

# Clinical 24 Staffing Ltd Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
2 June 2025

**Service provided by:**  
Clinical 24 Staffing Ltd

**Service provider number:**  
SP2017012889

**Service no:**  
CS2023000286

## About the service

Clinical 24 Staffing Ltd is registered to provide a combined care at home and housing support service, to children, adults and older people with complex care needs including mental health, learning disabilities, autism, in their home and in the community, within the Health Board areas of the Central Belt including Renfrewshire, Dunbartonshire, Fife, Tayside and Lanarkshire.

The service is provided by one staff team located in an office base in Glasgow city centre.

The registered manager is also the registered manager for the nurse agency Clinical 24 Ltd.

At the time of the inspection, the service was supporting five people.

## About the inspection

This was an unannounced inspection which took place between 22 May and 2 June 2025. 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 registration information, information submitted by the service and intelligence gathered since registration. This was the first inspection of the service since registration.

In making our evaluations of the service, we:

- received feedback from two people using the service and four family members, through speaking with them or via a questionnaire issued prior to the inspection
- received feedback from ten staff, including management, through speaking with them or via a questionnaire issued prior to and during the inspection
- reviewed relevant documentation
- contacted five social workers and case managers involved in people's care.

## Key messages

- People were happy with the care and support provided and were positive about their group of regular staff.
- People should be involved in choosing the staff who will provide their care and support.
- The service's use of their quality assurance and improvement processes needed to be reviewed.
- Relevant notifications to the Care Inspectorate needed to be submitted within the required timescale.
- Feedback from staff and people they support needed to be collated to inform improvements within the service.
- Management should support staff to maintain their training and achieve relevant qualifications.
- Personal plans needed to reflect all relevant information and be accessible to people they support.

## 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?	3 - Adequate

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 a number of strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People we spoke with were happy with the care and support provided by Clinical 24 and were positive about their group of regular staff. People told us that they were well-matched to the staff who currently supported them. Feeling safe, being able to stay at home, and having the confidence and trust in the staff supporting them was really important to them.

The service assessed and recorded people's care needs and requirements, and matched these needs to the available staff's skills, knowledge and experience. However, people should be involved in choosing the staff who will provide their care and support. This could be done, initially, through providing staff profiles for people to choose from and having introduction meetings prior to staff providing support. People being involved in the recruitment of their own staff should also be considered. We have made an area for improvement to ensure that people feel fully involved in deciding what is right for them (see area for improvement 1).

People told us that they received a staff rota, which highlighted who would provide their care and support on a day-to-day basis. However, we were told that sometimes this was only provided a week in advance and a month in advance was their preferred option. Management agreed to action this.

We saw that people's support included personal care, support with meals, medication, housekeeping and social support. People told us that they were offered choices at mealtimes and staff supported them with their medication. We saw that medication practice was overall safe; however, we discussed some practices in relation to 'as required' medication that could be recorded more clearly. Management agreed to review these. We made an area for improvement to ensure that medication practices followed best practice (see 'How well is our care planned?', area for improvement 1).

There was evidence of appropriate input and review from health professionals, such as dietitian, district nurses, physiotherapist, GP, specialist nurses, and speech and language therapist. We saw that staff followed their advice and this had led to positive outcomes for people they supported. These included healing of wounds and quick treatment, which enabled people to remain at home and not needing admission to hospital.

We saw that people also had specialised equipment and home adaptations to promote and enable their independence. This helped to empower people to have as much control of their life as possible.

People told us that they were aware of who to contact if they had any concerns, and communication with management and office staff was overall good, this included the on-call process. We saw that the service was able to take people's staff preferences into account, which had resulted in some changes to the staff team supporting them. This helped to ensure that people got the right care and support for them.

Staff responses were really positive about the care and support provided, all agreed that they had the relevant skills, experience and qualifications for the people they supported. They confirmed that they had access to people's personal plans and related care records. All were able to highlight positive outcomes for

people they supported in their own home. These included meaningful outings, enabling people to remain at home and providing respite for family carers.

### Areas for improvement

1. To ensure that people feel fully involved in deciding what is right for them, the manager should ensure that people are involved in choosing the staff who will provide their care and support.

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

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11); and 'If possible, I can visit services and meet people who would provide my care and support before deciding if it is right for me' (HSCS 4.5).

### How good is our leadership?

### 3 - Adequate

We made an evaluation of adequate for this key question. We found strengths which had a positive impact on people, but key areas of performance need to improve to ensure people consistently experience good outcomes.

People should benefit from a culture of continuous improvement which is supported by appropriate management oversight. Management used quality assurance processes which allowed them to monitor a number of areas across the service. These included accidents and incidents, recruitment of new staff, leavers, training, supervisions and people's personal plans.

The service had policies and procedures, relevant to Scottish legislation and best practice, and aims and objectives which reflected values that promoted good staff practice. This helped to protect people from harm and respect people's rights and choices. We highlighted a couple of areas that needed updated and the manager agreed to action these.

We noted that there had been no complaints recorded; however, we found that there had been some incidents which had not been notified to us. Although no harm was evident and appropriate action taken at the time, we reminded the manager of the events which were reportable to the Care Inspectorate and shared our latest guidance. We asked the manager to check for any other reportable events and submit notifications retrospectively.

The provider's quality assurance policy indicated that quality assurance would be measured through feedback from people they supported, staff and stakeholders, as well as regular staff spot checks, supervisions and training. Although the manager could demonstrate visits to people they supported, there was no formal record of these meetings, no spot check records and no formal record of feedback. Formal processes to collate feedback and regular spot checks of staff practice could further enhance the service's quality assurance.

Management had an improvement plan and self-evaluation which reflected areas for improvement and some completed actions. However, these related mainly to the nurse agency service and, although some detail was relevant to the care at home service as well, we suggested that these processes were separate

for each service. These tools should be used to demonstrate the quality of the service through existing, or improved, outcomes for people they support.

Where quality assurance systems are not used to their full potential, there is a risk for poor outcomes. As a result of the areas highlighted, we have made an area for improvement for management to review their quality assurance processes and tools, making sure that they are being used as intended, and to the benefit of people who use and work in the service (see area for improvement 1).

## Areas for improvement

1. To ensure that the service is operating effectively, the manager should ensure that they use robust quality assurance and improvement processes. This should include, but is not limited to:

- a) seeking and collating regular feedback from staff and people they support, and demonstrating any learning or improvements made as a result
- b) continuing to develop an improvement plan, which includes set timeframes for review and clearly identifies and measures improvements to the service and outcomes for people they support
- c) developing a self-evaluation, which demonstrates what the care at home service does well and what they could do better
- d) supporting staff to maintain their training and achieve relevant qualifications
- e) carrying out regular and robust staff spot checks and supervisions
- f) submitting relevant notifications to the Care Inspectorate, within the required timescale.

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); 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## How good is our staff team?

4 - Good

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

Staffing arrangements were determined by a nursing and care needs assessment, carried out by the service or social work, with the timing of visits agreed with people using the service and their families. We saw, where times of visits or individual staff did not suit people, that adjustments were made by the service where possible and an agreement reached. Staff, and people being supported, confirmed that they currently had sufficient number of staff with the relevant experience and skills. They also confirmed that any staff leave was usually covered by their regular staff team.

We saw that the recruitment of staff was safe and mainly followed best practice guidance. The use of competency based scenarios and questions gave management further insight into applicants' knowledge, experience and skills. This helped to ensure that people were supported by staff who understood their needs.

Staff, spoken with, confirmed that recruitment and induction was robust and supportive. They also confirmed that they completed relevant training prior to working with people, and were aware of relevant procedures to protect people and how to put these into practice. However, we noted that only one interviewer was present during recruitment and this was not the registered manager. This was not in line with best practice or the provider's own policy. It is important that the registered manager has input into the assessment of their staff. Where staff are transferred from the nurse agency, we asked that the manager record a review of staff's knowledge, experience and skills, to demonstrate that these were up to date in relation to providing care and support in people's home.

We saw that compliance with mandatory and specialised training, and registration with professional bodies, was monitored. Failure to maintain these resulted in staff not being able to work. We were told that staff were often not given sufficient notice to complete required training before they become non-compliant. We also noticed that there was no provider support to help staff achieve relevant qualifications for their Scottish Social Services Care (SSSC) registration. We discussed with management the negative impact that these could have on people's provision of care, from their regular staff team. We were told that a new compliance manager had recently been recruited.

The service aimed to carry out staff supervision four times a year and appraisals annually. Individual records sampled did show relevant discussions about staff practice and training needs. However, staff feedback, identified action and discussions about reflective practice and staff wellbeing could have been more detailed. We saw that staff wellbeing newsletters were issued each month but there was no employee assist programme. I signposted the manager to the National Wellbeing Hub.

As stated previously, we suggested that regular spot checks of staff practice could enhance the quality of the service further. We also suggested that enabling staff to have regular meetings with other staff on the same care package could ensure good communication and consistency of the care provided.

As a result of the areas highlighted, we have made an area for improvement in relation to quality assurance (see 'How good is our leadership?', area for improvement 1).

Some of the staff feedback, that we received, did highlight areas that could improve the service. These included, better knowledge of the care packages by those providing on-call support; any issues being addressed without having to raise them more than once; access to systems for seeing allocated shifts, submitting availability and timesheets; and access to systems for training requirements, policies and procedures in order to remain compliant.

## How well is our care and support planned?

## 3 - Adequate

We made an evaluation of adequate for this key question. We found strengths which had a positive impact on people, but key areas of performance need to improve to ensure people consistently experience good outcomes.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences.

The service used an electronic personal planning system. We found relevant care plans and risk assessments with detailed and person-centred information. We could see that the detail clearly reflected the individual's routines, preferences and interests. This helped to inform staff practice on how people's

care and support was to be provided. Detailed daily notes reflected what care and support had been provided and any changes that had occurred.

We highlighted that some information needed updating, in order to have consistent information throughout the personal plans. We were also unclear about the minimum completion frequency for nutritional and skin assessments, such as MUST, body maps and wound photographs. Management agreed to review these.

As previously reported, we discussed some practices in relation to 'as required' medication that could be recorded more clearly. Management needed to be clear what system was being used for 'as required' protocols and that staff were aware of these.

We felt that personal plans would also benefit from having clear information around people's future planning and if any legal powers, such as Power of Attorney or Guardianship, were in place. This is particularly relevant where people's capacity, to make important decisions about aspects of their care and support, declines.

We became aware of one person who was not always following their modified diet advice. We asked management to ensure that robust risk assessment and consent was in place, including clear staff guidance.

People should be involved in six-monthly reviews of their personal plans and care provided. Although monthly reviews of care plans and risk assessments by management were evident, six-monthly reviews were not. We also asked management to ensure that regular auditing of daily notes was clearly recorded.

Since changing to the electronic personal planning system, people being supported and their families did not have access to their personal plan or care records. This put people at a disadvantage and access should be offered to people who wish it.

As a result of the areas highlighted, we have made an area for improvement to ensure that people's personal plans and care records contain all relevant and up-to-date information (see area for improvement 1).

## Areas for improvement

1. In order to ensure that people have personal plans and care records that contain all relevant and up to date information, the provider and manager should ensure that:

- a) appropriate information regarding people's risks and legal powers, including Power of Attorney is reflected
- b) all care records contain consistent details
- c) people are involved in six-monthly reviews of their care and this is reflected in their personal plan
- d) all medication practice and recording follows best practice
- e) daily notes are routinely reviewed and quality assured
- f) people are able to access their personal plan and information related to their care and support.

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); 'My care and support meets my needs and is



right for me' (HSCS 1.19); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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