

Call-In Homecare - North Lanarkshire Support Service

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Type of inspection:
Unannounced

Completed on:
11 November 2025

Service provided by:
Call-In Homecare Ltd

Service provider number:
SP2004007104

Service no:
CS2023000325

About the service

Call-In Homecare North Lanarkshire provides care at home support to people living in the North Lanarkshire and Falkirk Council areas. The range of support includes personal care, support with medication, nutrition, hydration and domestic tasks.

At the time of our inspection the service supported 164 people.

The service operates from office premises in the Cumbernauld area. The provider is Call-In Homecare Ltd.

About the inspection

This was an unannounced inspection which took place on 4, 5 and 7 November 2025 with feedback given to the provider on 11 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, complaints, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 12 people using the service and nine family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- communicated with social care professionals.

Key messages

- The service is well regarded by the people it supports and their families
- Social care professionals are positive about the service and its impact on people's lives
- Care staff are committed, well trained and feel supported by management
- Reviews of people's support are not up to date.

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?	3 - Adequate

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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People supported by the service and their families were very positive about the service and care staff. Most told us they knew who would be visiting and when. When there were changes, for instance, staff holidays or training, they were confident support would be provided by competent, caring staff. The small number of people who did not always get same staff said they were happy with the staff and quality of care. People said they were treated respectfully. Staff took their time and explained what they were doing. Overall, this meant people received a consistent level of quality of care to help them get the best out of life.

Comments we received from people supported by the service included:

"Fantastic, don't know what I would do without them."

"Caring staff, like to help me, helps my day get better. Nothings a bother."

"Very happy with service, always know who is coming."

Family members told us:

"Very happy with the support mum gets. Carers on time, stay for allotted time."

"Glad the service is here. my relative and I really struggled; service took the pressure of both of us."

From reviewing records and observations during our home visits we were assured people's health benefitted from the support they received. Assistance with medication was given by staff trained in this area who ensured the correct medication was given at the right time and in the correct dose. When supporting with personal care staff would, when appropriate, monitor people's skin condition Any health concerns were reported to management who would promptly alert GPs or other health professionals.

Professionals from other organisation who worked with the service told us it helped people achieve good outcomes. They were impressed with how flexible and responsive the service was. This included planned work but also urgent, short-notice situations. Comments included:

"If there are issues they keep me involved and are quick to arrange joint visits."

"The feedback has been very positive from the service users and their families, who often feel a sense of relief at the good quality of support being provided."

How good is our leadership?

4 - Good

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

The provider had a clear commitment to using quality assurance to ensure quality of care and improved outcomes for people. Local operational meetings took place on a weekly basis providing an overview of current activities and agreeing areas that may need action. The service was part of a provider wide initiative which focussed on the key areas of medication errors, complaints, missed visits and adult protection. This aims to identify potential patterns, areas of concern and lessons to be learned.

The provider sought the views of people supported and their families views on their experiences. This includes regular surveys and getting feedback when management were observing staff practice in people's homes. This provided valuable feedback on satisfaction levels and could identify where changes may be required either for individuals or for the service more broadly.

The provider's complaints process followed good practice. It responded to complaints by engaging with the complainants, taking time to understand the concerns and investigating, where appropriate. At the end of the process, the provider clearly explained its findings, including complaints that were upheld. It will provide apologies as well as look for ways to avoid repeats, if relevant. This approach means that people can be assured they will be treated respectfully with their views listened to.

Incidents and accidents were properly recorded within the service. Identified actions were not always made clear and we have asked the provider to review this. As with all registered care services, the provider is obliged to notify the Care Inspectorate of certain occurrences. It was not fully complying with this at the time of our inspection. See area for improvement one.

At our last inspection, we made a requirement around support plans being subjected to management oversight to ensure good outcomes for people. We are satisfied this has been met. For more information, see "What the service has done to meet any requirements made at or since the last inspection."

Areas for improvement

1. The provider should ensure that the Care Inspectorate is provided with formal notifications as outlined in 'Adult Care Services: Guidance on records you must keep and notifications you must make;' (March 2025).

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

How good is our staff team?

4 - Good

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

We interviewed frontline care staff and office-based staff. Almost all were happy working for Call-In Homecare North Lanarkshire. They told us they felt well supported by management and enjoyed their work.

The provider had a comprehensive training programme for care staff this included dementia, medication support and providing personal care. There was a very high compliance rate in training including refresher training for areas like moving and assistance and medication. We asked care staff about two specific training areas, both important to the safety and wellbeing of people. On adult protection, which is about protecting people who may be vulnerable to a range of abuse, we were satisfied that staff had been trained but, equally importantly were knowledgeable about their responsibilities in reporting concerns and confident in doing so. We were equally assured that staff had put their training in infection prevention and control into routine, daily practice so helping reduce the risk of infection and cross infection.

At our last inspection we made a requirement on staff training. We regard that as met. See "What the

service has done to meet any requirements made at or since the last inspection" for more information.

Records we reviewed and staff we spoke with confirmed that care staff received supervision on a planned basis. These sessions were written up and agreed between the supervisor and supervisee. Team meetings were also happening on a regular basis. These were organised in advance with minutes provided to staff unable to attend. Staff told us they valued supervision and meetings, as well as the support provided by management whenever they felt it was required.

The provider used direct observations of staff practice on a routine basis. These gave management opportunities to evaluate how well care and support was being delivered. This covered areas like how the staff member engaged with people, how medication support and personal care was provided. Staff told us observations were welcome by them as it provided them with confirmation of how well they were doing as well as, sometimes, areas for attention.

At our last inspection we made an area for improvement on communication between care staff and management. We consider that as met. For further information see "What the service has done to meet any areas for improvement we made at or since the last inspection."

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Most support plans were accurate and up to date with enough information and guidance for care staff to know what was expected of them. We heard from people and families that they had an active role in what these said about the support required. They gave care staff guidance not only what support was required but also how it should be delivered. This ensured that people were treated as individual who should be regarded as experts in their care and support.

The service actively sought the views of people about the support they received. During observations of staff practice people were asked, separately from staff about what was working and what might need changed. They also surveyed people regularly on these areas. This encouraged people to be confident in expressing their views to an organisation that was willing to listen.

At our last inspection we made a requirement on the standards we expect in support plans. We consider this met. We found the support plans to be up-to-date and provided relevant information on how people should be supported. We also made a requirement on reviews of care plans. A number of people have not had their support plans reviewed at the appropriate times and this requirement has not been met. This has not been met. For more information see "What the service has done to meet any requirements made at or since the last inspection."

Following a complaints investigation, we made an area for improvement on support plans, dealing with issues arising and people's representatives. This has been met. See "What the service has done to meet any areas for improvement we made at or since the last inspection."

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 21 March 2025, in order to improve and develop outcomes for people, the provider must develop and improve management oversight of all aspects of the service. This must include quality assurance systems, for instance audits and observations, in key areas of operation. These should include but are not limited to the following:

- a) personal plans to are current, accurate, reflect good practice in being person-centred and outcome focussed;
- b) medication records are accurate, clear and follow good practice;
- c) infection control practice keeps people and staff safe;
- d) reviews of personal plans take place no less than six-monthly, measure the impact of supports given, involve the relevant people, and detail changes to improve outcomes.

This is in order to comply with Regulations 7(2)(c) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 2 December 2024.

Action taken on previous requirement

There was improvement management oversight in place at the service. Care plans were audited, overall audits confirmed good standard of care plans. Where information needed updated or improved there were identified actions which were tracked and confirmed when complete.

The provider had taken steps to improve quality assurance for medication practice. They had a series of meetings with frontline staff to discuss and reduce errors in support with medication. Direct observations of staff practice was taking place to support management oversight and quality assurance. This included medication, infection prevention and control and record keeping practice. Feedback was provided to care staff including where performance was acceptable or where improvements required. People were also asked their views about staff practice.

Regular reviews were taking place for most people supported by the service though not all. There is another requirement related to reviews and this aspect is incorporated into that requirement.

Met - outwith timescales

Requirement 2

By 21 March 2025, the provider must ensure people and staff are kept safe by ensuring staff are appropriately supported and trained. To do this the provider must, at a minimum, ensure:

- a) all staff receive and complete the provider's mandatory training, including refresher training when appropriate;
- b) supervision sessions with staff should be planned and carried out on a regular basis, with appropriate records kept of each sessions;
- c) regular meetings of frontline care staff should be planned on a regular basis, with appropriate records kept.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 requirement was made on 2 December 2024.

Action taken on previous requirement

Training records showed a high compliance rates on staff training, including refresher training. Staff supervision was taking place on a regular basis for most staff. This provided staff with an opportunity to discuss their practice and future developments. Arrangements were in place for the remaining staff and a supervision planner ensured all staff had a scheduled session planned. Regular staff meetings have been introduced with staff not present provided with records of meetings.

Met - outwith timescales

Requirement 3

By 21 March 2025, the provider must ensure service users experience care and support which is consistent, safe, and meets their needs. To do this the provider must, at a minimum, ensure that service users' personal plans:

- a) Are current, accurate, reflect good practice in being person-centred and outcome focussed.
 - b) Have sufficient detail in them to ensure people's individualised support needs and outcomes are met.
 - c) Are subject to regular evaluation and audit to monitor quality and effectiveness.
- In addition, the provider must:

- a) Ensure each person supported is provided with a copy of their care plan.
- b) Ensure all care plans are available on request for the Care Inspectorate.

This is to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care.

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

This requirement was made on 2 December 2024.

Action taken on previous requirement

Most personal plans were seen to be accurate, up to date and informative about people's histories, preferences and health conditions. Care plan audits identify those with gaps and action is taken. Plans provided care staff with appropriate guidance on how to provide support. Audits ensured consistency of plans. Inspection team had access to full range of personal plans.

Met - outwith timescales

Requirement 4

By 28 February 2025, to ensure people receive appropriate supports to maintain and enhance their wellbeing and achieve their outcomes, the provider must:

- a) Have system in place to ensure reviews of people's care and support take place not less than six-monthly.
- b) Ensure that care plans are reviewed more regularly when a person's needs change.
- c) Audit the quality of reviews to ensure consistency and quality.

This is in order to comply with Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard (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).

The deadline for compliance has been extended to 27 February 2026.

This requirement was made on 2 December 2024.

Action taken on previous requirement

Although we found some personal plans had been updated reviews had not taken place as we would expect. The provider had plans to address this to ensure reviews take place at least six-monthly or when people's needs change.

To allow further time for improvement we have extended this requirement to 27 February 2026.

Not met

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 support positive outcomes for people experiencing care and support, the provider should improve communication between care staff and their managers. This should include care staff alerting managers to changes to the circumstances of service users, such as changes in presentation, mental capacity, physical abilities and any alteration to people's medication.

Management staff should make appropriate recordings of changes, confirm details of these, and relevant care records and staff.

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

'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), and;

'My care and support is consistent and stable because people work together.' well. (HSCS 3.19).

This area for improvement was made on 19 December 2024.

Action taken since then

Care staff interviewed reported communication with office based staff good with some commenting this has improved. Staff were confident on reporting concerns or changes to people's needs to the management team. There were opportunities for staff to meet with the management team during team meetings. This supported communication with the office based staff and management team. Area for improvement has been met.

Previous area for improvement 2

People's care and support plan should provide specific details on how people are to be supported, and if there are any difficulties encountered, these should then be discussed with the Power of Attorney/chosen representative and a further review of the care and support plan be undertaken.

This is to ensure care and support is consistent with Health and Social Care Standard 2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me.

This area for improvement was made on 19 December 2024.

Action taken since then

Personal plans provided sufficient details on how people were to be supported. Staff were confident in reporting any changes to people's needs and records showed actions were taken as a result.

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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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