

East Central Scotland Services Housing Support Service

Community Integrated Care
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Announced (short notice)

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Service provided by:
Community Integrated Care

Service provider number:
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Service no:
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About the service

East Central Scotland Services is one of a number of care services provided by Community Integrated Care (CIC), a national social care charity. The service provides housing support and care at home to people who have learning disabilities, mental health support needs, autism, acquired brain injuries and physical disabilities. The main office base is located in Glasgow. There are two small office bases, one in the Hyvots area of Edinburgh and the other located in a church hall in the Niddrie area of Edinburgh.

The service provides support to people living in their own homes and shared tenancies in different locations across Edinburgh City, Midlothian West, Midlothian & West Lothian areas. There were six teams each with its own team leader and dedicated staff. At the time of the inspection 34 people were being supported.

About the inspection

This was a short notice announced inspection which took place between 4 and 11 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met with 18 people supported
- met with 20 staff and management
- received feedback from seven relatives
- looked at feedback questionnaires from people supported, relatives and staff
- observed practice and daily life
- reviewed documents
- spoke with three health and social care professionals

Key messages

- People were supported to lead meaningful lives in line with their expressed choices and interests.
- The majority of people experienced stability and consistency with their staffing arrangements but some people had been affected by changes to their staffing.
- Further work was needed to ensure people's positive behaviour support plans were evidenced to be consistently followed and associated documents completed well following incidents.
- People appreciated their long term staff who they had built positive relationships with and knew their needs well.
- Leaders were proactive in finding solutions to any issues affecting people's care and support.
- The service worked closely with families and health and social care professionals to promote people's health and wellbeing.
- Further work with staff was needed to ensure medication records were being completed consistently well across the service and any issues reported promptly.

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 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.

We observed positive, caring and compassionate relationships between staff and the people they worked for. The majority of people supported benefitted from having experienced, long term staff who knew their individual needs well and were responsive when their needs changed. Feedback from people and their relatives about the quality of care experienced was overall positive though a few areas for improvements were identified which the provider was actively addressing at the time of the inspection.

Comments included: 'I am very happy with the overall care package that my relative is being provided with. The care team is stable and I can be in direct contact with his main carer easily as needed', 'My relative has a wonderful carer who knows their needs well and has supported them long term but I do feel some staff could show more respect that it is my relative's home when they are conducting conversations.' 'My relative has come on leaps and bounds due to the support he has received from the staff and leaders at the service.'

Feedback from a relative and involved professional highlighted that some staff were not consistently following agreed strategies, or meaningfully engaging with a person supported in line with their support and communication plan. The leadership team were working closely with the family and a range of involved health and social care professionals to support improvements (See area for improvement one, under the 'How well is our care and support planned' section of this report).

Involved health and social care professionals told us that leaders were very good at keeping them informed about people's health and wellbeing needs. We heard positive feedback about the way staff through 'gentle persuasion and encouragement' had really made an impact on improving a person's mobility. They were now using alternative equipment due to this and engaging in daily exercise. A reviewing social worker told us that they were impressed with the way the service supported people and that leaders worked closely with them to improve people's health and wellbeing outcomes. This meant people could be confident that leaders were committed to continuous improvement and worked with health and social care professionals to support their wellbeing needs.

A number of medication errors had been reported to us since the previous inspection. Staff had received further guidance and training where necessary to promote improvements when supporting people with their medication. We noted that some staff were not recording sufficient information to evidence the reasons for 'when required' medication being administered and further detail was needed in some of the 'when required protocols' to guide staff when administering medication to support people experiencing stress and distress.

The provider was responsive to advice and reviewed the protocols during the inspection. The team leader was actively addressing recording issues with the staff team to ensure improvements were made. Regular audits of medication were carried out but sometimes staff were not passing on any medication issues quickly enough. Any gaps in people's medication records should be accounted for. This meant that people could not be fully assured that all staff were following best practice when supporting them with their medication and recording information in sufficient detail (See area for improvement one)

Areas for improvement

1. To support positive outcomes for people experiencing care, the provider should ensure that staff clearly document the reasons for administering any 'as required' medication.

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).

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.

Leadership arrangements were well established across most parts of the service with a new team leader having recently been appointed and another post being recruited to at the time of inspection. The service was in negotiation with the local authority to increase funding to provide improved and more consistent leadership and staffing arrangements for more complex care packages. Leaders received regular supervision and expressed feeling well supported by the senior management team. This meant that people could be assured that their leadership arrangements were being regularly reviewed and monitored, and leaders were supported to develop in their roles.

The service had well established quality assurance processes to monitor and improve the quality of care and support people experienced. Regular audits were undertaken to assess current standards and identify any areas for improvement. Incidents, accidents and adult protection concerns were recorded and reviewed by senior management. Where there had been adverse events lessons had been learned and safeguards put in place to minimise any further risks to people supported. This meant that people could be confident that the service were committed to continuous improvement and made any necessary changes to keep people safe and protected.

The service maintained a service improvement plan identifying strengths and areas for further development. The care provider kept the care inspectorate up to date with events and incidents but we noted that there had been some delays in notifications being submitted. The provider was responsive to feedback and had extended permissions so that there was an increased pool of senior staff who could submit notifications to the Care Inspectorate within the required timescales, as set out in notification guidance for care providers. There were a number of staff conduct issues which were under investigation at the time of inspection and relevant agencies had been notified. This meant that people could be assured that their care provider worked well with relevant agencies to promote their wellbeing, safety and protection.

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.

People's staffing arrangements were well organised with rotas being prepared well in advance. People supported had a range of ways to inform them of their staffing arrangements, for example some people had

picture boards with photos of staff and others had rotas send in advance of their support. Although there was some agency use, there were careful vetting procedures to assess the skills and experience of agency staff and where possible regular agency staff who knew people well were used. Where there had been any poor practice identified prompt steps were taken to address and report issues back to the company responsible for the provision of agency staff. This meant that people could be assured the quality of their staffing was being regularly monitored and any issues addressed promptly.

We received some very positive feedback about particular members of staff 'going above and beyond' and being very dedicated to the people they supported. Feedback included: 'This has been a great place for my relative - they are so settled and so well looked after. The staff are all so good and are always there if you need to discuss anything.' 'My relative has really benefitted from living here and although there have been one or two hiccups staff are really good at tuning into his needs'. A person supported told us: 'It was discussed at my review that I would get a core team of staff but this hasn't happened yet and there have been a number of changes. I would like more choice in who supports me.' This meant that while people's staffing arrangements were overall right for them more could be done to provide consistency in some people's staffing arrangements.

Staff were overall positive about how well colleagues worked together though feedback varied according to which part of the service they worked in. Comments included: 'Great support from leaders - always someone there if you need them'. 'Really good company to work for.' 'We have have really good consistent team - hardly any agency use which is good'

We heard that more could be done to monitor and develop some staff's practice so that people experienced a consistently high quality of person centred care: 'When you care it is vey draining as there are some staff who just don't seem to care and it is just a job to them - this means the staff who do care are given everything to do because management trust us to do it well'.

Some staff told us that there could be improvements to communications between colleagues so that all staff were working well together to benefit people supported. We also heard that certain staff would benefit from having increased shadowing experience and further mentoring to support improvements in communication. The provider had issued a staff survey at the time of inspection to gather staff views and identify any improvements needed. This meant that while there were good systems in place to support staff people could not be assured that all staff were working well together in some parts of the service and the quality of their care was variable.

Staff had access to a welfare fund as well as individual counselling should they need support with any issue affecting their wellbeing and the management team encouraged staff to be open about any issues affecting them. Some parts of the service had been more affected by staff absences than others and the provider was actively addressing some staff conduct issues at the the time of the inspection. This meant that people could be assured that their leaders were addressing any issues to improve the quality of their staffing.

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.

Care plans sampled were of good quality and contained clear detailed information including people's likes, dislikes and communication preferences. There was a good sense of the person in the care plans. We found clear information about any legal welfare or financial guardianships arrangements and relevant

documentation was in place where people needed their medication to be administered by staff. People had detailed plans for personal care, food and nutrition, moving and handling and communication amongst others. Where people needed support with their mobility, for example, there was clear, detailed guidance for staff to follow to ensure a consistent, safe approach. People's care plans were reviewed regularly. People and their families told us they were involved in these reviews and valued this. However, we also heard that agreed actions were not always completed. As a result, while care plans accurately reflected people's needs and were updated routinely, further improvement was required to ensure actions from reviews were consistently implemented.

People who experienced periods of stress and distress had a support plan in place for staff to follow, with an emphasis on proactive and preventative strategies. Staff were required to record and analyse instances of stress and distress and assess the effectiveness of the agreed strategies. The quality of these records needed improvement to allow for analysis to support reducing instances of stress and distress. Improvements were needed to evidence that staff were following agreed strategies to promote positive behaviours in line with people's assessed communication support needs. This meant that in some cases people could not be assured that their needs were being met as set out in their positive behaviour support plans. (See Area for Improvement one).

Areas for improvement

1. To support people's health and wellbeing and improve their quality of life, the provider should ensure that staff are following individualised proactive and preventative strategies to support people who experience stress and distress. The provider should also ensure that staff receive support in effective record keeping where incidents have occurred.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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

1. To further promote people's safety and wellbeing the provider should audit people's care plans to check that information is clear and any guidance easy for staff to follow.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My needs as agreed in my personal plan, are fully met and my wishes and choices are respected' and 'Any treatment or intervention that I experience is safe and effective.'

This area for improvement was made on 14 January 2025.

Action taken since then

The provider had taken action to ensure that care plans contained clear information for staff to follow when supporting people. Care plans were being regularly reviewed and audited and staff told us that they had clear guidance and leadership in their work. This area for improvement has 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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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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