

Acadability Support Service

Acadability Limited
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Type of inspection:
Unannounced

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Service provided by:
Acadability Limited

Service provider number:
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About the service

Acadability (Academy House Alexandria) is provided by Acadability Ltd and is a premises-based day service within West Dunbartonshire. The service can be accessed by up to 30 adults with learning disabilities, sensory impairments and complex needs.

The premises are all on one level and have been adapted to ensure people can access all areas. There are several communal rooms which accommodate a range of activities, for instance, arts and crafts, cooking, relaxation and sensory. There are also three adapted toilets with one including a care suite. The service has a private accessible garden for outdoor space and gardening.

At the time of inspection, the service were supporting 28 people.

About the inspection

This was an unannounced inspection which took place on 1 - 3 July 2025 between 08:30 and 17:00. 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:

- gathered feedback from pre-inspection questionnaires (seven responses were received from staff)
- spoke with two people who used the service
- spoke with three relatives in the service and spoke with two relatives by telephone
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- gathered feedback by email from one visiting professional.

Key messages

People appeared happy and relaxed within the setting.

Relatives were happy with the care and support their loved one received.

Staff felt happy in their roles and worked well as a team.

Management oversight of the service needed to improve to ensure all aspects of care delivery, such as care planning and reviews are effectively being monitored.

Audits were not picking up areas of improvement the service needed to action.

Supervisions and team meetings were not happening regularly and needed to improve to ensure that staff were on target with achieving their learning and development goals.

Training statistics within the service needed improved to ensure that staff had the right skills and knowledge for their roles.

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?	3 - Adequate
How good is our setting?	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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People appeared happy and relaxed within the setting. The support people received and how they spent their time was based around their health and wellbeing. One person told me, 'I like cooking and crafts. I get to choose activities' whereas another person told me, 'I like art, I make my own cards'.

Relatives were happy with the support given. They said, 'My relative loves it here, they have everything in here', 'they are happy in the service' and 'my relative enjoys coming here'.

Staff appeared to understand their role with ensuring people's health and wellbeing needs were being met. This included sharing relevant information with the right people. Staff acted on communication that was shared by relatives regarding health and wellbeing. For instance, making adjustments which would enable people to get the most out of their day.

Relatives said that they felt communication was good between themselves and the service. They received information about people's day through daily diaries. They could also speak to staff at the beginning or end of the day if they had any issues or concerns. We shared some aspects of communication that could be further improved upon, such as logging handovers and telephone calls so that this information is not missed. The service also had a social media platform which people and their families had access to.

Meals were not part of the service however people brought their own packed lunches. People opted to have their lunch mainly within the dining area. People had drinks when they wished and a few had their own water bottles which were beside them throughout the day. A few people required specialist support with their nutrition needs which staff had received training for. The lunch time experience was mostly relaxed and unhurried. However, there were busier periods which might not have suited all people. We suggested the service should consider staggering lunches to accommodate all people's health and wellbeing needs.

People were supported with medications where needed. Medications were signed in and out of the service and stored securely. The service had a robust medication system in place that adhered to good practice guidance.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Management and oversight of the service needed to improve. There were systems in place to aid quality assurance however, these were not always identifying areas that required immediate action such as overdue six-monthly reviews. The service had a development plan in place which was not being regularly monitored and reviewed (**see requirement 1**).

Staff training was not happening regularly and although there were no concerns regarding the care and support people had received, it is important that staff receive the relevant training to do their job and training is regularly updated (**see requirement 2**).

Due to recruitment challenges, the service did not yet have their full management team in place. The senior management team were fully aware that the service was not performing as it should be and were in the process of appointing a new manager. The senior management team assured us that immediate improvements would be made and had an action plan in place to achieve this. During the inspection, the management team were responsive and had started to take steps to remedy outstanding actions.

Requirements

1. By 27 October 2025, the provider must ensure the service is well led and managed and people receive care and support that is safe which meets their needs through robust quality assurance.

To do this, the provider must, as a minimum:

- a) ensure managers and senior staff have the right skills and knowledge to quality assure all aspects of care and support delivery
- b) monitor and review quality assurance systems that effectively identify issues which may impact on the health, welfare and safety of people supported.
- c) devise clear action plans with timescales where deficits and/or areas for improvement have been identified.

This is to comply with Regulation 3 and 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).

2. By 27 October 2025, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities to enable them to be competent in their roles.

To do this the provider must at a minimum:

- a) undertake a training needs analysis to identify what training and development is required for each role. This should include but is not limited to training that would enhance people's preferred communication needs
- b) maintain an accurate record of all staff training, including refresher training
- c) monitor and evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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 staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Learning and development opportunities were available to staff however these were not being fully utilised (**see requirement 2 in section 'How good is our leadership'**). Supervisions and team meetings were inconsistent. This had not impacted on staff performance however this limited opportunities for staff to continually learn and develop (**see area for improvement 1**).

Most staff felt happy and supported in their jobs. They said management were visible and felt they worked well together as a team. Staff were complimentary about leaders in the service particularly, a new senior member of staff who had recently joined the team and had already made a difference to the organisation of the service.

People and their families had confidence in their support. Most people were supported by one member of staff at all times and there were a few people who needed the support of two staff. The service ensured that people were supported by staff who knew their specific needs.

People and their relatives spoke positively about staff. One person said, 'The staff are good, they will ask me if I'm well'. Another person said, 'the staff look after me'. Family members told us, 'my relative loves them all', 'the staff are very accommodating' and 'if any issues arise, the staff will address this straight away'. This assured us that people were being supported by the right staff.

Areas for improvement

1. To support staff learning and development, all staff should be offered supervision and attend team meetings on a regular and structured basis.

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

"I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational code." (HSCS 3.14).

How good is our setting?

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 environment was spacious and had been adapted to meet people's health and wellbeing needs. Each area of the service had a purpose, for instance, there were rooms for arts and crafts, reading and relaxing. People, on arrival to the service, would choose the spaces they wished to occupy. There was clear signage throughout so that people could orientate their way around the building. All areas of the building were kept clean and tidy.

The design of the setting contributed to people being supported to develop relationships. There were spaces within the building where people could spend time individually, in small groups as well as larger functions. The environment and layout appeared to suit people's wishes and preferences.

Outdoor space was accessible however, the decking area of the garden needed repaired. People were not able to use the garden until this was repaired. A sensory garden was also being developed. Information about had not been readily available however, the service were able to explain the progress on these actions and assured us these would be included within their action plan.

How well is our care and support planned?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Support plans were in paper format. Most support plans had been updated and contained a good level of detail however there were a few that required improvement. There was enough information within people's support plans on how to meet their needs. There was also a number of outstanding reviews. The senior management were aware of this and actioned during the inspection. Six-monthly reviews were now all planned. The management team need to ensure there is an effective system in place to plan and undertake reviews inline with legislation. A review of a personal plan must take place at least every six-months, or if there is a change. This can be incorporated into their quality assurance processes to prevent reviews being missed (see requirement 1 within section 'How good is our leadership?').

Where people were not fully able to express their wishes and preferences, relatives and guardians who had legal authority were involved in shaping and directing support plans. People were receiving care and support that was in alignment with their wishes and preferences.

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 support people's health and wellbeing, the provider should improve how they facilitate and evidence people's preferred method of communicating. This should include but is not limited to, having user friendly and accessible daily diaries, activity planners and support plans.

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 1.16).

This area for improvement was made on 11 May 2023.

Action taken since then

Activity timetables were visible for group and individual activities. Most people knew what activity they would be doing and where this would happen within the setting. People had their own daily diaries where information about their day could be shared with their relatives. Care plans contained information about people's communication preferences and overall was reflected in practice. However, there was a gap in staff knowledge about some aspects of communication, such as, sign language. This should have been picked up within the support plan audits against training and had not been.

This area for improvement has not been met and has now been incorporated in to a new requirement within Key Question 2: How good is our leadership?

Previous area for improvement 2

To support people's wellbeing, the service needs to complete competency checks of record keeping.

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 31 August 2023.

Action taken since then

There was no evidence that this was taking place.

This area for improvement has not been met and will be looked at again at the next inspection.

Previous area for improvement 3

To keep people safe and promote their wellbeing, the service needs to make improvements with their support plan audits.

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 area for improvement was made on 31 August 2023.

Action taken since then

Support plan audits were happening monthly however, these were not picking up on areas that needed improvement. Action plans were not evident and there was no sense of where the service was with progressing to make the improvements they had identified.

This area for improvement has not been met and has been incorporated in to a new requirement within Key Question 2: How good is our leadership?

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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