

# Hospice at Home Support Service

Strathcarron Hospice  
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**Type of inspection:**  
Unannounced

**Completed on:**  
20 November 2025

**Service provided by:**  
Strathcarron Hospice a company  
limited by guarantee

**Service provider number:**  
SP2003002729

**Service no:**  
CS2014323454

## About the service

The Hospice at Home service is based within Strathcarron Hospice, a charitable organisation located on the outskirts of Denny. The service provides personal, practical and emotional support to residents of Forth Valley, Cumbernauld and Kilsyth (North Lanarkshire).

The Hospice at Home team comprises of health care assistants, who have specific experience and training in palliative and end of life care, a full-time lead nurse whose role is to ensure the delivery of high quality end of life care and a part-time nurse. The management team and other departments within Strathcarron Hospice link well with this service. The service is available in the last few days or weeks of life, seven days a week, is free at the point of delivery and aims to complement statutory and non-statutory health and social care provision.

## About the inspection

This was an unannounced inspection which took place on 18 and 19 November 2025. 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 two people using the service and six of their family members including our pre-inspection surveys.
- Spoke with thirteen staff and management including our pre inspection surveys.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

## Key messages

- The service was sector leading with regards to end of life care and support.
- Staff responded promptly to people's changing needs and worked flexibly to bring about positive outcomes.
- People benefitted from a warm atmosphere as the staff team worked well together.
- Support plans were person-centred.

## 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?	6 - Excellent
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?

6 - Excellent

We evaluated this key question as excellent where performance was sector leading with outstandingly high outcomes for people.

The service excelled in determining and promoting best practice guidelines for end of life and palliative care. The service trained and mentored students and staff from other organisations with extremely positive feedback. The leadership team and staff worked on a quality improvement project that resulted in the use of 360 degree toothbrushes and standard toothbrushes being embedded in the practice of hospice and community settings. This work influenced the Scottish palliative care guidelines who recommended withdrawal of the use of foam oral swabs. This enhanced people's comfort and safety and resulted in people being more independent with their oral care.

Staff understood their role in supporting people's access to the right healthcare. Staff took time to check with people if they had all they needed and referred people to the appropriate professional when required. Staff also checked with people to make sure any referrals made had been put in place, and if not, that an appropriate person was following this up. As a result, people could expect staff to recognise changing health needs and share this information quickly with the right people.

Staff offered excellent end of life and palliative care and support. The service was extremely responsive to people's needs. When people were nearing end of life, staff visited them earlier in the morning, so they could provide additional support in case the person required this later in the day. Staff also supported people's family members or carers; one family member said staff were: "So respectful, they treat my relative with total dignity....they are there for me too. I couldn't recommend them highly enough." And another said: "I contacted them and they came out the next morning. From start to finish they were fantastic, they supported me and my family too. They gave loads of advice re what to look out for as my relative's needs changed. This was really important." Care was person-centred and people were very much involved in determining their own care. Staff asked people what mattered to them, respected people's wishes and worked with them to find solutions. As a result, people were enabled to make informed health and lifestyle choices that contributed to positive mental health and comfort at end of life.

## How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staffing levels were determined by a process of continuous assessment. Staff assessed people's needs using the Australia-modified Karnofsky Performance Scale, which is a measure of a person's ability to perform activities of daily living, and arranged staffing according to people's needs. The pace of change within the service was rapid so the leadership team continuously assessed where staff were needed each day. Staff responded flexibly to changing situations to ensure care and support was consistent and stable.

The service was coping very well with depleted staffing levels. During the inspection there was significant non-work-related staff absence. The service continued to meet people's needs as they were able to fill shifts from the wider hospice staff bank and the staff team worked extra shifts, however this was not a sustainable situation. We discussed this with the leadership team who said some staff were soon due to return from sickness absence which would improve continuity for people experiencing care.

The staff team had good working relations. The team had enough time to chat with people and their carers to explore how they were feeling or coping. Staff were warm, kind and respectful in all interactions. People we spoke with were very positive about the staff team; one professional said the people they support and their families "have always given excellent feedback for the hospice at home service. I feel reassured when they are involved." And a staff member said: "We are a very close team who support each other through challenging days." There were opportunities for staff to discuss their work and how best to improve outcomes for people, and the team communicated well with each other. This meant people and their carers benefitted from a warm atmosphere from staff who knew them well and strived to improve their experience.

## How well is our care and support planned?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Support plans were suitably adapted to the nature of the service provided. There was an extremely high turnover of people being supported who were at end stages of cancer so support plans were short-term and focused on safety, comfort and making sure the right professionals were involved. Multiple professionals had access to the digital system so they could see live information about people's care and support journey. Staff had access to risk assessments completed by the wider multi-disciplinary team. People then, could be confident they would benefit from different organisations working together and sharing information about them promptly where appropriate.

Support plans were person-centred. There was a summary of people's social circumstances, what matters to the person experiencing care and their family members or carers and how they were coping. Language used in the support plans was very respectful and they were updated following all visits or when communication had taken place. It was clear that people were involved in making decisions about their care and support and that staff worked flexibly to improve outcomes for people. Communication was well documented and involved staff exploring with families and carers how they were feeling or coping. As a result, people could be confident their personal plan was right for them and they, or their nominated representative, would be fully involved in assessing their needs and preferences.

## 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?	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	6 - Excellent
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

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