CareStaff at home
Housing Support Service

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Type of inspection:
Unannounced

Completed on:
28 October 2025

Service provided by:
Care Staff Ltd

Service provider number:
SP2023000209

Service no:
CS2021000110

About the service

CareStaff at Home is registered to provide a combined care at home and housing support service to adults and older people with assessed care needs living in their home and in the community.

The office base is located in Glasgow city centre and at the time of the inspection, staff teams were providing support to 120 people living in East Renfrewshire, Renfrewshire, Dumfries and Galloway.

The registered manager is supported by a team of co-ordinators, seniors and support workers who provide direct support to people using the service.

About the inspection

This was an unannounced inspection which took place on 20 to 28 October 2025, between 08:00 and 19:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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:

- received feedback from 14 people using the service and 13 family members, through speaking with them or via a pre-inspection questionnaire
- received feedback from 16 staff, including management, through speaking with them or via a questionnaire issued prior to or during the inspection
- reviewed relevant documentation
- observed practice and daily life, during home visits
- received feedback from one local authority commissioning team.

Key messages

- People were overall happy with the care and support provided and were positive about their regular staff.
- People needed reassurance about staff consistency and who was coming into their home to support them.
- The service's use of their quality assurance and improvement processes needed to be reviewed.
- Relevant notifications to the Care Inspectorate, needed to be submitted, within the required timescale.
- Feedback from staff and people they support, needed to be sought and collated to inform improvements within the service.
- Personal plans needed to reflect all relevant information and be accessible to people they support.

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 evaluated this key question as good, where a number of strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service assessed and recorded people's care needs and requirements, and matched these needs to the available staff's skills, knowledge and experience. People, we spoke with, told us that their care and support needs were met by the staff provided by CareStaff at Home and they were particularly positive about their group of regular staff, 'These two are wonderful', 'Staff are very cheerful and uplifting', and 'Appreciate the familiar faces of the local carers'.

We saw that people's support included personal care, support with meals, medication and housekeeping. During home visits, we saw positive interactions between people being supported and staff, who were well known to them. We saw that staff carried out care and support which respected people's preferences and maintained their dignity. Infection prevention and control was also seen to be carried out in line with best practice. People were offered choices at mealtimes and appropriately supported with their medication. This meant that people received the right care and were supported to remain living in their own home.

There was evidence of appropriate input and review from health professionals such as GP, district nurses, moving and assisting assessors, speech and language therapists. We saw that staff followed their advice and this had led to positive outcomes for people they supported. These included weight gain, improved medication compliance and personal hygiene, and quick treatment, which enabled people to remain at home and not needing admission to hospital.

We saw that people also had specialised equipment and home adaptations to promote and enable their independence. This helped to empower people to have as much control of their life as possible.

Feedback we received, from one local authority who commissioned the service, highlighted a positive relationship with CareStaff at Home, with relevant communications and referrals for additional assessments which provided the standard of care and support required.

However, although people told us that their care and support needs were met, the majority of people we spoke with, highlighted that they did not always know who was coming to support them and improved consistency of staff would 'make a significant difference'. People told us, 'Have different carers all the time, with no consistency in staffing, can't keep up with all the names and different faces', 'X is the only consistent carer, while the rest are different faces each day', 'Would benefit from a consistent routine with the same carers', 'Local carers are always punctual, whereas agency staff are more likely to be late', 'Just like to have the same people, see the same faces, but it doesn't always happen', 'Frequently receive support from carers that I don't know', and 'New workers don't know where things are kept'.

People clearly appreciated the regular staff coming into their home who weren't running late and were consistent with their practice. We could see that management had developed systems to identify key staff and staff groups to provide people's care, and that the recruitment of staff was ongoing to reduce the number of agency staff being used.

However, given the level of feedback received, we have made an area for improvement, for management to continue to review how the consistency of staff could be further improved. This could include

communication with people about what would improve the service for them, their plans for staff consistency and ensuring people have access to staff rotas, in a format suitable for them, so that people know who is coming into their home and when (see area for Improvement 1). How people using the service could be involved in staff recruitment processes should also be considered.

Areas for improvement

1. In order to ensure that people have confidence in the staff who provide their care and support, the manager should:

a) continue to identify key staff and aim to provide a consistent group of staff to people who know their needs

b) continually review how the consistency of staff could be further improved

c) inform people of who is coming to support them.

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

'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8);

'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11); and

'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 evaluated this key question as good, where a number of strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People should benefit from a culture of continuous improvement which is supported by appropriate management oversight. The service benefitted from a stable and committed management team, the majority of whom had been recruited since the last inspection, to support the growth of the service.

The registered manager was supported by co-ordinators and seniors. Given the growth of the service, we felt that more staff, in co-ordinator and senior roles, were needed to continue to monitor and ensure the quality of the service being provided. It was evident that the recruitment of additional staff was taking place and these staff should be in place prior to supporting more people. This would help to ensure that people received the right care for them.

Management used quality assurance processes which allowed them to monitor a number of areas across the service. These included the recruitment and induction of new staff, ongoing training, staff supervisions and observations of practice. We saw that welfare checks/reviews were carried out and records of any

incidents, complaints and compliments were kept. Care plan and medication audits were also evident within the electronic care planning system.

Although, we saw that ongoing staff training, meetings, supervisions, observations of practice and welfare checks/reviews were taking place, the frequency of these was not clear. We asked management to develop an overview to record the planned and actual dates to demonstrate if the expected frequency was being achieved, for all staff or people being supported.

We viewed records of complaints and incidents, within the last year. These highlighted that no complaints had been made directly to the service and that appropriate incident investigations, and actions, had been taken to protect people. However, it became evident that relevant notifications had not been submitted to the Care Inspectorate. The notification guidance was shared with management, who submitted the relevant notifications during the inspection.

We viewed a sample of policies and found that these needed reviewed and updated to reflect actual practice of the service, current best practice and legislation. Management started to review and update these during the inspection.

Management had a Service Development plan, which reflected the service's aims and objectives and the progress made since the last inspection. However, it was not clear how the people being supported, their families and other stakeholders had informed this, or how outcomes for people had improved. We suggested that the development of a self-evaluation, in relation to the quality framework, would help to prioritise improvements and demonstrate how people's input had shaped outcomes.

When we compared information held by the service and the Scottish Social Services Council (SSSC), we found that staff were registered but not always reflected under the service that employed them. Management also needed to ensure that staff registrations reflected all service types that they work in and that they were registered at the appropriate level for their job role.

As a result, of the areas highlighted, we have made an area for improvement for management to ensure that their quality assurance processes are being used as intended, and reflect the benefit for the people who use and work in the service (see area for improvement 1).

Areas for improvement

1. To ensure that people benefit from a culture of continuous improvement within the organisation and their service provision, the manager should:

a) review the use of the service's quality assurance systems to ensure that these are used as intended and reflect improvements made within the service

b) submit relevant Care Inspectorate notifications and updates

c) review and update policies with relevant details

d) seek and collate regular feedback from people who use and work within the service to inform the improvement plan

e) develop a self-evaluation, which demonstrates what the service does well and what they could do better

f) review SSSC and service registration records to ensure these are accurate and kept up-to-date.

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

How good is our staff team? 4 - Good

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

Staffing arrangements were determined by the care and needs assessment, carried out by local authorities and the service, with the timing of visits agreed with people using the service and their relatives. We were told that staff received their rota in advance but sometimes changes were needed due to unplanned absences. We were also told that people would always receive their visit due to staff working extra hours, agency staff cover or condensing staff runs.

We were aware that there had been a higher turnover of staff at the beginning of the year, due to circumstances outwith the service's control, and that they had begun to provide their service in a new location. We could see that there was a high agency use, in the new location, and this was reflected in people's comments about staff consistency. We were told that staff retention had improved and recruitment was ongoing to reduce agency use.

We saw that the recruitment of staff was safe and overall followed best practice guidance. Staff confirmed that recruitment and induction was robust and supportive. They also confirmed completion of relevant training and shadow shifts prior to working with people. This helped staff to have the relevant skills and knowledge to meet people's care and support needs.

As previously reported, although the frequency of ongoing staff training, meetings, supervisions and observations of practice was not clear, these were taking place.

We saw that training compliance was monitored and training records, viewed, showed that the majority of staff had completed mandatory training.

We were told that staff meetings were held regularly with care and senior staff. The minutes, viewed, related to senior staff meetings which reflected discussions about ongoing staff recruitment and any day-to-day issues. Improvement with some of the issues highlighted was evident, however, the minutes did not

always clearly reflect what the specific issues were or how they would be addressed. We suggested that it would be beneficial for senior staff to lead meetings with care staff, enabling them to discuss the support provided to individuals, any concerns or learning.

Supervision meeting minutes, viewed, showed relevant discussions, with individual care staff, about working relationships, development needs and any personal concerns. We suggested that discussions could also include the plan to meet their SSSC qualification condition, any completed observations of practice and the support provided, especially if staff were not attending care staff meetings.

Observations of practice, viewed, reflected positive feedback from the people being supported and the assessor's summary reflected that staff were meeting people's needs as per their planned care. We suggested that senior staff could take responsibility for conducting observations of practice and, that records could be developed further by recording specific details of the practice observed and including feedback from staff.

We were told that the provider offered a counselling service and promoted access to other relevant employee resources, to support staff wellbeing.

Staff responses were positive about the care and support provided, all agreed that they had the relevant skills and experience for the people they supported. They confirmed that they had access to people's personal plans and related care records. All were able to highlight positive outcomes for people they supported in their own home. These included, 'making people feel loved and cared for, maintaining their dignity despite the decline in their physical or mental state', 'help to enable people to keep their independence', 'person not having much independence, now enjoying holidays abroad'.

As a result, of the areas highlighted, we have made an area for improvement for management to ensure that their quality assurance processes are being used as intended, and reflect the benefit for the people who use and work in the service (see 'How good is our leadership?', area for improvement 1).

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

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

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences.

The service used an electronic personal planning system. We reviewed personal plans of the people we had met during home visits and we could see that some plans clearly reflected the individual's routines, preferences, interests, who and what was important to them. However, this was not consistent across all the personal plans viewed, and we highlighted some contradictions around the level of medication support to be provided and details on how some health conditions may affect the support provided, that were not clearly recorded.

We also felt that plans would benefit from having additional information around people's future care planning and where legal powers such as Power of Attorney or Guardianship were in place. This is particularly relevant where people do not have the capacity to make important decisions about aspects of their care and support.

We saw that care plans and risk assessments had been reviewed on a monthly basis and that welfare checks/reviews had been carried out. The welfare checks/reviews viewed, showed that people were satisfied with the service and any changes in care needs had resulted in appropriate adjustments to the support provided. However, it was not clear who was involved in these reviews and the majority of people, we spoke with, were not aware of having been involved in reviews of their care on a six-monthly basis. We suggested that the welfare checks/reviews should be more formalised and saved to the individual's electronic plan.

Staff had access to the information on people's planned care needs on mobile devices. Notes, completed by staff after each visit, were found to be overall task oriented and unfortunately did not capture the positive interaction that we saw during home visits.

Some people told us that they were aware of and accessed the electronic personal planning system to view their personal plan and staff rotas. However, some people told us that they were not aware of this. As with access to staff rotas, people should also have access to their personal plan, in a format suitable for them.

As a result of the areas highlighted, we have made an area for improvement to ensure that people's personal plans and care records contain all relevant and up-to-date information (see area for improvement 1).

Areas for improvement

1. In order to ensure that people have personal plans and care records that contain all relevant and up-to-date information, the manager should ensure that:

a) person-centred and consistent details are recorded for each person being supported

b) appropriate information regarding people's future care planning and legal powers such as Power of Attorney or Guardianship is reflected

c) people are involved in six monthly reviews of their care and this is reflected in their personal plan

d) daily notes are routinely reviewed and quality assured

e) people are able to access their personal plan and information related to their care and support.

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);

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

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

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 ensure that the service uses robust quality assurance and improvement processes. This should include, but is not limited to:

a) submitting relevant Care Inspectorate notifications and updates
b) reviewing and updating policies with relevant details
c) demonstrating what the service does well, what they could do better and how the outcomes of the service and people they support have been improved.

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).

This area for improvement was made on 19 October 2023.

Action taken since then
We found some incidents that should have been notified to the Care Inspectorate and some of the policies viewed needed to be reviewed and updated.

The notification guidance was shared with management, who submitted the relevant notifications and started to review and update policies during the inspection.

Management had a Service Development plan, which reflected the service's aims and objectives and the progress made since the last inspection. However, it was not clear how people being supported, their families and other stakeholders had informed this, or how outcomes for people had improved.

As these areas were similar to the last inspection, they will form part of a new area for improvement. (See 'How good is our leadership?', area for improvement 1.)

Previous area for improvement 2

To ensure that the service recruits staff well, the provider and manager should ensure that their processes and practices follow best practice guidance. This should include, but is not limited to:

a) that all relevant checks are stored appropriately and easily accessible for each applicant
b) a minimum of two interviewers to carry out each interview, with consideration of how people who use the service could be involved

c) an interview process which robustly assesses applicants' competencies, suitability for the post and any additional training/support required.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24); and

'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 19 October 2023.

Action taken since then

A Recruitment manager had been recruited since the last inspection. Their role helped to develop staff recruitment and retention strategies, as well as streamline processes.

From the sample of staff recruitment files viewed, we saw that recruitment practice was safe and overall followed best practice including the use of competency based interviews carried out by two interviewers.

How people using the service could be involved in recruitment processes should be considered.

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.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?	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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