

Constance Care Livingston Housing Support Service

Caledonia House
Quarrywood Court
Livingston
EH54 6AX

Telephone: 01506 420 930

Type of inspection:
Unannounced

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Service provided by:
Constance Care Limited

Service provider number:
SP2003002276

Service no:
CS2019373612

About the service

Constance Care Livingston provide a combined care at home and housing support service. The service is part of City and County Healthcare Group that provides community services across the United Kingdom.

The service provides care and support to people in their own home across West Lothian. At the time of the inspection 143 people were receiving a service.

About the inspection

This was an unannounced inspection which took place on 16, 17 and 21 April 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 and met with nineteen people using the service and seven of their family
- spoke with twelve staff and management
- observed practice and daily life
- reviewed documents
- spoke with three involved professionals

Key messages

- People knew the staff team that provided their care and support
- People and staff had built positive relationships
- People were involved in creating their personal plans
- Plans contained guidance on how to support people with their medication
- The manager and team remain committed to improving and developing the service

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

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 lived in their own homes, alone or with loved ones and received varied levels of care and support each day. During our shadow visits with staff we observed positive interactions and relationships. It was clear people knew the staff who supported them. The service did not use agency. Staff supported people with their choices about the care they received. People we spoke with told us, "I've been supported for 6 years and never had an issue, I have regular carers who know me well", "I am happy with the carers that come in - they treat me with respect in my home", and "Carers very very good feel very lucky". This meant people were visited by a core team care who they knew.

Some people were supported with mealtime preparations, whilst others had support from family members. Where people were able staff encouraged them to be independent. We observed people making their own decisions about their meals. As a result people had support to enjoy meals of their choice.

We observed that staff contacted the office team if they recognised a change in people's health. Staff then contacted the family members or other professionals. One relative told us 'fantastic care for my relative.. the carers know her so well. They pick up on things and keep me informed. It really puts my mind at ease'. Another relative we spoke with told us, 'service is good at contacting me if they have a concern or question to discuss with me, does not happen often but they are good at contacting me with any changes'. This meant people experienced care and support to maintain their health and wellbeing.

The service had regular contact with involved professionals to support identified changes in people's care and support needs. Involved professionals told us communication was good and the service was responsive and promoted peoples independence. These approaches for people meant that the service and involved professionals worked together to support their health and wellbeing.

Most people had a personal plan in place that they or their loved ones had been involved in writing. It contained information about their likes dislikes and preferences as well as any relevant risk assessments. A relative told us, "they had met the team manager and felt involved in every aspect of her relatives care after a 3 hour meeting with her at their house a week or so ago". This meant people had a personal plan in place that was right for them.

We found people's personal plans included good quality information about what medication they received, when medications were due. Staff were able to check on a mobile app, medication administration times and people's level of medication support and were able to view all related medication information to support people. Staff received training that included competency checks. The manager had daily oversight of the support people had received. As a result people had support with medications to maintain their health and wellbeing.

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 had a dashboard that provided the manager with oversight of staff daily activities with people. In addition there were systems in place to monitor quality. This included regular governance support, weekly meetings and communication with senior staff from head office.

A range of audits were completed and the service sought feedback regularly from people who used the service. The service had a development plan in place. We spoke with them about how to strengthen this by connecting it to their service self-evaluation, including people's feedback. This meant people could be confident the service undertook regular quality assurance to support service improvement.

The service recorded accidents and incidents and any actions were noted. Information was held centrally and reviewed regularly by the manager and head office teams. Notifications were being completed and shared with relevant professionals.

Safer recruitment practices were in place and managed centrally. New staff had a period of induction. This included shadow shifts with more experienced members of the team. Staff rotas were prepared in advance, and were planned around needs of supported people. This meant people were cared for by a team that had been safely recruited.

Regular training was provided to the staff including online and face to face sessions. Wellbeing checks were completed at regular intervals and staff told us they found these beneficial. Staff supervision and spot checks gave staff the opportunity to discuss their practice and learning. This meant people could be confident staff who cared for them had the opportunity to learn and reflect on their practice.

Organisational team meetings took place every quarter for the staff. The service had recognised more focussed local meetings would be beneficial for the staff team and planned to set dates for these. We will monitor this at our next inspection.

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

The provider should ensure that the service is provided at an agreed time and in such a way that meets the identified needs and wishes of the person. This should be recorded in the agreed support plan. If there are

changes required to these agreements, these should be discussed in detail with the person and/or their chosen advocate and social worker.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 9 May 2025.

Action taken since then

People had visit times noted in their personal plans and had been involved in creating the plan. The service regularly monitored times and met with people or professionals if changes were requested. The service regularly gathered feedback from people about their experience.

This area for improvement has been met.

Previous area for improvement 2

To improve the quality of information for staff, the provider should ensure that personal plans and risk assessments are individualised. Personal plans should reflect the needs and wishes of the person with details of people's backgrounds, interests, preferences, and wishes. Risk assessments should contain details of how to support, minimise, and manage areas of risk.

Care plans should be shared with people in a format that the person can access and of their choice.

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 16 May 2024.

Action taken since then

People or family members were involved in creating a personal plan that contained relevant risk assessments. It noted their preferences, likes and dislikes and what care and support they received. They could have a paper copy in their home, or could access through an electronic portal if they wished.

This area for improvement has been met out with the timescales.

Previous area for improvement 3

The provider must ensure that there is a system in place to ensure that medication is administered as prescribed, ensuring medication administered is taken by people with an effective system that identifies delays in administration of treatment to observe for any effects.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 30 September 2024.

Action taken since then

The personal plan system allows the manager to have daily oversight of all visits and activity undertaken by staff. If events occur the manager can see them on the system and action these. Staff can view when

medication has been administered and schedule visits to support people. The personal plan contains information about peoples medication administration, which staff can fully access when visiting them.

This area for improvement has been met outwith the timescles.

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?	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

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