

Shona Care Ltd Support Service

Shona Care Ltd
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Type of inspection:
Unannounced

Completed on:
3 October 2025

Service provided by:
SHONA CARE LTD

Service provider number:
SP2020013481

Service no:
CS2020379168

About the service

Shona Care Ltd is registered to provide a care at home service to older people living in their own homes and within the community. Services were being provided to people in the areas of Glasgow, East Renfrewshire and Renfrewshire. The service offers individually tailored support ranging from check-in visits to full live-in support. The office base is located within the Barrhead area of East Renfrewshire. At the time of this inspection there were 51 people receiving support from the service.

About the inspection

This was an unannounced follow up inspection which took place between 30 September and 02 October 2025 between 09:00 and 17:00 hours. This was to review progress made with requirements made at our previous inspection completed on 3 June 2025. This was a joint inspection with our complaints team, therefore three inspectors carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with six people using the service and one of their relatives
- spoke with six staff and the management
- spoke with one external professional
- observed practice and daily life
- reviewed documents.

Key messages

- We observed warm and friendly interactions between staff and people.
- Care plans had improved and supported staff in providing consistent care.
- Quality assurance processes had improved.
- Visit timings and continuity of staff who visited people had improved.
- People told us they were happy with the care and support provided.

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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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?

4 - Good

We completed a follow up inspection to evaluate the improvements made in response to the outstanding requirements relating to this key question.

The requirement was to ensure people experience a service which is responsive to their health and wellbeing and promotes best practice.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

The provider had made improvements which meant the requirement had been met. We have made an area for improvement to ensure the service continues to promote accurate time keeping and transparent recording of this. (area for improvement 1)

We re-evaluated this key question as good, as a number of important strengths which, taken together, clearly outweighed areas for improvement.

Areas for improvement

1. To support people's wellbeing, the provider should ensure the service continue to promote accurate time keeping and transparent recording of this.

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 by people I know so that I experience consistency and continuity." (HSCS 4.16).

How good is our leadership?

4 - Good

We completed a follow up inspection to evaluate the improvements made in response to the outstanding requirements relating to this key question.

The requirement set out actions for the provider to ensure that a robust quality assurance system was in place and to ensure all notifiable events were reported to the relevant statutory bodies. This also included improvements to ensure audits were carried out and a service improvement plan included feedback from people who use and work within the service.

The provider had made improvements which meant the requirement had been met. We re-evaluated this key question as good, as a number of important strengths which, taken together, clearly outweighed areas for improvement.

We have made an area for improvement for staff observations of practice as they should include more detailed descriptions of staff actions, with opportunities for reflective input from managers, staff, and people experiencing care. (See area for improvement 1).

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Areas for improvement

1. Observations of practice should include more detailed descriptions of staff actions, with opportunities for reflective input from managers, staff, and people experiencing care.

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?

4 - Good

We completed a follow up inspection to evaluate the improvements made in response to the outstanding requirements relating to this key question.

The requirement set out actions for the provider to ensure that they had clear oversight of staffing arrangements.

The provider had made improvements which meant the requirement had been met. We re-evaluated this key question as good, as a number of important strengths which, taken together, clearly outweighed areas for improvement.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

How well is our care and support planned?

4 - Good

We completed a follow up inspection to evaluate the improvements made in response to an outstanding requirement relating to this key question.

The requirement set out actions for the provider to ensure that each person receiving support has a detailed personal plan outlining how their health, safety and welfare needs will be met.

The provider had made improvements which meant the requirement had been met. We re-evaluated this key question as good, as a number of important strengths which, taken together, clearly outweighed areas for improvement.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

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

Requirements

Requirement 1

By 26 September 2025, the provider must ensure that people experience a service which is responsive to their health and wellbeing and promotes best practice. To do this the provider must, at a minimum.

- a. Improve the consistency of staff and timings of visits.
- b. Ensure daily notes are detailed and an accurate reflection of the care and support provided.
- c. Staff are knowledgeable and follow the service's health and safety, and infection prevention and control policies.

This is to comply with Regulation 3 and 4 (1) (a) 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: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This requirement was made on 3 June 2025. This requirement has been met.

This requirement was made on 3 June 2025.

Action taken on previous requirement

We sampled care visits to look at the timing of visits and staff continuity. The service had implemented a system which effectively tracked and shared live visit data with management and the staff team. This had improved consistency and ensured staff stayed for their full allocated time. Although a few discrepancies were noted between actual arrival times and system check-ins. Staff had communicated delays but this was not always reflected in the records. We discussed this with management and explored how recording could be audited to reflect visit times and ensure staff accountability.

People told us that they were happy with the support, and they knew the staff well. One person said, "The staff are terrific and consistent; nothing is a bother". Staff training in Infection Prevention Control and Health and Safety was up-to-date, and staff had demonstrated knowledge during visits. Staff were kind and promoted clear communication, appropriate support, and robust recordings. This assisted people being supported by the service to improve their health and wellbeing.

Whilst we found that sufficient progress had been made to meet this requirement, we have made an area for improvement, to ensure the service continue to promote accurate time keeping and recording of this. (see section 'How well do we support people's wellbeing?' - Area for Improvement 1).

Met - within timescales

Requirement 2

By 26 September 2025, the provider must ensure the service is well-led and promotes best practice by:

- a. Implementing a quality assurance system to monitor key service areas.
- b. Conducting and recording regular staff observations with appropriate follow-up.
- c. Using feedback from people, families, staff, and external agencies to inform the improvement plan.
- d. Ensuring all notifiable events are reported to the relevant statutory bodies and stakeholders.

This is to comply with Regulation 3 and 4 (1) (a) 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 which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (4.19)

This requirement was made on 3 June 2025. This requirement has been met

This requirement was made on 3 June 2025.

Action taken on previous requirement

Audits had been conducted well with clear review dates in place. The accident and incident tracker was in place and viewable across multiple timeframes, effectively capturing incidents, follow-up actions, and lessons learned. Staff learning had been recorded via the Human Resources portal notes section, this allowed for management to praise and identify areas of development for staff.

Medication audits identified key areas such as incomplete tasks and recording practices, with follow-up actions and training checks clearly documented. A planner had been implemented to track key dates for incidents, audits, training, protection concerns, and governance, ensuring tasks were not missed. All audits were in place and up-to-date. This meant the manager had improved oversight of the service.

Observations of practice had been carried out with staff, including medication observations, spot checks, and dignity audits. Spot checks were effective and occurred at varied times, such as during a tea visit where early departure of staff was identified and addressed with an action plan. While a spreadsheet was used as a reminder of when to carryout observation of practice, a more detailed staff tracker was needed to improve oversight, which management agreed to further develop. Medication observations were carried out but limited to tick boxes, having more descriptive questions would allow for more narrative to be captured which would help identify strengths and areas for development. This would give staff an opportunity to reflect on their practice, we have made an area for improvement for this. (see section 'How good is our leadership?' - Area for Improvement 1). Supervisions had taken place mainly in response to immediate issues, with clear action plans. To further enhance this a more proactive and reflective supervision approach should be developed to support staff wellbeing and professional growth.

Feedback opportunities were established, which allowed people and families to share their views through regular contact with the office. This was captured in the communications tab on individuals care plans. The services survey responses were generally positive, though some questions appeared less relevant to the service. Updating surveys would improve feedback quality and support the development of a more informed service improvement plan.

Notifications were reported to the relevant statutory body in a timely manner with sufficient detail.

Overall, there has been considerable improvement in relation to quality assurance across the service, therefore, this requirement has been met.

Met - within timescales

Requirement 3

By 26 September 2025, the provider must ensure that they have a clear oversight of staffing arrangements.

To achieve this, the provider must, at a minimum: Develop an improved staff rota system and process to monitor staffing arrangements.

This is to comply with Regulation 7 of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My needs are met by the right number of people." (HSCS 3.15).

This requirement was made on 3 June 2025. This requirement has been met.

This requirement was made on 3 June 2025.

Action taken on previous requirement

The service had used an external Human Resources platform to manage staffing arrangements. Leave and absences were tracked through the digital platform. Rotas were planned a month in advance, with flexibility to accommodate service needs. Rotas viewed from August to September showed appropriate shift allocations and full coverage. Staff also accessed supervision notes and minutes through the platform, supporting transparency and oversight. This had meant people experiencing care had received more consistent care from regular staff.

Overall, there has been considerable improvement in relation to staffing arrangements across the service, therefore, this requirement has been met.

Met - within timescales

Requirement 4

By 26 September 2025, the provider must ensure that each service user has a detailed personal plan outlining how their health, safety and welfare needs will be met. Plans must be reviewed at least every six months or following any significant change.

To achieve this, the provider must ensure:

- a. Relevant risk assessments are in place to inform personal planning.
- b. Actions from reviews are clearly documented and any changes reflected in personal plans. Review records must include who has been part of the review.

c. Audits are undertaken to ensure the quality and consistency of personal plans.

This is to comply with Regulation 5 (1) and (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also 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 requirement was made on 3 June 2025. This requirement has been met.

This requirement was made on 3 June 2025.

Action taken on previous requirement

Care plans were more detailed and person-centred, and had been informed by risk assessments relevant to people's health conditions. Risk assessments detailed levels of assistance, individual capabilities, and staff responsibilities. Escalation pathways and triggers were clearly defined to assist staff when they noticed a decline in a person's health. Reviews were actively done with input from families, carers, and other health professionals. Medication management had improved through collaboration with a pharmacy technician, promoting independence for people. A communications tab enhanced transparency by documenting interactions with professionals and families.

Dashboard alerts tracked key dates for reviews and updates, with triggers set within a four-week window to ensure timely action. Incident reporting included a body map tool and automatic email alerts to management, ensuring appropriate and detailed information was captured. Digital care plans were accessible to people and families, with alternative formats provided when needed.

Overall, there has been considerable improvement in relation to care plans across the service, therefore, this requirement has been met.

Met - within timescales

Requirement 5

By 27 June 2025, the provider must ensure people experiencing care have their medication administered safely. To do this, the provider must, at a minimum:

- a) ensure that each person experiencing care has an up-to-date care plan that details how staff will support them to take their medication safely;
- b) ensure that staff support each person receiving care to take their medication in accordance with their prescription;
- c) ensure that staff maintain accurate and comprehensive medication administration records in relation to each person receiving care;
- d) ensure staff involved in supporting people to take their medication are trained and competent to do so;
- e) ensure that the management team implement an ongoing quality assurance system for reviewing medication administration records.

To be completed by: 27 June 2025.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210).

The revised date for completion is 26 September 2025.

This requirement was made on 16 May 2025.

Action taken on previous requirement

This requirement had been made following an upheld complaint. Medication care plans and risk assessments showed that individuals who require support with medication administration had a detailed care plan and risk assessment in place. The medication care plans and risk assessments contained relevant information to ensure people experiencing care could be safely supported to take their medication.

From records sampled we were satisfied that medication administration records were in place for all individuals and were in line with people's current prescription. Staff were recording medication administration on both electronic medication administration records and handwritten medication administration records. Discussions with the manager confirmed that moving forward staff would complete one contemporaneous record of medication administration in the services chosen format.

Monthly medication audits were completed for individuals supported with medication administration. When audits highlighted any gaps in record keeping, we were reassured that there were clear actions plans put in place by the manager to improve practice.

We viewed staff training records and were satisfied that staff supporting with medication administration had been trained to do so. The manager had introduced a new training management system ensuring oversight of staff training. We viewed records which confirmed the management team assess staff competencies in relation to medication administration. An area for improvement has been made for observations to include more detailed descriptions of staff actions, with opportunities for reflective input from managers, staff, and people experiencing care. (see section 'How well do we support people's wellbeing?' - Area for Improvement 1)

Overall, there has been considerable improvement in relation to medication administration across the service, therefore, this requirement has been met.

Met - outwith 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 ensure people experiencing care are safely supported in an emergency or unexpected event, the provider should ensure timely and appropriate action is taken resolve the situation. Records should clearly document steps taken by the service and any communication with relevant parties.

This is in order to comply with: Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This area for improvement was made on 16 May 2025.

Action taken since then

The service manager had met with the staff team to discuss responsibilities when supporting people with emergency or unplanned events. We also viewed the online system available to staff which contains emergency contact numbers and confirmed staff have access to step-by-step guides on what action to take should such events occur.

The manager informed of recent development sessions held with staff taking account of differing cultural experiences and discussing appropriate responses to meeting the needs of people experiencing care.

We viewed evidence to confirm the manager had oversight of accidents and incidents within the service and had been making relevant notifications to the Care Inspectorate and other agencies when required.

We were therefore satisfied that this area for improvement had been met.

Previous area for improvement 2

To support people's wellbeing, the provider should ensure staff have opportunity to keep up-to-date with training which should include refresher training relevant to their role.

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).

This area for improvement was made on 3 June 2025.

Action taken since then

A training tracker was in place for all staff and evidenced that Infection Prevention Control training and health and safety are fully up-to-date.

Training can be viewed on the Human Resources platform which allowed for better management oversight and ensured that refresher training was captured.

Staff had access to multiple training platforms to further enhance their own learning. Plans were in place.

starting in the new year, a group of staff to be working towards further qualifications in health and social care.

We were therefore satisfied that this area for improvement had been met.

Complaints

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

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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