

## PLUS Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
23 June 2025

**Service provided by:**  
PLUS (Forth Valley) Ltd

**Service provider number:**  
SP2003003326

**Service no:**  
CS2003035186

## About the service

PLUS (Forth Valley) Ltd is a registered charity originally established by a group of parents which aims to provide better quality of life for children and young people with disabilities and their families, through promotion of social inclusion.

The Chief Executive officer holds responsibility for strategic direction and promotion of the service, funding and links with governance while the operational manager has responsibility for overseeing the day-to-day operation of the projects and the work of the project managers and coordinators.

PLUS operates from a converted commercial premises in the Stirling area. The building layout is over one floor which has been adapted to ensure accessibility. It offers a spacious environment for activities, benefits from designated sensory spaces and offers ample outdoor space which is regularly utilised. Some activities take place in this building while others happen in the wider community and some support is also provided in people's homes.

## About the inspection

This was an unannounced inspection which took place on between 16 June 2025 and 23 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 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 and observed a number of people using the service and one family member
- spoke with seven staff and management and observed and spoke to sessional staff at a team meeting
- reviewed documents
- we also received MS survey responses from four people using the service, 14 parents/carers, seven staff and five external professionals.

## Key messages

- Young people and adults engaged in activities they enjoyed, which also gave them new experiences and supported them to develop new skills.
- Young people, adults and their families enjoyed supportive and trusting relationships with staff who knew them well.
- Leadership was strong and staff were well supported. Systems were in place to ensure continuous improvement of the service.
- Staffing arrangements were closely reviewed and ensured that families had access to consistent support which met their needs.
- Care planning was regularly reviewed meaning that young people and adults received individualised support based on up-to-date information.

## 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 staff team?	5 - Very Good
How well is our care and support planned?	5 - Very 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.

Young people and adults benefitted from nurturing care that was warm and encouraging. The families of people using the service told us that they appreciated their workers because they had developed good relationships with young people and adults and knew them well. They told us that people engaged in activities they enjoyed, whilst also giving them new experiences which broadened their world and supported them to develop new skills.

Staff and parents described young people and adults being given choice in most situations. Skilful understanding of risk informed planning to ensure that they also enjoyed new experiences. Care was provided by a team of passionate staff who had good knowledge of local resources and events in the community which young people and adults would enjoy.

Staff planned support using what they knew young people and adults would enjoy and what they would benefit from. There were good examples of the staff team appreciating and promoting young people's individuality and the views of young people and adults were sought to adjust planning of sessions.

Young people and adults' specific health care needs were carefully considered. Improved review processes meant that up to date health and diagnosis information was used to provide appropriate care. Parents described support which was attentive to what people were communicating. The service is aware of the need to continue to explore a range of communication tools and train staff to support people using the service to have their views heard.

Feedback from external professionals and families indicated that people using the service felt safe. Staff demonstrated a clear understanding of their responsibilities of protecting people from harm, neglect and abuse. Appropriate procedures were in place, all had training, and a senior member of the team was always available, including out of hours.

Families and, where possible, people using the service were fully involved in making decisions about their physical and emotional support. The service told us they are considering more proactive ways of seeking the views of people using the service.

## How good is our staff team?

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.

Referral and review processes had significantly improved since the last inspection. This meant that leaders in the service had the right information to ensure that young people and adults were supported by staff who could meet their needs. Parents confirmed that staff developed strong relationships with the people they supported. Staff planned their time well to ensure that people had a positive experience.

The provision of a continuous learning pathway for all staff and enhanced training during induction means that staff are better skilled and managers are better able to plan and match staff to the individual needs of

people using the service.

Staffing arrangements were subject to continuous assessment through improved service wide rota planning meaning that there was better matching of staff skills to people's needs. The leadership team sought feedback from people using the service, families, staff and key professionals. This meant that people were matched with the right staff, that support was consistent, and it was provided at the times it was needed.

There was a robust recruitment and induction process, with all of the appropriate systems and checks in place to ensure that staff had the right checks, values and skills.

There were good working relationships within the teams including improved communication with families and external professionals. This included outcome reporting after sessions, assessments and reviews. This meant that there were ongoing opportunities for staff to review and consider how best to improve outcomes for families.

### How well is our care and support planned?

**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.

All people who used the service benefitted from care planning documents which were regularly reviewed, evaluated and updated. Families and, where possible, people using the service were involved in developing and reviewing these plans every six months. This meant that families were involved in decisions about their support and that plans were based on up-to-date information.

The service is aware of the need to continue to progress ways of seeking and recording the views of people using the service and to consider how plans could be further developed to allow these to be more user friendly.

Risk assessments were now in place for all people using the service. These supported people to stay safe.

Pre-session event briefings ensured that individual plans and risks were considered to ensure that all staff were aware of the individual care and support needs and risk assessments for all young people and adults. This meant that staff were clear of the individual goals and ambitions of the people receiving support. Detailed outcome records were completed after each session and the consistent use of chronologies meant that all staff were able to consider up to date information, for example relating to an accident or incident, when planning support sessions.

Managers in the service attend multi-disciplinary meetings and discussion about people's support. This has been of benefit and has supported more timely, responsive amendments to plans.

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

### Requirements

#### Requirement 1

By 20 March 2025, the quality of children and young people's care should be supported by good review practices. To do this, the provider must, as a minimum:

- a) review the support of all young people receiving a service
- b) further develop systems for managing, recording and quality assuring reviews
- c) provide guidance to staff on case recording and review expectations.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This is in order to comply with: Regulation 5(2)(b)(iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 6 December 2024.**

#### Action taken on previous requirement

The service have worked hard to ensure all plans have been reviewed and that there is a plan in place for six monthly review going forward. The service have provided a range of evidence to satisfy that they have met this requirement.

**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 keep people safe, promote wellbeing and support involvement in decisions about their care, the service should provide training to all staff to the level required to provide quality and consistency of care and support. This should include but is not limited to communication tools and autism. A detailed training needs analysis would be supportive of staff development in promoting improved outcomes for young people.

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); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 24 September 2024.**

#### Action taken since then

The service have made progress on their continuous learning pathways. The induction training has been enhanced to include communication, autism, epilepsy and diabetes as mandatory. This means that the service are in an improved position to have the right numbers of staff trained to meet a range of young people's need therefore improving the matching of staff to young people.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure that the safety and wellbeing of children and adults, care should be provided by the right number of staff who have the appropriate levels of knowledge and skill to meet their needs. This should include but is not limited to a review of how different parts of the service are managed and establishing a coherent system for assessing the staffing levels, skills and deployment that are required in all parts of the service.

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 is consistent and stable because people work together well' (HSCS 3.19).

**This area for improvement was made on 24 September 2024.**

#### Action taken since then

Staff skill levels have increase and the stability of additional core staff has improved consistency and matching. Parents have reported improved levels of consistency. Monthly rota planning across all four services has supported improved matching of skills and knowledge and consistency for young people.

This area for improvement has been met.

#### Previous area for improvement 3

To further support children and adults and ensure a consistent approach to risk management, the service should develop an individualised risk assessment for each child and young person.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

**This area for improvement was made on 24 September 2024.**

#### Action taken since then

As part of the review process the service have now embedded a process to ensure that all young people now have an individualised risk assessment and Personal Emergency Evacuation Plan. This area for improvement has been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.



## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.2 People get the most out of life	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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