

# Ayrshire Care Solutions Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2026

**Service provided by:**  
Ayrshire Care Solutions Ltd

**Service provider number:**  
SP2019013304

**Service no:**  
CS2019374793

## About the service

Ayrshire Care Solutions provide a combined housing support and care at home service for people across Ayrshire, with an office base in Auchinleck.

At the time of this inspection the service was supporting 58 people to live independently within their own homes and to access their local community.

The registered manager was supported by a service manager in both East and North Ayrshire, with one service co-ordinator and three senior support workers, also in North Ayrshire. The office staff is made up of the rota manager and two admin officers.

## About the inspection

This was an unannounced inspection which took place on 2, 3, 4 and 5 March 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- visited 12 people who receive support and spoke to three family members
- spoke with 21 staff and management
- observed day to day practice
- reviewed documents
- received feedback from three external professionals.

## Key messages

- Management and staff knew each person well and were very good at building positive relationships with them and their families.
- Staff were highly motivated and focussed on achieving good outcomes for people.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance quality of support.
- Vacant senior positions in the East Ayrshire locality were impacting on the support of some core teams of staff in that area.
- Recording systems must be developed further to ensure that key staff had access to areas relevant to them.

## 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 leadership?	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?

4 - Good

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

The service demonstrated a strong commitment to ensuring that people were treated with care, compassion, dignity, and respect. This was achieved through regular spot checks and observational monitoring of staff practice. As a result, people's health and wellbeing clearly benefitted from the care and support provided.

The service also measured outcomes and experiences through structured six-monthly reviews, gathering people's views, detailed care plans, and implementing robust quality assurance and evaluation processes.

We observed well-maintained communication logs for individuals requiring specific monitoring of their health and wellbeing needs.

One person experienced significantly improved outcomes and quality of life due to staff having a detailed understanding of his needs and consistently applying high standards of practice. This represents a notable success that the service can take pride in.

Care and support were underpinned by relevant evidence, best practice guidance, and recognised standards. Personal plans, including assessments, risk assessments, and evaluations, were detailed and reflective of people's needs.

Clinical risks, such as weight loss, infections, hospital admissions, and the use of antipsychotic medication, were monitored effectively. This was supported by strong, positive relationships with multidisciplinary and health colleagues. These trusted partnerships supported effective communication and meant that changes to individuals' support hours were generally agreed upon when required.

Medication administration records (MARs) were well completed. Assessment levels were clear, including the degree of assistance each person required. We saw evidence of staff arranging visit times to ensure timely administration of time-specific medications.

Accident and incident records showed evidence of staff debriefing and shared learning following events.

People had access to food and drinks that met their needs and preferences, with choice encouraged. Independence was promoted wherever possible.

Staff discussed challenges in supporting one individual where inconsistency in approaches affected those maintaining firm boundaries, highlighting areas for ongoing support and development. (See section How good is our leadership- 2.4 for a requirement in this area).

Staff demonstrated a clear understanding of their responsibilities in reporting changes in people's health and wellbeing. The team recognised emerging health concerns quickly and escalated them appropriately, ensuring people accessed the right healthcare at the right time.

## How good is our leadership?

## 3 - Adequate

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

Leaders demonstrated a clear commitment to working collaboratively with a wide range of partners to support people and promote positive outcomes. They showed an understanding of the roles, responsibilities, and contributions of other agencies involved in individuals' care. This supported effective communication, timely consultation, and coordinated approaches to meeting people's needs.

The service worked regularly and constructively with key external partners including the Community Learning Disability Team (CLDT), social work, GPs, psychiatry, and other relevant professionals. Established communication pathways between support workers, senior staff, the service manager, and the wider management team meant staff felt confident in escalating concerns and assured of receiving timely support.

Structured communication systems helped ensure leaders remained well-informed. Weekly management meetings with senior leaders and directors enabled supportive, effective oversight and continuous improvement. These then fed into the overall improvement plan where actions or queries arising from these reports were promptly addressed.

Leaders were proactive in coordinating support and ensuring timely intervention. For example, when a person was experiencing a change in health, the manager provided direct mentoring to staff and sought advice from NHS 111, the mental health team, and the GP. This demonstrated confident, person-centred, and collaborative leadership. Leaders showed a clear willingness to contact any relevant professional or agency to ensure that people's needs were fully understood and appropriately supported.

Collaborative working also enhanced people's quality of life. During a recent review, leaders and staff identified community opportunities to encourage social engagement, including contacting local clubs, community centres, and befriending services. Staff were encouraged and supported to act on people's interests and aspirations, demonstrating leaders' commitment to partnership-led, person-centred approaches.

Positive Behaviour Support (PBS) plans were developed with input from CLDT practitioners, senior support staff, families, and psychiatry. Leaders ensured these were shared with the relevant senior staff and used to guide consistent, informed practice. Communication with partner agencies was described as positive and effective.

Leaders also demonstrated strong collaboration during transitions. A recently introduced support package in Kilmarnock was assessed through visits and risk and needs assessments completed by the service manager and senior leadership. Leaders adopted a flexible and enabling approach, considering additional training and resources to safely support individuals with more complex or differing needs. Referrals were accepted from both social work and private individuals, with clear processes guiding decision-making.

An established and expanding on-call system, with leaders sharing responsibilities, ensured staff could access senior advice out of hours. This strengthened leadership presence and ensured consistent oversight throughout the week.

2.4. Staff are well led- We evaluated this key question as adequate, where strengths only just outweighed weaknesses. This means that the overall evaluation for Key Question 2 is adequate

Staff were generally well led by managers who demonstrated meaningful engagement with staff, people using the service, and their families. This collaborative approach supported effective planning and delivery of care and support. However, this level of leadership was not consistent across all teams. Improvements in the recruitment and retention of managers are required to support staff wellbeing more effectively. The service had been unable to successfully fill senior positions within the East locality of Ayrshire, and this was having a clear and detrimental impact on staff.

We recognised the frustration expressed by managers who were unable to intervene at an early stage to ensure people consistently experienced high-quality care and support. In addition to recruiting suitable candidates for vacant roles, improvements were required in the storage of information and access to IT systems to ensure the appropriate staff had timely access to the information needed to undertake their roles effectively.

Staff spoke highly of the service manager, describing them as approachable and consistently available for advice and guidance. However, staff were not afforded sufficient opportunities to meet collectively as a team to discuss aspects of their roles that required support. For example, both supervision and team meetings were challenging to schedule due to the demands placed on a single manager covering the area alongside two vacant senior positions.

It is essential that a clear strategy and staffing structure is in place to ensure appropriate oversight and management of the service. This should include clarity on how existing elements of the service and any future developments will be monitored to ensure consistent quality and support across all teams. (See requirement 1).

While most staff teams were able to meet and share learning through team meetings, this was not achieved consistently in the East locality because of ongoing senior vacancies. It is imperative that these posts are filled as soon as possible to ensure all teams have equitable access to learning and development opportunities, supporting improved outcomes for people.

Managers recognised the value of creating opportunities for staff to share ideas within a relaxed and supportive environment. They demonstrated commitment to addressing inequalities and promoting equality of opportunity for both staff and people using the service. However, the complexity and high-profile nature of some individuals' support needs resulted in disproportionate managerial focus, which limited the availability of support for other core teams who also required regular oversight and guidance.

We observed positive indications of vision and creativity in the approaches used to support individuals in achieving their personal outcomes. However, core teams require consistent and accessible support, particularly at times when pressures increase. To ensure staff are empowered and confident in delivering person-centred support, they must have regular opportunities to meet, reflect, share learning, and discuss practice within structured team meetings. (See requirement 1).

## Requirements

1. By 5 June 2026 The provider must ensure they have a structured and coordinated senior allocation of staff. This is to improve the impact on staff and in turn improve the outcomes and experiences for people.

To do this the provider must, at a minimum:

- The provider must recruit suitable candidates to vacant senior roles, to limit the further impact on service quality.
- All teams must be given the opportunity to meet regularly to share and develop as a team for the benefit of the people who receive support.
- Improvements must be implemented in the storage, organisation, and accessibility of IT systems to ensure staff had timely access to essential information.

This is to comply with [SSISSI 2011/210 15a A provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users]

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

'I have confidence in the organisation providing my care and support' (HSCS 4.15), 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation'.

### How good is our staff team?

4 - Good

3.2. Staff have the right knowledge, competence and development to care for and support people

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

Staff demonstrated strong levels of confidence, competence, and professional development, supported by effective training systems and accessible leadership. Ten support workers were spoken to during the inspection, and all reported that the service's induction process helped them feel confident and comfortable in undertaking their roles. This reflected a well-structured approach to preparing staff for practice and ensuring they had the knowledge required to support people safely.

Staff described a combination of in-person and eLearning refresher training that met their ongoing development needs. Training sessions were used constructively as opportunities to explore current support issues, with managers offering guidance, reflective discussion, and problem-solving support. This approach promoted a culture of continuous learning and ensured staff were equipped to respond appropriately to people's changing needs.

The service manager, was consistently praised by staff, particularly those within the East Ayrshire team for her availability, supportive approach, and strong commitment to staff development. Staff in the North Ayrshire service reported that regular team meetings and structured supervision sessions contributed positively to their competence and provided opportunities to reflect on practice and receive constructive feedback.

A range of additional relevant training opportunities were available to develop competence, including Positive Behaviour Support (PBS), person-centred support, and Adult Support and Protection (ASP). Staff consistently expressed that the training provided enabled them to carry out their roles effectively and supported their ongoing professional development. They were confident that, when required, they could access further advice, additional training, or guidance from managers to ensure they continued to support people safely.

Some pressures were noted within the East Ayrshire service due to recruitment challenges relating to senior support and coordinator posts. These pressures increased demands on the service manager; however, staff reported continued confidence in her ability to support them and felt their developmental needs were still being met. While staff in North Ayrshire benefitted from regular and recorded supervision, staff in East Ayrshire advised that, although formal supervision was less evident, they were able to access responsive, ad hoc support when needed. Ensuring more consistent recorded supervision in East Ayrshire would strengthen an already positive approach to staff development.

Overall, staff across the service felt well supported, valued, and confident in their ability to deliver high-quality care. Training systems were effective, service managers were visible and accessible, and staff demonstrated professional competence. With improvements to the consistency of formal supervision and team meetings within East Ayrshire, the service could further enhance its performance.

### 3.3 Staffing arrangements are right and staff work well together

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

There is now a permanent rota manager in post, which has strengthened continuity of staffing and supported a more consistent approach to workforce planning. The rota manager utilised an effective process for assessing required staffing hours, and we observed that managers at all levels made appropriate and well-informed decisions regarding staffing and resource deployment. The service should ensure they record the soft details on why certain decisions should be made around certain people's needs, wishes and preferences.

Staffing arrangements continued to support positive outcomes for people. However, we noted the significant ongoing effort required to always maintain safe staffing levels. It remains important that the service continues to advocate for the resources necessary to sustain safe and effective staffing.

Sampling of staff training records demonstrated a high level of compliance across mandatory and service-specific training. This ensured that staff had the appropriate knowledge, skills, and ongoing development to meet people's needs competently.

Training effectiveness and staff competence were monitored through a range of methods, including direct observation of practice and regular spot checks. Practice issues and development needs were also explored during supervision, with compliance scores used to inform reflective discussion, feedback, and areas for improvement.

Managers employed a variety of approaches to monitor staff competence and observe practice, contributing to improved outcomes for people. Individuals using the service were supported by staff who were knowledgeable, responsive, and sensitive to their needs and wishes, supported by a robust programme of learning and continuous development.

Staff demonstrated flexibility and worked collaboratively to ensure continuity of care and positive experiences for people.

We found that staff practice was further supported through regular supervision and annual appraisals. Managers recognised where improvements were still required. As mentioned not all staff had consistent access and opportunity for regular supervision. (See requirement set out in section 2.4).

## How well is our care and support planned?

4 - Good

### 5.2. Carers, friends and family members are encouraged to be involved

Evaluation: Good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a supportive, respectful, and inclusive approach to involving carers and family members in the development and delivery of support, where this was important to the person using the service. People were encouraged to participate in their personal planning wherever they were able, and where individuals could not fully express their views, families were appropriately involved. This ensured personal plans reflected what mattered most to each person and upheld their rights, preferences, and daily routines.

Carers and relatives contributed meaningfully to reviews of personal plans. This supported a collaborative approach to evaluating progress and ensured plans remained current and responsive to changing needs. The service demonstrated a clear commitment to listening to people and those closest to them, and their views were actively sought and considered when shaping support. However, the service could ensure shared access to plan review tracking to avoid reliance on specific individuals' knowledge and recording.

Consent and decision-making processes aligned well with relevant legislation. Staff supporting individuals with guardianship arrangements showed a clear understanding of the powers granted and the limitations within their roles. This promoted safe, lawful, and ethical practice, particularly where individuals required substituted or shared decision-making.

Personal plans had been updated to reflect current needs and to highlight each person's individual requirements. Plans contained person-specific risk assessments and clear goal setting. Staff demonstrated good awareness of people's changing circumstances and adapted support in ways that maintained safety, promoted independence, and protected wellbeing.

There remained scope to improve how outcomes were written within personal plans. We discussed with the service the importance of ensuring that outcomes were framed in a person-centred way that clearly described the intended benefit to the individual and the expected impact on their health and wellbeing. Improving this area would enhance the clarity and usefulness of plans and strengthen the link between identified outcomes and day to day support.

Leaders took a collaborative and proactive approach to understanding people's needs, wishes, and expectations. This was supported by highly positive feedback from multidisciplinary team (MDT) colleagues, who described the service as responsive, knowledgeable, and effective at reducing risk. Feedback included:

"I find the correspondence to be managed well and the manager being good at raising any issues with myself and ideas to support any changes."

"Without their support the person would be looking at 24-hour care."

"I value the collaborative working style of the management team and have benefitted from the wealth of knowledge and insight provided during the assessment, review and adult protection processes. Their contribution has been invaluable."

This reflected a service that understood people well, communicated effectively with professional partners, and maintained a strong focus on safeguarding and positive outcomes.

Overall, the service demonstrated effective assessment and planning practices, collaboration with families and professionals, and a commitment to lawful, person-centred decision-making. With improvements to the clarity and quality of outcome-focused planning, the service could build even further on its solid foundation.

## 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 improve leadership the provider should ensure that managers are given sufficient capacity to support quality assurance effectively and to embed changes in practice.

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 24 July 2023.**

#### Action taken since then

This area had improved; we saw that managers had been afforded the capacity to support quality assurance systems and processes to take place as planned.

The service should continue to recruit for all senior positions to make this a priority. (See requirement 1).

#### Previous area for improvement 2

The registered manager should ensure there is effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people.

This should extend to but not be limited to; supervision, team meetings, spot checks and competency checks being done regularly and meaningfully. Evidence of these communications should be recorded as a matter of good practice.

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

'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).

**This area for improvement was made on 24 July 2023.**

#### Action taken since then

We saw evidence that supervision sessions, team meetings, spot checks, and competency checks were now being done regularly.

Teams now had opportunities to meet to share their learning and experiences; this improved outcomes for people. However, this was not consistent across the area. (See requirement 1).

#### Previous area for improvement 3

When goal setting managers should consider the benefit for the person. This approach gives a more dynamic and aspirational edge to planning support that consistently informs all aspects of the care and support they experience. Personal plans should be up-to-date to direct staff and contain accurate and up to date risk assessments.

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).

**This area for improvement was made on 24 July 2023.**

#### Action taken since then

Personal plans were up to date to direct staff and contained accurate and up to date risk assessments. However, the service should improve how they write outcomes, this should reflect the impact on the person.

This area for improvement has been.

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.3 Leaders collaborate to support people	4 - Good
2.4 Staff are led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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