

# Venture Support and Care Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 March 2026

**Service provided by:**  
Venture Support & Care Ltd.

**Service provider number:**  
SP2009010286

**Service no:**  
CS2009195697

## About the service

Venture Support and Care is a small, privately-owned organisation which provides a care at home and housing support service for adults with learning disabilities living in their own homes in various locations across northeast Aberdeenshire. People's support ranges from a few hours per week to 24-hour support. At the time of inspection, the service was supporting 28 people.

## About the inspection

This was an unannounced inspection which took place on 16, 17 and 18 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 information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with nine people using the service
- Spoke with seven staff and management
- Received questionnaires from three people using the service
- Received questionnaire from 30 staff
- Observed practice and daily life
- Reviewed documents.

## Key messages

- People received person-led care and support.
- People enjoyed meaningful relationships with staff.
- People were able to live their lives reflecting their interests and hobbies.
- Staff were knowledgeable and supported people with dignity and respect.
- There had been improvements to the quality assurance procedures.
- There had been improvements in the support plans.

## 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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefitted from a consistent staff team who knew them well. People were seen as individuals and the person-centred support meant people were supported to live their own lives. One person told us, 'I can speak to Venture about anything, and they would listen to me.' Another person said, 'As a family we are extremely grateful for the care and support provided by Venture.' As a result, people felt valued.

The service supported people in maintaining their routines and live fulfilling lives. People attended activities which reflected their interests, such as following the local football club, swimming and local clubs. These led positively to their wellbeing. Staff demonstrated a good understanding of what was important to each person, and they used this knowledge to promote independence.

People were supported to attend health appointments, and staff made appropriate referrals, for example, to dieticians and physiotherapists. The consistency of the staff team meant changes in health were quickly identified and acted upon. As such, people could be confident their health needs were being met.

The service used an assessment tool for stress and distress that contained a good level of detail. Care plans and the tool clearly outlined potential triggers, such as noise, and described early signs of distress, including recognising nonverbal communication. De-escalation strategies such as environmental changes were well documented, and staff used them effectively to keep people safe. As a result of consistent routines and proactive support, one person's as and when (PRN) medication for stress had significantly reduced.

People's medication was well managed, with as and when medication protocols in place and used appropriately. Records showed very few instances of PRN medication being administered, and outcomes were documented within the digital care notes. This meant people could be reassured they received the right medication at the right time.

Where people required specific diets, whether for health, safety, or to reduce stress and distress, this was clearly documented in care plans. Staff had access to relevant professional guidance, and documentation demonstrated appropriate implementation of dietary requirements. Therefore, people were receiving a balanced and nutritious diet.

People's finances were well managed. Staff completed daily checks and reconciled receipts appropriately. There was one minor error which was raised with the service at the time.

## 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.

The service showed clear progress in governance and quality assurance. We reviewed medication and support plans and found they had improved. Weekly medication audits were being undertaken, which meant any concerns were dealt with quickly. We did not see any out of date medication.

The service had identified work was still to take place in gathering feedback from the people they supported. We discussed how this could be collated, as it was evident in reviews and staff observations that people's feedback was being sought. We will review how well the service supports people to have a voice in the quality assurance and improvement of the service at the next inspection.

The service had an independent review undertaken since the last inspection with an action plan to support improvement. The action plan evidenced actions and outcomes. This demonstrated a willingness to ensure the service was continually improving. Further development of an aspirational improvement plan involving people will support the service to sustain these improvements.

The service had commenced staff observations covering infection prevention and control (IPC), medication administration, and communication with supported individuals. This demonstrated an improved focus on monitoring competence and quality of practice.

People, families and staff were very complimentary of the management team. One family told us about the regular contact with service co-ordinators and the owner and service manager of the service, and a person supported knew the leadership team well. This meant people were comfortable raising anything with the leadership team.

### How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of staffing and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff told us they enjoyed working for the service. One staff member said, 'I love working for Venture' and another said, 'Great team who's always client focused.'

The service did not employ agency and had enough staff to cover any gaps with their own team. During our visits we observed sufficient staffing levels to meet people's outcomes. This consistency ensured people were being provided support by people they knew.

Staff felt the training was of a good standard and allowed them to feel confident in providing care and support. One member of staff told us the service 'allows people to shine, share their ideas and branch out on their knowledge', another said they 'feel valued as a staff member. The service encouraged staff to gain further qualifications for example, SVQs in Health and Social Care. This reflected a positive commitment to professional development. Due to this people where confident staff were well-trained and benefitted from a positive staff culture.

Staff also felt well supported by the leadership team, both in their practice and in their wellbeing. They told us about the visible management and open-door policy. Although regular supervision took place, there were times when it had been delayed. We discussed this with the service and were reassured that this would be monitored.

### 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.

There had been improvements with the support plans since the last inspection.

The quality and consistency of information had improved, for example, clearer information about how people wished to be supported with health conditions. Plans were available on paper and digitally to ensure people and staff were able to access an up-to-date plan. As a result, people's plans were personalised to them.

People's health conditions were clear with corresponding risk assessments where needed. Appropriate supporting documentation, such as legal documentation and hospital passports, were available.

Reviews were taking place, with people's and legal guardians' wishes documented. It would be beneficial for any actions needed after a review to be revisited at the next review to ensure these had been completed.

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

### Requirements

#### Requirement 1

By 31 May 2025, the provider must ensure people's outcomes are supported by consistent and effective systems for delivery of their care.

To do this, the provider must at a minimum:

- a) Regularly audit all aspects of service delivery and systems.
- b) Ensure any improvements as a result of audit activity are made timeously.
- c) Undertake regular observations of staff practice. Have evidence to be sent

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 requirement was made on 20 March 2025.**

#### Action taken on previous requirement

There had been improvements in oversight and quality assurance. Staff observation were in place covering medication, infection prevention and control and general practice. Please see key question 2.

**Met - within timescales**

## Requirement 2

By 31 May 2025, the provider must ensure that people have accurate and detailed support plans.

To do this, the provider must at a minimum:

- a) Audit and update all support plans.
- b) Ensure support plans detail health conditions and any support the individual requires around this, including any professional guidance.
- c) Ensure 'as required' medication support plans detail the support the individual requires.
- d) Ensure up-to-date plans and notes are available to all people at all times.

This is to comply with Regulation 5(1)(iii) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 requirement was made on 20 March 2025.**

### Action taken on previous requirement

Support plans had improved. Information about health conditions and any professional guidance was clear. Support plans and notes were up-to-date and people could access these readily. Please see key question 5

**Met - within timescales**

## 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 that people's health and wellbeing benefits from a robust medication management system, the provider should ensure all medication is within useable dates and up-to-date medication records are always available and fully completed.

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 because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 20 March 2025.**

#### Action taken since then

There had been improvement in the oversight of medication. Of the records we reviewed these were found to be available and fully completed. We did not see any out of date medication.

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](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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