

# Forth Valley Homecare Services (Scotia Care Ltd).

## Support Service

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Telephone: 01786 468850

**Type of inspection:**  
Unannounced

**Completed on:**  
10 November 2025

**Service provided by:**  
Scotia Care Ltd

**Service provider number:**  
SP2020013457

**Service no:**  
CS2022000090

## About the service

Forth Valley Homecare Services is registered to provide support services to people in the Forth Valley area. The service is provided by one staff team and includes a Care at Home service to older people and support to adults with physical disability. Forth Valley Home Care Services was established in 2022 and is a family owned and managed company.

The service has been registered with the Care Inspectorate since 1 April 2022. The service aims to ensure that every person they support can live as well as possible in the comfort and familiar surroundings of their own home.

## About the inspection

This was an unannounced inspection which took place on 6, 7, 10 November 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:

- received feedback and spoke with 27 people using the service and three of their relatives
- received feedback and spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from visiting professionals.

## Key messages

People were supported with respect and genuine kindness however, sometimes people did not know their carers well, and the service needed to improve continuity of support to better meet people's needs and outcomes.

People were well supported with health concerns because the service were very proactive and escalated concerns quickly to health partners.

Quality assurance activity was well established but needed some improvement in action planning to address any issues that were identified.

## 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

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 overall as good where several strengths impacted positively on outcomes for people and clearly outweighed any areas for improvement.

People could be confident that they were supported in a dignified way because interactions between staff and people were kind and respectful, people were listened to and mostly given choice. People told us they could choose whether to get up and what to wear, and staff gave them time to do this in the mornings. There were times though, where people did not appear to know their carers and people told us that they rarely knew who to expect in the evenings. Some people were unconcerned about this, while others were apprehensive about carers attending that they did not recognise.

During our observations we participated in very short visits to people where most were less than 10 minutes. These short evening visits were focussed on tasks and this meant that people did not have time to chat. We observed that when people declined their evening meal, staff did not take the time to persuade them or make alternative suggestions. This meant that some people went without a meal although, everyone had a drink and some snacks left for them. Because this could impact people's wellbeing, we made an area for improvement about this. (See area for improvement 1).

The service had established relationships with other local health and social care professionals and used these good relationships to support better outcomes for people. This included GPs, district nurses, and social care colleagues. Because of these relationships, staff knew how to get help for people, and this meant that people were referred and reviewed quickly if there was any change in their health or care needs.

Where people were supported with various care tasks, we could see good detail in the care plans to guide staff, and most people had up to date risk assessments. There were some parts of the care plan that had gaps that would have provided staff with a better picture for people to improve their care and support, and there were some areas where we could see planned outcomes, but the care tasks did not match. When we spoke to the team about this, we were reassured by the provider's plan for continuous improvement in care planning which involved people and their families.

### Areas for improvement

1. The service should ensure that staffing is arranged, so that people are familiar with their support staff who provide support at the right time, to have the greatest impact on providing safe and high-quality services that result in the best outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care standards (HSCS) which state that: "My needs are met by the right number of people"(HSCS 3.15) and "My care and support is consistent and stable because people work together well." (3.19).

## How good is our leadership?

4 - Good

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

People told us that they knew who the management team were, and how they could get in touch if they needed to. The service had worked hard to involve people in service development, staff recruitment, and their own care and support planning. There was very positive feedback about response times to solving any issues or requests about care and support. Staff said that they felt well supported in their work and had regular communication from the management team.

The service undertook regular audit and quality assurance activity but sometimes it was not clear to see how any issues identified were actioned, and the service improvement plan did not identify specific timescales, or reflect the information gained from all the audit work. This meant that the overall service planning was not clearly linked to improving outcomes for people, and we made an area for improvement about this. (See area for Improvement 1).

We had previously asked the service to improve on their regulatory responsibility of notifying the required organisations about important events. Where people had an accident or needed medical attention this had improved. However, when an incident required a referral through the adult support and protection (Scotland) act 2007, the service did not always comply with notification guidance, or follow up outcomes to better support people at risk of harm. We made a new area for improvement about this. (See area for Improvement 2).

## Areas for improvement

1. So that people can have confidence in the organisation providing their care and support, the service should ensure that robust and effective quality assurance processes are in place. This should include, but is not limited to:

(a) The development of an improvement plan that is reflective of improvements identified through audit work.

(b) To ensure that actions for improvement within the plan are clear, have ownership, are time specific, and are reviewed regularly to determine progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I use a service and organisation that are well led and managed". (HSCS 4.23)

2.

The service should make sure that people are kept safe and benefit from organisations working together, by:

1) Reporting notifiable events to the relevant organisations, following guidance and timescales.

2) Follow up of any reported concerns with the appropriate authority to ensure the care and support provided is current.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate.' (HSCS 4.18)

## How good is our staff team?

**4 - Good**

We evaluated quality indicator 3.3 (Staffing arrangements are right, and staff work well together) as good, where several strengths impacted positively on outcomes for people.

Recruitment processes were robust, and staff undertook a range of training that informed their practice before starting in their role and regularly throughout the year. Staff also had regular assessments about their competency, and time with their supervisor for reflective practice. This meant that people could be confident that staff had the right experience and support to care for them. One person told us 'the carers are really good. I get on great with them, and they all always treat me with respect'. Many staff told us they felt well supported in their roles, and all staff that we spoke to were enthusiastic about their work and said that the whole team worked well together.

Observations from our visits demonstrated staff concerns about timings and travel. Staff told us that they were often later to calls, and spent less time with people because there was no planned travel time and often needed to cover additional calls. We could see evidence of consistency of carers and times of care across some routes and in the earlier part of the day. However, when people received support in the evenings and at night-time, they could have a significant number of different carers visiting across the week. People told us that this impacted on them in areas such as relationships, familiarity, and confidence in the care and support provided. We made an area for improvement about people's wellbeing earlier in the report. (See section: 'How well do we support people's wellbeing'. (See area for improvement 1).

## 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

The service should ensure they notify the Care Inspectorate of any accidents, incidents, or injuries to a person using a service within 24 hours in line with current guidance for their service type.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 3.21 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' and 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 26 March 2024.**

**Action taken since then**

We reviewed this area for improvement at our inspection. Although there had been some improvement in notifications about incidents, there were still concerns about important events, and the management of notifications and follow up. Because of this, we included quality indicator 2.2 (Quality assurance and improvement is led well) in our inspection and made a new area for improvement which will replace this one. (See section: 'How good is our leadership' areas for improvement).

**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



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