

OneCloud Healthcare Housing Support Service

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Unannounced

Completed on:
6 May 2026

Service provided by:
D & G Macha Limited

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About the service

OneCloud Healthcare is registered to provide a combined Care at Home and Housing Support service to children, adults and older people with assessed support needs living in their own homes and in the wider community.

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

At the time of the inspection, the service was supporting 18 people.

About the inspection

This was an unannounced inspection which took place on 5 and 6 May 2026, between 08:00 and 17:00. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, complaints information and information submitted by the service and intelligence gathered since the last inspection.

This was a core assurance inspection to provide assurance that better performing services continue to deliver care and support that meets people's needs. It is not a validation of previous evaluations, and no new evaluations (grades) have been awarded.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances; wellbeing; leadership; staffing and planned care/support.

During this inspection, we confirmed that people continued to receive care that met their needs and protected their safety, wellbeing, and rights. We knew this because we:

- spoke with two people using the service
- received feedback from two people using the service through a pre-inspection questionnaire
- spoke with six staff, including the management team
- observed practice and daily life during home visits
- sampled relevant documents.

Key messages

Legal assurances

We found the service was operating legally and in line with their conditions of registration, including having the appropriate insurance in place and a range of policies and procedures that promoted good outcomes for people. This showed that management had clear oversight of any changes that may affect their registration or legal compliance.

Wellbeing

The service had effective policies and procedures in place for adult support and protection (ASP), and infection prevention and control (IPC). Staff received relevant ASP, IPC and food hygiene training, were confident in their responsibilities and seen to use personal protective equipment (PPE) appropriately. This helped to keep people safe and protected from harm, and people told us that they felt well supported by their staff team.

Medication practice and recording was seen to follow best practice. Some people, who managed their own medication, needed assistance to apply some medication, such as topical creams or eyedrops, and we discussed how this could be more detailed within individual personal plans. We also discussed the need to clearly record, on the electronic medication record, the reason for any gaps in administration such as the visit being cancelled or the person had self-administered. Staff practice was supported by relevant policies, procedures and training.

Currently staff did not support anyone with financial transactions, with food shopping, paying bills or during outings. Relevant policies and procedures were in place, ensuring that robust systems would be implemented to protect people, if the need arose.

Leadership

We were assured the service was well led and managed. The Directors were very involved in the day to day running of the service, and the recently returned manager was in the process of meeting all staff and people they supported.

People being supported and staff were very complimentary about how the service was run and confident that they could contact the service at anytime, if needed. There were complaints policies and procedures in place, however it was evident that the management and office teams were in contact with people they supported and staff on a regular basis.

The service had relevant quality assurance policies and procedures in place, including an Improvement plan. A team lead had recently been recruited to assist with onsite management and observations of staff practice. However, it was evident that systems and processes were being further developed by the returning manager and these needed longer to embed. These would clearly demonstrate how quality assurance was measured and the improved outcomes achieved. Due to this we have re-instated a previous Area for Improvement.

Staffing

People were supported by stable staff teams which provided consistent care and positive outcomes.

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. 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. Management agreed to review this.

Staff induction included completion of mandatory training, regular checks on practice and feedback from people they supported. Staff were also encouraged to give regular feedback on their wellbeing, through the electronic personal plan system.

Management showed their appreciation for staff through an employee programme and we shared information in relation to the National Wellbeing Hub, which provides a range of employee assistance resources.

Planned care/support

Personal plan information was seen to be person-centred with detailed histories, preferences, daily routines and what was important to people. One person told us that they had written their own plan.

All information within people's plans was consistent and daily notes reflected the planned care provided as well as people's emotional wellbeing. Records reflected some lovely banter between people and staff, and how they supported people to maintain as much of their independence as possible. Support with ongoing exercise plans, developed by a physiotherapist, and contacting other professionals including GP, district nurses and social work was also evident.

People told us that they were in regular contact with management and involved in regular reviews of their care. They and their family also had access to the electronic system, which allowed them to access their personal plan, rotas and daily staff notes.

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 the service is operating effectively, the provider and manager should demonstrate how the quality of the service has been assessed and the improved outcomes for the people who use and work in the service. This should include, but is not limited to:

- a) further development of the improvement plan to include set timeframes for review and clear outcomes
- b) further development of the self-evaluation to show what they do well and what they could do better
- c) carrying out regular staff spot checks and supervisions
- d) collating feedback from people who use and work within the service to inform the improvement plan.

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 use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 24 April 2025.

Action taken since then

It was evident that systems and processes had recently been developed by the returning manager but these needed longer to embed, in order to demonstrate how quality assurance was measured and the improved outcomes achieved.

This Area for Improvement has not been met and will continue with progress assessed at the next inspection.

Previous area for improvement 2

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 history, future planning and legal powers, including Power of Attorney is reflected
- b) all care records contain consistent details
- c) medication practice and recording follows best practice
- d) daily notes are routinely reviewed and quality assured.

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), and

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 24 April 2025.

Action taken since then

Information was person-centred with detailed histories, preferences and what was important to people. Relevant future planning and legal powers, including Power of Attorney, Do Not Resuscitate and Advanced Directives were clearly detailed.

All information within people's plans was consistent and daily notes reflected the planned care provided as well as people's emotional wellbeing.

Medication practice and recording was seen to follow best practice.

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.scot.

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