

Highland Home Carers Housing Support Service

Highland Home Carers Ltd
1 Highlander Way
Inverness Retail & Business Park
Inverness
IV2 7GE

Telephone: 01463 241 196

Type of inspection:
Unannounced

Completed on:
19 September 2025

Service provided by:
Highland Home Carers Limited

Service provider number:
SP2004005429

Service no:
CS2003054082

About the service

Highland Home Carers provide Care at Home and Housing Support services to people living in Nairn, Inverness and Beaully.

The head office is in Inverness and at the time of inspection the service was supporting 131 people.

The service provides flexible packages of care and support to meet people's needs. The range of services includes: personal care and support, support with domestic tasks, and shopping.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 September 2025. The inspection was carried out by two inspectors 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 seven people using the service;
- spoke with six staff and management;
- observed practice and daily life;
- reviewed documents;
- received online surveys sent out prior to the inspection.

We received feedback from 22 people who use the service, seven relatives, four external professionals and thirteen staff members.

Key messages

- Most people spoke positively about the care and support they received.
- Staff told us that they had enough time to spend with people.
- Improvements were required to ensure that people's personal plans and risk assessments contained the most up to date information and professional guidance.
- Staff felt well supported within their roles.
- Quality assurance processes required further development to help achieve better outcomes for people.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

3 - Adequate

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

People who used the service were supported by a staff team who were warm, compassionate and respectful. We observed positive interactions between staff and people they supported. One person told us, "I feel very lucky to have them as my care company", while another said the service did "a marvellous job of supporting" their family member and enabling them to stay in their own home.

The service had identified some challenges with recruitment and was working to address these. As a result, in some areas, people experienced changes to visit times and inconsistency with the staff members who provided their support. We also heard that people did not always receive support at their preferred times. The service was trying to ensure people were supported by staff members they were familiar with and that they experienced as little disruption to their scheduled visits.

People were supported effectively with their medication when this was required. Staff were aware of people's needs and abilities and promoted independence as far as possible. Medication risk assessments were comprehensive and accessible to staff. The service used an electronic medication system that staff were familiar with. As a result, any errors or missed medication were reported immediately to the leadership team. We spoke to the management team about the benefits of having service-wide oversight of errors to help identify potential triggers or patterns.

Personal plans included information about moving and handling tasks where needed. However, we could not be assured that staff followed external professional guidance, as this documentation was not included in the personal plans we reviewed. We spoke to the leadership team about the importance of ensuring that personal plans include and reference documentation from external professionals to ensure people are supported safely and their outcomes are met. (See requirement 1)

We observed inconsistent practices and understanding regarding financial support for people using the service. The provider's procedure lacked clear guidance, making it unclear whether the practices we saw aligned with company policy. We spoke with the leadership team about reviewing and updating the procedure to ensure it provides clear guidance for people and staff. We will revisit this at the next inspection.

Requirements

1. By 14 November 2025, the provider must ensure that people receive care and support that meets their needs and outcomes.

To do this the provider must at a minimum, ensure:

- a) that personal plans contain sufficient details about people's health and wellbeing needs and that any risks identified are included in their personal plans and risk assessments;
- b) where professional guidance is in place this is referenced in the personal plan and a copy is available.

This is to comply with Regulation 4(1)(a) and Regulation 5 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:

'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).

How good is our leadership?

3 - Adequate

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

The service benefitted from an established leadership team who knew the service well. The service operated in designated areas with assigned staff teams, and the leadership team were accessible to staff.

There were development plans and self-evaluation processes in place and the leadership team had access to quality assurance tools that supported the identification and prioritisation of improvements, however, these were not always being used to good effect. For example, there was limited oversight of the information available about staff training, supervision, and people's reviews to ensure that identified actions were completed in a timely manner.

(See area for improvement 1).

The service had a complaints procedure and maintained a log of complaints. However, we found they did not have a log of concerns or other feedback, this meant the service may not respond to recurring issues effectively. We spoke to the leadership team during the inspection about reviewing their process of recording feedback. This is to ensure people who use the service, can be confident that any concerns they raise will be recorded and actioned appropriately.

It was positive to hear that the service had recently completed a questionnaire to gather feedback from service users and those important to them. The leadership team had not yet reviewed the results of this survey as the results had just been collated. We discussed with the leadership team the importance of sharing the survey findings and any resulting actions with people who used the service when this was available, to increase people's involvement in service improvements.

During the inspection we found that the service had not reported a number of adult protection concerns to the local authority. Additionally, it had not submitted relevant notifications to the Care Inspectorate in line with the notification guidance, 'Guidance on records you must keep and notifications you must make'. This meant that incidents of concerns were not always followed up appropriately. (See requirement 1).

Requirements

1. By 14 November 2025, the provider must ensure that all adult protection concerns and incidents are reported appropriately to the relevant local authorities and that notifications are submitted in a timely manner in line with relevant guidance.

This is to comply with regulations 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 that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19); and

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

Areas for improvement

1. To promote overall oversight of the service, the provider should ensure that there are robust quality assurance processes in place and that these are used effectively to identify what is working well and what can be improved to support better outcomes for people.

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); and

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

How good is our staff team?

4 - Good

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

During the inspection, we met and shadowed staff. Staff treated people with dignity and were respectful when working in people's homes.

Staff feedback highlighted staffing shortages, with many team members picking up additional shifts to ensure people received their support. Despite these challenges, both staff and people who used the service told us they did not feel rushed and had enough time to chat, which helped reduce the risk of social isolation.

Recent changes within the service meant that people were generally supported by familiar staff. In some areas, this was more challenging, but as reported under key question 1 'How well do we support people's wellbeing?', we recognised that the service was making efforts to promote consistency of staffing and of visit times to enhance the quality of care and support provided.

Staff rotas were held electronically and planned in advance. People using the service along with those important to them, had the option to access information about the staff who were supporting them if they wished. We heard that the system included a feature providing real-time visit information, allowing people to check when their carers were due to arrive.

Team meetings were held regularly in each area. The service demonstrated openness to change, having adjusted the format of these meetings over the past year to encourage attendance and ensure the time was used effectively. Staff told us they could contact the leadership team and communication within the team was good, which resulted in them feeling well supported at work. However, one-to-one supervision meetings for some staff were not taking place in line with the provider's policy. We also spoke to the

leadership team about reviewing the frequency of formal supervision sessions to strengthen oversight of individual and team performance.

We identified some essential staff training that was significantly overdue. While the service was aware of some gaps at the time of inspection, we were not confident they were aware of how overdue this training was. The leadership team responded promptly to our feedback and implemented risk reducing strategies. Moving forward, it is essential that staff maintain up-to-date skills and knowledge to ensure people receive support from staff who are suitably trained and qualified for their roles. Please see key question 2 'How good is our leadership?', for more details.

How well is our care and support planned?

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 service had moved to an electronic care planning system since the last inspection. This meant that staff and the leadership team had access to the most up to date information.

Personal plans and risk assessments were well formatted and reviewed frequently. They contained essential information about how to support each person and included meaningful personal details, such as the person's history and important people in their life.

Personal plans were written with an outcome-focussed approach, which staff clearly demonstrated when supporting people. As a result, people's needs and wishes were promoted by the staff supporting them.

Some risk assessments used generalised terminology and would benefit from further review and personalisation. We discussed this with the leadership team, who had already identified that these needed further development.

Anticipatory care plans required development and implementation where they were relevant for people who were being supported.

Where appropriate, the service held copies of, and knew how to access, legal documents such as Powers of Attorney. It is important that the service continues to gather information about people's capacity as early as possible and obtains copies of relevant documents. This means people can be confident that the service knows who to inform and involve in decisions about people's care and support.

People and those important to them were encouraged to be involved in their reviews. This promoted their role in directing their own care and support. The service had identified that significant periods had passed without formal review, which did not meet legislative requirements. Measures were put in place to ensure that everyone using the service was reviewed at least every six months, or more often if needed. At the time of the inspection, most reviews had been completed, although some remained overdue. Moving forward, it is essential that reviews are planned in advance and that systems are put in place to prevent future delays. Please see key question 2 'How good is our leadership?' for more details.

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 experience stability in their care and support and are involved in improving the service they receive in a spirit of genuine partnership, the provider should ensure, but not limited to:

- a) improve communication with supported people about who will provide their care and support on a daily basis;
- b) this should include an explanation about why any changes to the staff who care and support them are made;
- c) people or their representatives are given opportunities to feedback about the experience of the care and support they receive;
- d) this feedback is used to inform and shape on-going improvements of the service.

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

'I know who provided my care on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provided my care and support'. (HSCS 3.11); and
'I am actively encouraged to be involved in improving the service I use, in the spirit of genuine partnership'. (HSCS 4.7).

This area for improvement was made on 13 July 2023.

Action taken since then

During the inspection, people told us that they were not consistently informed about changes to their care and support. The leadership team informed us that people could access their personal plans online and could see real-time arrival information about the staff who were providing their support. However, some people did not or were unable to use the online system and therefore did not receive this information.

A recent survey had been completed to gather feedback from people using the service, but it had not yet been reviewed by the leadership team or actioned.

Please see key question 2 'How good is our leadership?' for more details.

This area for improvement has not been met.

Previous area for improvement 2

To ensure people's support plans are right for them, during the transition to the new electronic support planning system, the provider should ensure, but not limited to:

- a) people or their representatives are fully involved in developing and evaluating their support plans;

- b) people's support plans maintain a focus on the person and their preferred outcomes;
- c) where a person's care needs or risk level changes, risk assessments and support plans are updated accordingly;
- d) a risk assessment and action plan to mitigate risk is in place until the transition is complete.

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

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

'My personal 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 area for improvement was made on 13 July 2023.

Action taken since then

The service has now transitioned to a new electronic care planning system.

Please see key question 5 'How well is our care and support planned?' for further details.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that personal support plans and associated risk assessments are updated, sufficiently detailed, and reflect the care/support provided.

This should include, but is not limited to, any agreed processes where people's representatives are involved in their medication support.

This is to ensure care and support is consistent with 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 area for improvement was made on 12 June 2025.

Action taken since then

There was not enough specific information available to assess this area for improvement during the inspection and we will review this at the next inspection.

This area for improvement has not 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate
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11 Riverside Drive
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