

ELB Care trading as Home Instead Support Service

Mirren Court (Three)
123 Renfrew Road
Paisley
PA3 4EA

Telephone: 01412 808 210

Type of inspection:
Unannounced

Completed on:
20 October 2025

Service provided by:
ELB Care Ltd

Service provider number:
SP2018013068

Service no:
CS2018364371

About the service

ELB Care Ltd, trading as Home Instead, provide personal care, home help, and companionship to people throughout Renfrewshire and Barrhead.

The service is committed to enabling people to remain in their own homes, with support to live as independently as possible.

At the time of inspection, the service was supporting approximately 100 people and employed 51 staff.

About the inspection

This was an unannounced inspection which took place on 14, 15, 16, and 17 October 2025 between the hours of 10:00 and 18:00. The inspection was carried out by one inspector 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 six people using the service and five of their family
- Spoke with 12 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals
- Reviewed Care Inspectorate surveys completed by 17 family members and 22 staff.

Key messages

People were supported to manage their health and wellbeing by staff who knew them well.

Staff were supported to develop their skills and practice by leaders who were knowledgeable and responsive.

People were encouraged to share their views and to be fully involved in planning their care and support.

Quality assurance processes were in place but some improvement was needed, to ensure audits were effective.

Staff had access to good quality training and were knowledgeable about how to support people well.

Improvements to continuity of staffing were underway, to ensure people had support from a smaller group of staff.

Personal plans were person-centred and reflected people's needs, outcomes and wishes.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good. Major strengths in management of people's health and wellbeing contributed to positive outcomes and experiences.

Staff knew people well and understood their role in supporting health and wellbeing. Personal plans were in place which reflected people's health needs and which were clear about the role the service played in supporting good health. Staff were clear about how to monitor and escalate changing needs, to ensure people had access to the right healthcare at the right time. We observed compassionate interactions between staff and people and saw staff encouraging people to retain as much independence as possible. This meant that people had opportunities to maintain and develop their independence and confidence. Where the service played a role in monitoring people's health, for example, fluid intake or bowel management, we asked the provider to ensure that there is a clear reason for this recorded in people's personal plans. This is to ensure that health needs are only monitored where necessary and as agreed with people or their representatives.

The service had developed positive working relationships with external professionals to help support people's wellbeing. People's personal plans and risk assessments contained relevant information provided by health professionals, where necessary. This helped to ensure people's care and support was provided in line with professional guidance. We had positive feedback from professionals involved with the service who told us that staff followed their advice and leaders were proactive in seeking advice if people's needs were changing. Families told us they felt confident that the service would take appropriate action if they identified health changes. The service had a robust medication policy and all staff undertook training in medication administration. This training was supplemented with observations of practice, to ensure staff were competent to support people with medication. Regular medication audits helped to identify any risks or practice issues which were followed up with further training for staff. We asked the service to ensure that a physical count of people's medication is undertaken during spot checks. This is to ensure audits are as robust as possible. Where people had 'as and when' medication, the reason for this was recorded in their personal plans. We asked the service to ensure that protocols for 'as and when' medication are clear and directive to support decision making.

People had effective support to manage their diet and nutrition. People were supported with meals in ways that were helpful and meaningful to them. People's personal plans contained good quality information about their nutritional needs and preferences, and professional advice was recorded where people had altered diets. Staff had undertaken training to ensure they could safely provide support with meals for people with swallowing difficulties. Where people had support with their meals, we could see they had time to enjoy their meals in a relaxed and supportive way.

How good is our leadership?

4 - Good

We evaluated this key question as good. A number of important strengths in leadership meant that people were supported to have positive outcomes.

Quality assurance processes were in place to help drive change and improvement where necessary. A range of audits were regularly completed by the leadership team and there were effective care planning systems in place to support this. Different members of the leadership team were involved in quality assurance in different ways, with the registered manager having overall responsibility and oversight.

Some care staff had recently been involved in contributing to audits which helped contribute to improving staff understanding and involvement in quality assurance.

Leaders monitored accidents and incidents, medication errors, daily recording notes, training and supervision compliance and customer feedback. Regular leadership meetings were used to discuss the outcome of audits and to set targets for improvement. We could see that there were good quality conversations taking place on a day to day basis, but asked the provider to make improvements to how data is used to understand the operational performance of the service. (See area for improvement 1). It was positive to see that the service had used the Care Inspectorate self-evaluation tool, but this could have been used more effectively to identify what was working well in the service and to set specific and measurable goals for improvement

Leaders were responsive to feedback and there was a culture of continuous improvement in the service. As a result of staff feedback, a new training system had been implemented to ensure staff had access to high quality training. An internal audit had also contributed to a review of personal plans to ensure they aligned with best practice guidance. An annual survey called PEAQ (Pursuing Excellence by Advancing Quality) was used alongside other methods of gaining feedback from people. This included discussions at people's six-monthly reviews and regular telephone 'check-in' calls, to speak to people about their experiences with the service. People told us they felt confident in the leadership team and families told us that any issues or concerns were dealt with quickly and effectively. Staff spoke confidently about the standards of care people should expect and had regular opportunities to discuss their practice and development with their managers. This assured us that the service was committed to providing good quality and effective care and support to people.

Areas for improvement

1. To drive continuous improvement in the service, the provider should ensure effective processes are in place for evaluating the outcome of quality assurance audits. Where required improvements are identified in audits, tasks should be assigned for follow-up and there should be clear action plans based on SMART principles (Specific, Measurable, Achievable, Relevant, Time-Based).

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).

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. Major strengths in staffing arrangements meant that people had positive experiences which supported them to meet their outcomes.

The service had processes in place to ensure effective deployment of staff. Staff and leaders were aware of the importance of providing continuity of care from staff who were familiar to people. Leaders aimed to match staff skills and experience to people's needs and preferences as much as possible. Leaders were working on different approaches to ensure continuity. We could see from records that some people had support from several different carers in a week. The provider had a target in place to improve this. People with complex health needs and conditions, such as dementia, benefit from support from familiar staff who are able to recognise and act quickly on indicators of changing needs. We discussed this with the leadership team and were confident that a range of initiatives were underway to improve continuity. People's

experiences were enhanced by longer support visits and good quality recording and communication within the staff team which helped to promote positive outcomes.

Staff had the right skills and development to support people well. Staff had access to good quality training and support, and were knowledgeable and confident about building relationships with people. Regular supervision and support visits by supervisors helped to ensure staff had the right support in place to develop their skills and practice. Staff told us they felt supported in their role and people told us their staff were providing good care. The manager told us about different ideas and initiatives for enhancing the quality of staff supervision. This was very positive and aimed at making supervision sessions engaging and beneficial to staff development.

Staff worked well together to benefit people. Staff spoke positively about their colleagues and we saw examples of staff being flexible, to ensure any last minute changes did not impact on people receiving their support. Leaders were also involved in providing direct care, when required, and saw this as a means of modelling good practice and keeping involved in the delivery of care and support to people. This helped ensure leaders had a good understanding of current practice and people's support needs.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. Significant strengths in personal planning helped to ensure people had positive experiences and outcomes.

Personal plans were used well to deliver people's care and support effectively. People's personal plans reflected their needs, outcomes and preferences. They were regularly updated and contained good quality, person-centred information to support care delivery. Supervisors were responsible for writing support plans but did so with input from people, their families and the staff team. This meant that the personal plans contained relevant and useful information to support people in the ways that were important to them. Staff clearly knew people well and spoke about using the personal plans to ensure they were supporting people safely. Any changes to people's needs or preferences were communicated with the staff team and staff understood the importance of keeping up to date with changes. People and their families told us they had been involved in developing the personal plans and could see them if they wanted to. This assured us that personal plans reflected the needs and wishes of people and were used appropriately to deliver good care.

Where people experienced risks relating to their care, risk assessments had been used appropriately. Risk assessments were detailed, clear and created with the input of people and those important to them, including professionals, where necessary. Risk assessments contributed to the overall personal plan and were used to consider how people could be supported to live safely in the ways they wanted. This is important as services should support people to take positive risks, where possible, as this can enhance their quality of life.

Personal plans were reviewed regularly as people's outcomes changed. Frequent reviews meant that people had opportunities to share their views and reflect on whether the service was supporting them to meet their outcomes. Personal outcomes were written clearly which made them meaningful for people. We asked the provider to consider using an 'outcomes focused' approach to reviews, which can promote good quality discussion about what is working well and where improvements are needed. This can help the service to understand how well it is supporting people to meet the outcomes they have identified.

Where people had legal measures in place, such as power of attorney (POA), the service had recorded this in their personal plans. We asked the provider to ensure there is clear recording of when the POA becomes

'active'. This is to ensure people's legal rights are upheld, the correct documents are in place and they continue to be involved in decision making.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.