacted on people's safety and happiness. For example, at least four instances of poor practice by one carer, several days apart, were notified to a senior worker and were not acted on. Some of these instances had taken some days for the workers to report, and then there was further delay in the senior worker taking action. This meant that the alleged poor practice could continue unchecked resulting in abuse towards people. In this instance, and also in another instance of poor practice we were unable to reliably understand the exact sequence of events because dates were unclear, and accounts contradicted each other. It is vitally important that everyone responds quickly when any suspicion of poor practice is noticed or alleged, and that all recording is accurate (see requirement 1 and 2 in the Outstanding Requirements section of this report).

There are improvements required in relation to the manager and senior workers role in keeping people safe. This has been discussed throughout the inspection and the manager was in agreement and is looking into how improvements can be made.

There has been an unsettled period recently with one senior worker away from their role which meant others had to cover additional workload. A new manager came into post less than three months prior to the inspection. The manager engaged well with the inspection, and was honest where standards had fallen short. They were keen to make improvements.

How good is our staff team?

3 - Adequate

The staffing numbers and how well they worked together was at an adequate standard.

One strength was that the service was almost fully staffed. When staff were on annual leave or were off sick, the shifts were covered by colleagues. This meant people knew their staff teams and had less people in and out of their home, which reduced the incidences of distressed behaviour.

The recruitment process was safe. The organisation checked that potential employees had the right to work in the UK, and had no unsafe criminal record. They held interviews with two senior staff and they obtained at least two references. New staff had training before they started work, and had shadowing experience before they worked alone. People could be sure that their carers had a good base to begin working with them.

People had a variety of needs, and the staff received basic training such as first aid, record keeping, personal care, and also some other courses such as positive behaviour and diabetes. The number of staff who were up to date with their training was at a high percentage. Unfortunately the training was not always reflected in practice, as has been discussed earlier in this report (see requirement 1 in the Outstanding Requirements section of this report).

The staff received their rota in advance which they told us they appreciated. This also enabled people to know who would be working with them the next day, which people told us they liked. Sometimes the communication tools to support people with knowing who was coming to their home were not used. This was disappointing for people and could increase their distress.

The service had a positive attitude towards encouraging its staff, for example staff could be recognised for good practice and doing something 'above and beyond' normal duties. It would be lovely for people to see their staff being acknowledged as good workers.

How well is our care and support planned?**3 - Adequate**

The care and support planning was at an adequate standard.

Everyone had a support plan in place. These were individual to the person and there was kind and caring language used to describe people and their wishes.

A weak area was the lack of robust risk assessments and guidance in heightened situations, for example the procedure to follow if a person was violent towards staff. It is important to have this written clearly in an accessible place, so all staff follow the same procedure, for their safety and to promote continuity for the person. Linked with this is the importance of having clear guidelines to follow to reduce any risks, for example where staff should keep the keys so a person cannot get them (see requirement 1 in the Outstanding Requirements section of this report).

A lot of people supported by this service have technology to help with their support. This can be a form of restraint so all plans for people with technology should demonstrate consideration of this. This would include the benefits of the technology to the person, any downside to its use, the view of the person and of other interested parties, and a review plan. The manager agreed to update plans to include these.

People's most recent six month reviews were not in the plans, meaning staff could be working with out of date information. Some people chose not to be present at their review because they disliked formal meetings. It was good that this was respected. However it is important that people's views were gathered prior to the meeting, and recorded. They could then be incorporated into discussions and this should be shown in the minute.

There was recording missing from some of the care plans and daily notes and this made it hard to track people's progress. For example, someone was prescribed physiotherapy exercises and it was not clear when or if they had been carried out. Another person had a good epilepsy care plan which instructed that each seizure be recorded on a detailed sheet. The detailed recording was not always done. This lack of good recording could lead to people not being supported effectively.

People who did not have capacity to make decisions had legal powers for their support. The section 47 certificates to enable staff to decide about medical and dental procedures were in place, in date and signed. Some people were under a guardianship order and had a delegation of powers document so staff knew in which areas they could, or could not, make decisions. Unfortunately some did not have this document which meant staff could not be sure about the legal basis for their work. Another example of an unclear legal position was where Mears deal with someone's benefits and expenditure, and we were told they have a DWP appointeeship in place to do this. However, there was no confirmation of this in the care plan. It is important to have all legal basis for decisions recorded and confirmed accurately to enable both staff and people's interests to be safeguarded (see requirement 1 in the Outstanding Requirements section of this report).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

This requirement was made following a complaint investigation.

By 23 January 2026, the provider must demonstrate that personal plans record all risk, health, welfare, and safety needs in a coherent manner which identifies how needs are met.

In order to do this, the provider must:

- a) Ensure that care plans, risk assessments, and documentations are accurate, sufficiently detailed, and reflect the care planned or provided.
- b) Provide training so that staff are aware of their responsibility in maintaining accurate records.
- c) Demonstrate that managers are involved in monitoring and the audit of records.
- d) Ensure staff have the skills and training to support people with complex communication needs.

This requirement was made on 16 December 2025.

Action taken on previous requirement

Not all care plans, risk assessments, and documentations were accurate. We saw details of training that had been provided to staff in relation to recording. This had not led to good practice throughout the service. The managers were involved in monitoring and auditing records. Error or areas which required correction or to be resolved were not always acted on, and the managers were not following up, so areas remained amiss. Staff do have training to support people with communication needs but they do not always put this into practice.

This requirement had not been met and we have agreed an extension until 17 April 2026.

Not met

Requirement 2

This requirement was made following a complaint investigation.

By 23 January 2026, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must:

- a) Develop managers and staff's skills in recognising, investigating and responding to complaints or allegations of abuse.

- b) Ensure that service users and their representatives are provided with a copy of the complaints procedure and are aware of how to raise concerns or complaints.
- c) Ensure all complaints, incidents, accidents and allegations must be fully investigated. Written responses should clearly detail the investigation findings, actions taken, and lessons learned to improve outcomes for individuals.
- d) Ensure management has a comprehensive oversight of complaints.
- e) Staff adhere to the local adult support and protection procedures and notifications to the Care Inspectorate, and SSSC when necessary.

This requirement was made on 16 December 2025.

Action taken on previous requirement

In relation to protection of vulnerable adults, both prior to, and throughout the inspection we found that recording was unclear and potentially inaccurate. Managers were not responding quickly to allegations. As a result people were left in potentially abusive situations.

The accident and incident system was being used effectively in some instances. At other times the managers were slow to react to what was reported, and incident forms were not in agreement with other evidence so the accurate situation was not clear.

This requirement had not been met and we have agreed an extension until 17 April 2026.

Not 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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