

Transitions Care Ltd Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
16 March 2026

Service provided by:
Transitions Care Limited

Service provider number:
SP2004006422

Service no:
CS2007145497

About the service

Transitions Care Ltd provides housing support and care at home for people who live in Aberdeenshire.

They support people who have a wide range of needs. The support provided varies from very short periods of care to high input packages. They were providing support to 60 people at the time of this inspection.

About the inspection

This was a short notice announced inspection which took place between 10 and 16 March 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration and complaints 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 29 people using the service
- spoke to or received feedback from seven family members
- spoke to or received feedback from nine members of staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People experienced warm, respectful and compassionate care from staff who knew them well.
- Staff encouraged people's independence and responded promptly and appropriately when people's health needs changed.
- Staff felt valued and supported by their management.
- Recording of as required and topical medication could be improved.
- Personal plans were generally person-centred but some required updating.
- Formal reviews of people's care were not consistently completed.
- There was room to improve infection prevention and control practices and essential in-person training.

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?	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.

People experienced warm, respectful and compassionate interactions. We observed staff taking their time to speak with people in ways that were familiar and reassuring. This helped create trust, comfort and emotional wellbeing. People consistently described the care as "very good", "top of the pops", and said staff "do more than they need to". These positive relationships meant people felt valued, listened to, and treated with dignity.

We also saw staff encouraging independence where appropriate. People working towards rehabilitation goals, including those recovering from health procedures, were being well-supported to maintain or regain mobility and confidence. Staff involved people in daily tasks and promoted choice in meaningful ways. This meant people were valued as individuals and supported to do as much as they could for themselves.

People also benefited from responsive support when their health needs changed. Staff noticed signs of deterioration, including indicators of infection or mobility changes, and acted promptly. Management of incidents demonstrated appropriate responses to falls, with timely contact made with health professionals and families. This responsive care helped protect people's health and wellbeing.

However, medication tablets that had not been taken were noted in daily update emails from management to staff on two separate occasions involving the same individual. Despite this, neither instance was recorded or investigated as an incident. This meant potential risks were not fully captured or analysed, increasing the likelihood of the issue recurring. Management agreed with this and assured us that any similar issues in future will be investigated and actioned in line with their incident management procedures. This will help to further protect people's health and wellbeing.

Medication administration procedures were generally safe and person-centred. Staff followed medication charts carefully and communicated clearly with people. People told us they felt confident in staff's ability to support them. However, the recording of 'as required' medication often lacked detail about the reason for administration and its effectiveness. This meant people could receive medication that was no longer effective in meeting their needs, such as managing their pain. We also found that people's creams and ointments did not have opening dates recorded, increasing the risk of using products that may no longer work, which could harm people's skin health. The service assured us that these issues would be addressed immediately. This should help protect people's health and wellbeing.

Infection prevention and control practice was variable. Staff used appropriate personal protective equipment (PPE) when supporting people. They understood their role and responsibilities in preventing the spread of infection. However, the way PPE was used, and how staff washed their hands, was often not in line with best practice. We discussed this with the manager who started planning more training and competency assessments to support staff. This will help keep people safe and reduce the risk of infection for everyone (see area for improvement 1).

Support plans were generally detailed, person centred and used effectively in practice. However, some contained outdated information, and formal reviews had not always taken place as required. This increased the risk that changes in people's needs might not be fully recognised or planned for. The service was aware of these issues and had begun addressing them. Please see the 'How well is our care and support planned?' section for further details.

Areas for improvement

1. To protect people's health and wellbeing, the provider should regularly monitor and improve staff compliance with effective hand hygiene practices and safe use of personal protective equipment (PPE).

This is to ensure that care and support is consistent with the Health and Social Care Standards 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).

How good is our leadership?

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 had good relationships with each other and their management. People, their relatives, and staff felt comfortable approaching the management team to discuss any queries or concerns. Staff were all positive about their experience working for the service and felt supported to carry out their role to the best of their ability. A staff member told us 'We get good support. Any issues are resolved straightaway', while another added 'We are a good team that supports each other'. This contributed to a positive culture where staff felt valued and able to raise concerns, which increased the likelihood of good outcomes for people.

Although management were described as being approachable and supportive, team meetings were infrequent and had not taken place for a long time. This can reduce opportunities to share learning and demonstrate oversight which can negatively impact people's wellbeing. The management assured us they will address this promptly.

A range of quality assurance tools were in place to monitor performance in key areas, including timekeeping, medication management, care reviews and competency assessments. Many of these were completed regularly and, where issues had been identified, they were generally acted on appropriately. However, the systems were not always used effectively. For example, some reviews, support plans and competency assessments were significantly overdue, and these gaps had not been identified and actioned in a timely manner. This limited the service's ability to identify emerging patterns or ensure that all key aspects of care were consistently monitored. A more coordinated and systematic approach to quality assurance would help ensure that issues are addressed timeously and that people continue to experience safe, consistent and well-organized care.

The service improvement plan was detailed, easy to understand, and contained achievable actions. The manager was using it well to track progress. However, most actions had been added only recently, with limited evidence of ongoing improvement work prior to this. This did not demonstrate a continuous or well established approach to improvement. A more consistent approach would help ensure that positive changes are embedded and that people continue to experience good outcomes over time. The plan would also benefit from actions that draw on feedback from people, relatives and staff, helping to strengthen involvement and partnership working.

Staff had access to a wide range of relevant training for key topics such as manual handling, infection prevention and control, adult support and protection, and dementia care. Training completion levels were high, which reassured people that they were being supported by a well-trained team. However, most training was delivered online, with limited in-person opportunities, including for manual handling. In addition, competency assessments had not included manual handling related observations for several staff. Although most supported people did not have significant manual handling needs at the time of the inspection, this created a risk of harm should staff be required to support someone with moving and handling. The manager assured us that this would be addressed promptly (see area for improvement 1).

Areas for improvement

1. To protect people's health and wellbeing, the provider should strengthen staff training and competency systems to ensure staff receive regular in person practical training, particularly in areas such as manual handling. This should include competency based assessment and observation of practice to confirm that staff skills and knowledge are consistently applied. This will help ensure safe, confident and effective care delivery.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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).

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.

Personal plans were generally detailed, well organised, and helpful for staff. They included clear information about outcomes, routines, risks, medication, and what worked or did not work for each person. Many plans provided a strong foundation for consistent, person centred support. This helped staff develop a good understanding of each person's needs and how to meet them, which increased the likelihood of positive outcomes for people.

The background information in the personal plans contained relevant medical information but sometimes lacked information about their interests, likes, dislikes 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.

Some plans did not reflect up-to-date practice. They contained outdated information or missed changes to a person's health that had been discussed at a recent review. This increased the potential for inconsistent or unsafe care, particularly where care was delivered by staff new or unfamiliar to the person. The service had recognised that various support plans needed updated through their own quality assurance activities and had started taking actions to address this. We were therefore reassured that people's support plans will be appropriately and promptly updated. This will further aid staff in delivering consistent high-quality person-centred care.

The quality of daily progress notes was variable. While they usually included good detail about the care provided, they were often task focused rather than reflective of people's experiences. We spoke with the manager who agreed to discuss good recording practices with staff and improve the quality and consistency of the notes. This will help improve communication and further strengthen delivery of meaningful person-centred care.

Six-monthly reviews of people's care were comprehensive, outcome focused and demonstrated appropriate multi disciplinary involvement. However, reviews were overdue for several people. Without regular review, there is a risk that people's changing needs may not be fully evaluated or planned for. The service was aware of this issue and had already started taking steps to address this. We will review progress with this at the next inspection.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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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