

Generic - Care at Home - Lewis Support Service

Social and Community Care
Comhairle nan Eilean Siar
Sandwick Road
Stornoway
HS1 2BW

Telephone: 01851 822711

Type of inspection:
Unannounced

Completed on:
25 November 2025

Service provided by:
Comhairle nan Eilean Siar

Service provider number:
SP2003002104

Service no:
CS2009229965

About the service

Generic - Care at Home Service - Lewis has been registered with the Care Inspectorate since 26 Jul 2022, and is provided by the local authority, Comhairle nan Eilean Siar. The service is registered to provide support with personal care, and daily living to support people living in their own homes in Lewis.

About the inspection

This was an unannounced inspection which took place between 17 and 25 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 17 people using the service and 21 of their family;
- spoke with nine staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals;
- reviewed feedback questionnaires submitted in surveys by staff.

Key messages

- People and their relatives were happy with the care and support provided.
- The leadership team were responsive to learning and continuing to develop the service.
- Personal plans were individualised and being reviewed regularly.
- The service is short staffed due to the number of vacancies, and relies on agency staff to provide cover.
- The leadership team were knowledgeable about aspects of the service which required improvement.

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?	5 - Very 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?

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 observed a team of staff who treated people with compassion, dignity and respect. Feedback from people using the service, families and professionals who supported the service, showed us high levels of satisfaction with the care and support provided.

Comments from people and their families included:

"Very satisfied with my care".

"I love them, I couldn't do without them".

"They are really good with my equipment".

"Everybody is very kind".

A few people told us that they would like more consistency of staffing, however, acknowledged the challenges with recruitment in this area. People valued the social interactions with staff and the support provided. There were no issues with missed visits. Contingency plans were in place, ensuring that people had care and support should there be any emergency situations or changing circumstances.

Support plans documented the health and wellbeing needs of people, and the care they required to have good outcomes. Risk assessments were in place and actions taken to ensure that people were safe and free from harm. Relatives told us that communication with the service was good and they would speak to a supervisor if there were changes or they had concerns. Feedback from health professionals was that the "home care supervisor acts swiftly by contacting us for advice and then implements the changes required accordingly".

The service providers medication policy was clear and outlined expectations of staff which supported safe practice. While most information around medication was accurate, we found a few anomalies which the management team were to address, ensuring practice was in accordance with the medication policy. This is to ensure that people experience safe and effective support with medication. (See area for improvement 1).

We found that the service did not have all relevant legal documentation in place for people they supported. We spoke with the leadership team about continuing to develop their knowledge of Adults with Incapacity (AWI) and provided information about relevant sources, ensuring that people's rights are upheld and they are protected. (See area for improvement 2).

Areas for improvement

1. To protect people's health and wellbeing, the service provider must ensure that people experience safe and effective support with medication.

In order to achieve this the provider should, at a minimum:

a) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed 'to be taken when required' (PRN), and for topical medication.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).

2. To ensure people's wishes and decisions are followed and their independence is promoted whenever possible, the service provider should make sure that all necessary legal information and documentation is in place and up to date.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2.12); and

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27).

How good is our leadership?

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.

From our observations and feedback, the leadership team were responsive to communication with staff, people supported by the service and relatives. People told us the leadership team were "approachable" and a "visible presence".

Feedback from staff included:

"I feel the service is well balanced and well organised".

"Supports workers and clients in a well organised manner, I feel very supported".

Professionals who support the service told us, despite the challenges it faces, "the service is well led and endeavouring to meet the clients/patients needs".

Following a complaint to the Care Inspectorate in March 2025, a requirement was put in place for the service improve Adult Support and Protection (ASP) to ensure safeguarding of people who use the service. This requirement has been met. (See outstanding requirements)

Audits were conducted as part of quality assurance processes on a regular basis and findings used to inform the Service Improvement Plan.

When an accident and incident had occurred, notifications were made to the Care Inspectorate in a timely manner, showing that appropriate actions had been undertaken.

During this inspection leadership told us the service continued to experience significant staff shortages. Recruitment in this area had proven to be extremely challenging and an area that the service provider

continued to address. The service had employed agency staff to ensure that people received consistency of care and no missed visits. A few relatives told us that they would like more continuity of staff, as it could be confusing for their family member when they did not recognise staff. However, people we spoke with acknowledged the difficulties with recruitment in this area and spoke positively about the care and support they received from all staff.

Both prior to and during this inspection we found the leadership team receptive to guidance and open to new ideas of working. Showing that people benefitted from a service that was responsive to change and continued to develop.

How good is our staff team?

5 - Very Good

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

A digital system is used by the service for their daily work schedule, accessed via mobile phone. Communication sheets within people's home were used to document updates. We spoke with the leadership team about ensuring staff had read the communication sheets, meaning that they remain fully informed of any changes to people's health and responsive to changes on a day-to-day basis.

Feedback was overwhelmingly positive about staff, the care and service provided.

Comments from people included:

"I don't think they could do anything any better".

"I have been very lucky with every single one of them".

"Service is marvellous".

"I am so satisfied they are caring for her".

Professionals who supported the service told us, "The carers endeavour to do their best for their client and at times, go the extra mile. The carers have excellent communication skills with both us and the home care supervisor". From our observations, staff responded sensitively and were aware of plans when supporting people experiencing periods of distress and vulnerability.

Due to the number of staff vacancies, the service relied on agency staff to provide cover. This means that some people can experience a lack of consistency and stability in how their care and support is provided.

Safer recruitment guidance had been followed, and staff were registered with the relevant professional bodies. Quality assurance processes were in place for training and staff were in date for mandatory training.

Staff had completed Adult Support and Protection training. They were aware of appropriate actions to be undertaken and procedures to follow if there were any concerns or wished to make a complaint. We found evidence of regular supervision and team meetings being in place. Staff well being was discussed at team meetings and during supervision.

Staff we spoke with told us that they enjoyed their job and felt supported by the leadership team.

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 of a good standard. They were reflective of people's outcomes and wishes, setting out their individual care and support needs. People supported by this service, and their relatives, told us that they were involved in developing and reviewing their support plan.

Where people had legal arrangements in place, copies of legal documents and powers had not been obtained by the service. (See area for improvement, covered in KQ1).

Reviews were undertaken on a regular basis, and actions to be followed up were clearly documented, for example, referrals for assessments for aids and adaptations, this ensured that people had the right care and support. We spoke with leadership about developing their use of digital technologies, in particular when legal guardians could not physically attend reviews or meetings.

Risk assessments were undertaken and referrals made to external professionals to promote the health and wellbeing of people. From our observations and speaking to people, staff had a good understanding and knowledge of the health and wellbeing needs of people the service supported. Professionals told us that "patient needs/requirements are acted upon promptly".

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

Requirements

Requirement 1

By 31 August 2025, the provider must demonstrate staff are trained, knowledgeable and understand Adult Support and Protection to ensure the safeguarding of people who use the service.

- a) Provide training for all staff so they are aware of their responsibilities in protecting vulnerable people from harm;
- b) Ensure all staff are sufficiently skilled to recognise when a service user has experienced, or is at risk of experiencing, harm and respond appropriately;
- c) Ensure staff follow policy and best practice with record-keeping and documentation;
- d) Ensure appropriate organisations are notified in a timely manner.

To be completed by: 31 August 2025.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210)

This requirement was made on 19 March 2025.

Action taken on previous requirement

We found that training on Adult Support and Protection had been provided for all staff and their feedback was positive.

Follow up training and discussions for staff were included at 1.1 and discussions at team meetings. This included staff ensuring they recognised when a person was at risk of harm, and they knew when to report in a timeous manner.

A protocol had been updated with regard to complaints and actions to be taken as well as notifying relevant agencies.

There was evidence of notifications made timeously to the Care Inspectorate.

We spoke with the service about clearer recording and of adult protection concerns which they had reported to relevant agencies, ensuring they are aware of outcomes and actions taken by relevant agencies. The service were responsive to this and put better recoding systems in place.

Met - within timescales

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, the provider should ensure, that;

a) prior to a planned or last minute visit to people, all support staff have access to accurate and up to date information about individuals, to familiarise themselves with people's care and support needs.

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

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

This area for improvement was made on 24 June 2024.

Action taken since then

We found that a trial had been undertaken for a 'summary sheet,' providing information to staff about people's care and support needs. Findings were that staff did not find this helpful and preferred other methods of communication sharing.

From our observations, staff had been provided with up-to-date information about changes to people's support plans. Staff told us that they receive regular updates from their supervisors in various

communication forms and confirmed they can request additional time to read support plans, to ensure they are familiar with people's care and support needs.

This area for improvement has been met.

Previous area for improvement 2

To support positive outcomes for people who use the service, the provider should continue to recruit to suitable qualified and competent individuals and ensure, but not limited to;

- a) where employed staff work extra hours or agency staff are used to cover vacancies, these are allocated efficiently and effectively to include sufficient scheduled rest breaks and rest periods between shifts; and
- b) monitor staff (including agency staff) hours worked and the impact on people's health and wellbeing'.

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).

This area for improvement was made on 24 June 2024.

Action taken since then

We acknowledge that recruitment remains a challenge for this service and the continued use of agency staff. During this inspection we found that management had been looking at alternative recruitment pathways. We look forward to hearing about this at a future date.

We found evidence of oversight and monitoring of staff work schedules and that regular breaks were in place. Staff told us they would speak with their supervisor if working hours required to be changed.

Regular supervision was in place for all staff, this included agency staff, where wellbeing, work schedules and training were discussed, ensuring that staff were suitably qualified and competent.

This area for improvement has been met.

Previous area for improvement 3

To make sure people experience high quality care and support which will enable positive outcomes for people, when staff leave the service, the provider should take time to review their experience of employment and any learning from this.

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 area for improvement was made on 24 June 2024.

Action taken since then

We found evidence that staff were provided with various opportunities and in different formats, to provide feedback about their experience of working for the service, for example, an online anonymised questionnaire and in person meetings with management during an 'exit' interview. There continues to be a low response rate and has to date provided limited information for the service to review.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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