

Home Care Services – Mainstream Team Housing Support Service

Kirkintilloch Health Care Centre
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Unannounced

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East Dunbartonshire Council

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About the service

Home Care Services - Mainstream Team provides care at home services to people living in the East Dunbartonshire local authority area. The service provides support to people with a range of needs including physical and mental health conditions, dementia and palliative care. It also has a small reablement team providing short term support, mainly to people discharged from hospital to maximise their independence. At time of inspection, they were providing a service to 403 people.

Their aims and objectives state that they will work alongside people, their family, and friends to work out what people want and need and develop a support plan which details how the carers will achieve the outcomes identified and support independence.

About the inspection

This was an unannounced inspection which took place on 4,5, 6 and 7 November. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service.

This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 19 people using the service and sixteen of their family members. We evaluated survey results from 49 people and family members.
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- evaluated information from fifteen external professionals who had contact with the service.

Key messages

- Carers were kind, respectful, and delivered person-centred care that reflected people's individual needs and preferences.
- People and their families consistently spoke positively about the care they received, with high satisfaction reflected in survey responses.
- Staff worked well together and supported each other to cover shifts, though scheduling for evenings and weekends remained a challenge.
- Managers were approachable and responsive, using feedback and audits to drive improvements across the service.
- Care plans and medication procedures had improved through regular reviews, training, and quality checks, helping to keep people safe.

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

5 - Very Good

This key question was evaluated as very good, because we saw important strengths in how the service supported people's health and wellbeing.

Carers were kind, respectful and paid close attention to people's individual needs. For example, one person living with dementia was supported gently and at their own pace. Staff checked their care plan and offered extra help, and their family member told us they were very happy with the care. Everyone we spoke to, including family members, had positive things to say about the carers. People receiving care described staff as caring, reliable, and attentive. One person said 'Staff are just really nice people, friendly. Nothing they could do better. what they do is good.' Many said they felt listened to and supported in a way that respected their choices and routines. One person said, 'They do it in a way I like, make me feel at ease'. Another person said 'They know my routine. The minute I get out of bed they know what to do next.' These comments echoed what we saw in practice and confirmed the positive impact of the care provided. This was also reflected in the survey results, which showed high levels of satisfaction. This means people were treated with dignity and felt safe and supported.

The service has introduced scheduled time slots for people receiving care, following a suggestion from the previous inspection. One person told us, 'We ask for a Sunday at nine and we always get that so we can go to church.' This approach was working well and helped improve clarity and consistency in how support was delivered.

Care plans were clear and personal, with good instructions for things like personal care, medication, and moving safely. Carers followed these plans and adapted their support to suit each person's preferences. For example, carers adapted shower routines to make people feel comfortable. Medication procedures had previously been inconsistent, but the service had made improvements. Staff now followed clearer guidance, audits were carried out regularly, and training had been updated. This means people were now supported more safely and reliably with their medication.

How good is our leadership?

5 - Very Good

This key question was evaluated as very good, because managers showed strong leadership and a clear commitment to continuous improvement of the service.

Managers were described as approachable and supportive. They knew their staff well and created a positive team culture. New carers were mentored by experienced staff, which helped build confidence and consistency. Regular team meetings were held to share information and get feedback from staff. Managers responded quickly to issues raised by staff, such as confusion around medication procedures, by organising meetings, updating training, and creating helpful guidance. One carer said 'Team meetings happen fairly often, we get to ask things and things get actioned. Really good if we raise concerns, very prompt to action and seniors update the care plan.' This meant staff felt listened to and supported.

The service had systems in place to check the quality of care, including audits of care plans and medication records. However, some serious incidents, such as medication errors, accidents, or adult protection concerns,

had not always been reported to the Care Inspectorate as required. Although these incidents had been evaluated by the service and action taken to keep people safe, it is the responsibility of leaders to make sure these are reported to the Care Inspectorate. Strengthening this process will help ensure the service is open and accountable.

(See area for improvement one).

Areas for improvement

1.

When staff report medication errors, accidents, incidents, or adult protection concerns to their supervisor, it is then the responsibility of leaders to notify the Care Inspectorate when required. This ensures the service is open and accountable.

This is in keeping with the Care Inspectorate's notification guidance as outlined in 'Adult Care Services: Guidance on records you must keep and notifications you must make' (March 2025)

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

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

How good is our staff team?

4 - Good

This key question was evaluated as good, because there were a number of strengths in staffing which outweighed areas needing improvement.

Staff were observed to be caring, confident, and professional in their work. They supported each other well and were observed to work well together in practice. One carer told us 'We all get on. Good place to work.' Daily meetings helped manage staffing and make sure care was delivered safely. However, scheduling carers for evenings and weekends was sometimes challenging, particularly when covering annual leave, sickness or training. One carer said, 'We cover too many shifts.' Managers had tried different shift patterns, but these hadn't solved the issue. The team continued to explore ways to make schedules more manageable for carers whilst ensuring people receive consistent support.

Training was a clear priority for the service, and the majority of staff had completed key courses such as dementia care and adult protection training. A training tracker was in place to monitor progress and expiry dates. However, some staff still needed refresher training, especially around medication. Staff were expected to report any medication errors, even if they happened during a previous visit, and to raise concerns with supervisors. Improving accountability in these areas will help make sure care is safe and that learning is shared across the team.

How well is our care and support planned?

4 - Good

This key question was evaluated as good as we found strengths in care planning which outweighed areas for improvement.

Many care plans were well written and included personal details, routines, and preferences. These helped carers understand how best to support each person. Plans were generally in line with national standards and showed that people's views had been considered. This meant people received care that was tailored to their needs.

However, standards were inconsistent. Some care plans were missing key information or had outdated information. For example, some lacked next of kin details or had incomplete personal profiles. Risk assessment documents were not always completed, however, care plans did contain detailed information about how people should be supported to keep them safe. Risk assessment recording was discussed with leaders, who agreed to review the process to ensure these were carried out consistently and documented, when they were required.

When risk assessments were completed, they were detailed and included input from professionals, but most did not have review dates or clear triggers for reassessment. Improving consistency in risk reviews and linking risk reduction to outcomes like dignity and independence would help ensure people continue to receive the right support as their needs change.

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

Requirements

Requirement 1

By 12 August 2025 the provider must demonstrate that personal plans records accurately reflect needs.

In order to do this the provider must:

1. Each person has a person-centred plan that records in sufficient detail, their risks and assessed needs and how staff are to support them with that.
2. Evidence involvement of the person or their representatives to clearly identify goals and preferences.
3. Review and update the plan recording progress towards goals and any changes.
4. Have quality assurance systems that record staff demonstration of competency in revising support in accordance with the person's plan. Any deficits identified have a clear associated action plan.

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 the Health and Social Care Standard 1.15:

'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'.

This requirement was made on 26 June 2025.

Action taken on previous requirement

The service has taken effective action to meet this requirement. Personal plans were found to be person-centred and detailed, with clear documentation of assessed needs, associated risks, and support instructions. Risk assessment documentation was not always completed however the appropriate information was found in other sections of the plan. Plans showed evidence of involvement from people and/or their representatives, and reviews were carried out either six-monthly or in response to changes in need. This ensured that plans remained current and reflective of people's goals and preferences.

Quality assurance systems were in place to monitor care planning and staff competency. Audits identified areas for improvement, such as incomplete or outdated information and these were followed up with clear action plans. Staff observations were carried out by leaders, who observed staff referring to support plans during visits and delivering care in line with documented guidance. Supervision records confirmed that training, performance, and concerns were discussed and tracked. These systems provided assurance that care planning is responsive, and supports positive outcomes for people.

Met - within timescales

Requirement 2

By 12 August 2025, the provider must ensure that people are supported safely with their mobility and transfers, including where equipment is used.

To do this, the provider must, at a minimum:

- a) every person who receives support with moving and handling has a clear record of the outcome of their assessment by a suitably qualified person determining the support they require.
- b) review that record to reflect any changing need or level of risk.
- c) ensure the moving and handling practice of staff is observed and evaluated regularly with records kept to evidence this.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard 3.14:

'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'.

This requirement was made on 26 June 2025.

Action taken on previous requirement

All individuals receiving moving and handling support had detailed, person-centred assessments completed by a suitably qualified assessor. These assessments included environmental context, equipment needs, and agreement from the person and/or their representative. Risk ratings were clearly recorded and used to guide support.

A review process was in place, with carers reporting changes to seniors who arranged reassessments. Updated assessments were shared with staff to ensure they had the most up-to-date information.

Staff were observed using equipment safely, checking for damage, and offering reassurance during transfers. Competency observations confirmed that practice aligned with care plan guidance and supported both physical safety and emotional wellbeing. While most risk assessments lacked a specified review date or documented triggers for reassessment, the overall system ensured that people were supported safely and responsively.

Met - within timescales

Requirement 3

By 12 August 2025, the provider must ensure medication is managed in line with the organisational medication protocol so as to protect the health and wellbeing of people experiencing care. To do this the provider must:

1. Each individual has an accurate record of their assessed level of support they need to safely take their medication.
2. All staff supporting people with medication have clear recorded instructions about the needs of that person and can demonstrate in their practice competency in supporting them in accordance with their needs, policy and best practice in medication administration and associated recording.
3. Quality assurance systems record checks that the medication policy is being implemented safely, and for any deficits noted identify actions including staff training.

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 is to ensure care and support is consistent with Health and Social Care Standard 1.24:

'Any treatment or intervention that I experience is safe and effective'.

This requirement was made on 26 June 2025.

Action taken on previous requirement

Care plans now included accurate records of each person's assessed level of support with medication. Staff were observed delivering support in line with these assessments. Staff demonstrated respectful, person-centred care, used PPE appropriately, and referred to support plans before administering or prompting medication.

Medication protocols had been clarified and reinforced through updated training, cluster meetings, and accessible guidance for staff. A structured audit process with escalation procedures had been introduced. This included daily checks by carers and reviewing completed medication administration records (MAR). While some MAR records showed omissions, these were being addressed through targeted staff discussions. The overall approach demonstrated that staff were supported to follow best practice and that quality assurance systems were effective in identifying and responding to areas for improvement.

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

The service should ensure that staff training is refreshed or repeated as necessary. This should include, but not limited to, adult support and protection training.

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

'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 area for improvement was made on 24 May 2024.

Action taken since then

Most staff had completed key training, including adult support and protection, and a tracker was in place to monitor progress and expiry dates. However, some staff still needed medication refresher training. The service agreed to bring medication refresher training in-house, as relying on pharmacist availability had caused delays. This will help ensure staff stay confident and skilled in their roles.

This area for improvement has been met.

Previous area for improvement 2

To ensure positive outcomes for people the provider should ensure people experience stability in who provides their care and are supported by people who knows them and understands their needs, choices and wishes.

This is to ensure care and support is consistent with Health and Social Care Standard 4.16:

'I am supported and cared for by people I know so that I experience consistency and continuity'.

This area for improvement was made on 26 June 2025.

Action taken since then

The service provided continuity of care by matching carers to individuals and responding to people's preferences wherever possible.

Care plans include detailed instructions that support consistent, person-centred care. While staffing pressures continue to affect scheduling, many people we spoke to said that they had regular carers who supported them. Leaders are actively working to reduce overload and further improve stability for both carers and the people they support.

This area for improvement has been met.

Previous area for improvement 3

To promote positive outcomes for people the provider should respond to all expressions of dissatisfaction and complaints in accordance with the organisational complaints handling procedure.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

This area for improvement was made on 26 June 2025.

Action taken since then

Complaint records showed that concerns were logged, and included details of the complaint and any actions taken to resolve them. Complaints were responded to in line with local authority guidelines, showing that the service followed its procedures and took concerns seriously.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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