

# Christina's Home Care Service Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
21 October 2025

**Service provided by:**  
Christina's Home Care Service

**Service provider number:**  
SP2004006970

**Service no:**  
CS2007167690

## About the service

Christina's Home Care Service is registered to provide a combined housing support and care at home service to adults with a range of support needs in their own homes. The provider is Peoples Care Solutions Ltd.

The service provides support to people living in their own homes in East Renfrewshire and Glasgow South. At the time of inspection, the service was supporting 86 people.

The support people receive depends on their assessed needs and outcomes, and may include preparation of meals, administering and assisting with medication, personal care, assistance with moving around the home, and accessing the community.

The service aims to "maintain [people's] independence and quality of life in their own home, providing comfort and reassurance with professionalism, dignity and compassion, kindness, understanding and patience".

## About the inspection

This was an unannounced inspection which took place between 6 and 9 October 2025. The inspection was carried out by three 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 and 14 of their family
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People were supported by a consistent, skilled and experienced team of carers.
- Carers demonstrated a professional and compassionate approach.
- A robust training programme ensured carers met people's needs and wishes.
- Care Plans and daily records were person-centred and well-written.
- The management team were accessible, pro-active and supportive.
- We shared resources to help the service further improve its approach to quality assurance, and policy and procedures in relation to medication and recruitment.

## 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. Several important strengths were identified which have a positive impact on people's experiences and outcomes.

People receiving care, and their relatives, provided positive feedback about their experiences with Christina's Home Care Service. People valued the consistency and quality of their care. A person told us "I trust the staff and we are a great team. They make me smile and I wouldn't be able to cope without them". A family member told us "The staff have a good relationship with us and it gives me peace of mind that [my loved one] is being looked after so well".

We accompanied staff during visits and observed their interactions with people. Staff demonstrated strong understanding of people's needs and preferences. Care was delivered in a professional manner with clear rapport, warmth, and humour. People felt comfortable and engaged during their visits from carers.

People were generally supported by a consistent staff team and this continuity led to positive outcomes. We saw people being supported with their mobility, nutrition, and medication needs well to improve their health and wellbeing. The service liaised with health professionals and external agencies when people needed further interventions, ensuring people's changing needs were met.

Support with medication was effective and helped people stay safe and well. A review of records demonstrated there were no significant medication errors. We shared suggestions to make the service's medication policy, and information in care plans, clearer. An area for improvement for medication was made under key question two. This will ensure good practice is sustained for people.

Every person supported by the service had a personal plan, known as a care plan. These were generally comprehensive, person-centred, and well-written. Plans captured people's needs, wishes, and provided staff with guidance on how to support people. People had regular reviews to ensure the information was up to date and effective. The general content of plans made reference to potential risks to people's wellbeing and actions staff should take to minimise any possibility of harm. To further improve practice in this area, we asked the service to ensure, where appropriate, people had comprehensive, specific risk assessments to make risk information clearer (See area for improvement one).

### Areas for improvement

1. To promote people's health and wellbeing, the service should ensure that, where appropriate, people have specific risk assessments to reduce any potential risks of harm.

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

4 - Good

We evaluated this key question as good. Several important strengths were identified which have a positive impact on people's experiences and outcomes.

People receiving care, relatives, and staff provided positive feedback about the service's leadership. Management were seen as approachable, pro-active and supportive.

There were repeated compliments of the service's communication, and people felt assured that any issues they had would be listened and responded to. For example, some people expressed they would like to have a rota so they know which staff will provide their care in advance. The management team recorded this on their improvement plan, and agreed to introduce this promptly. A culture of open communication between people, staff, and management helped develop positive morale and confidence in the service.

The management team met frequently to discuss important issues in the service. Leaders had a strong understanding of key performance indicators such as the punctuality of visits, any accidents and incidents, and feedback from people. Regular communication between management and care staff ensured people's changing needs, or any emerging issues, were addressed. The service was dedicated to ensuring people experienced quality care and support, and there was a culture of continuous improvement to promote sustained good practice and outcomes for people.

We did feel that the management team should record their actions more formally to better evidence their good practice. There should be a particular focus on reviewing some policies, audits, and quality assurance to further enhance people's wellbeing.

For example, we shared resources to make the service's medication policy and procedures clearer. Whilst good practice around medication was observed, and no significant issues had occurred, improved policy and guidance would reduce any potential of future errors. Similarly, recordings for people who require full administration of their medication should be audited more regularly by the management team. This will help keep people safe and well (See area for improvement one).

The service had a stable team of skilled carers who had a robust system of induction, training, and ongoing performance monitoring and development. We did note some inconsistencies in the recording of recruitment information, and the service agreed to revise its recruitment policy (See area for improvement two). This will further strengthen the recruitment and development of carers.

We were reassured that leaders took decisive action when issues occurred in the service. For example, accidents and incidents were investigated internally and information was shared with Health and Social Care Partnerships to plan appropriate interventions. However, the service did not always report notifiable events to the Care Inspectorate. This appeared to be due to a change within the staff team and their associated responsibilities rather than an unwillingness to share information. We provided guidance to ensure this was rectified in future.

The service had produced a self-evaluation and improvement plan, which highlighted service strengths and areas that could be better. This contained some important points such as developing new training courses and further enhancing communication. We noted that the self-evaluation and improvement plan could be more comprehensive, plans should identify people who are responsible for achieving goals within timescales, and the views of people, relatives, and staff should also inform the document. This will make the plan more purposeful and inclusive.

Overall, the management team provided robust support to people, relatives, and staff and ensured people continued to have positive experiences and outcomes. The agreed improvements to some formal systems and processes will better evidence, and promote sustained, good practice.

## Areas for improvement

1. To promote people's health and wellbeing, the service should review and improve its medication policy and quality assurance systems.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To promote people's health and wellbeing, the service should review and improve its staff recruitment policy to fully reflect national guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11), and 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## How good is our staff team?

**4 - Good**

We evaluated this key question as good. Several important strengths were identified which have a positive impact on people's experiences and outcomes.

People receiving care from Christina's Home Care Service were generally supported by a stable and skilled staff team who knew people's needs and wishes. A review of rotas confirmed that people were visited by a consistent pool of permanent workers. This promoted positive rapport and outcomes.

Staff training continued to be a particular strength of the service. Workers completed comprehensive training, in both mandatory and additional courses, in a face-to-face classroom environment. This generated meaningful learning and discussion, and enhanced staff knowledge. New members of staff completed a robust induction programme which included both training and shadowing of experienced workers which prepared them well for their role. There were regular refresher training sessions held, and staff could visit the office and request additional training when needed, to further improve their confidence in supporting people.

Staff told us they felt supported by the management team. Leaders were accessible and communicated openly with staff which kept them well-informed of any changes in the service. There were regular team meetings, internal newsletters, and digital messaging to provide further support to workers. Staff had frequent supervision meetings with line managers to monitor their performance, plan further training and development, and promote their wellbeing. This resulted in high levels of morale within the workforce, which translated to good practice when supporting people. We shared some ideas on how to further improve the recording of supervision meetings, ensuring they capture all meaningful discussions.

When issues were identified in relation to staff practice, which were rare, these were promptly addressed through investigations, and reporting to external agencies such as the SSSC and health and social care partnerships. The service also provided additional training and monitoring of workers. This reflected the service's commitment to providing high quality care and support to people.

We noted that the service should improve its recording of staff recruitment. Some inconsistencies were identified in the recording of some key information. Whilst there were no concerns about staff suitability, a

more robust policy and procedures would strengthen practice in this area. We made an area for improvement under key question two around staff recruitment policies, which will ensure sustained good practice and outcomes for people.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good. Several important strengths were identified which have a positive impact on people's experiences and outcomes.

Every person supported by the service had a personal plan, known as a care plan. Effective care plans should include people's views and wishes, people's specific health and wellbeing needs, recognise potential risks of harm and ways to reduce them, and provide clear guidance for staff to follow to promote positive outcomes. This had largely been achieved by the service.

Plans were person-centred and captured people's life stories, individual preferences, and what was important to them.

People's physical and emotional health needs were clearly detailed and step-by-step guidance for staff to follow, as directed by people and their representatives, was provided. These were written with people's unique wishes and needs in mind.

Plans made reference to potential risks of harm for people and highlighted actions for staff to take to reduce the likelihood of these events occurring. To further improve practice, we asked the service to develop more comprehensive, specific risk assessments for people, as needed. This will further enhance people's safety and wellbeing.

We were reassured that people had regular, six monthly reviews of their care and plans. This ensured that people were satisfied with their service and information contained in plans was up to date. We shared ideas to make reviews more meaningful, providing an update on people's health and wellbeing and recording their feedback more thoroughly. This would better reflect the inclusive nature of the service, and make care planning more outcome-focused.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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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