

HolmCare Support Service

Old Joiners Shop
Copshaw Place
Newcastleton
TD9 0RS

Telephone: 01387 352211

Type of inspection:
Unannounced

Completed on:
15 December 2025

Service provided by:
HolmCare Limited

Service provider number:
SP2017012950

Service no:
CS2017358590

About the service

HolmCare is based in the village of Newcastleton and provides care at home support to people who live primarily in Newcastleton in the Scottish Borders.

The service is provided to people with a variety of needs, including older people and people with dementia, mental health problems and physical disabilities.

At the time of the inspection there were 22 people using the service, 14 care staff, the registered manager and administrative support.

About the inspection

This was a follow up inspection which took place on 4 December 2025. The inspection was undertaken by one inspector from the Care Inspectorate. This inspection was undertaken to follow up on four requirements made after a complaint investigation which took place on 2 September 2025.

Key messages

Care plans and risk assessments required to be updated to ensure they reflected people's care and support needs to promote their health and wellbeing.

Some improvements had been made in medication prescription and administration recording.

Some training had been accessed to support staff knowledge and skills. Some work was required to identify the training programme to reflect peoples' support needs.

A quality assurance action plan was required to identify how the service would implement, record and assess audits and evaluations to support the continuous development of the service.

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

Requirements

Requirement 1

By the 28 November 2025, the provider must ensure people's care plans are reflective of their assessed support needs regarding their health, safety and wellbeing. To do this, the provider must, at a minimum, ensure:

- a) Relevant risk assessments are completed and used to inform the care plan. This should include, but is not limited to, risk assessments for medication administration, moving and handling needs, and risk of falls;
- b) Care plans reflect people's current care and support needs;
- c) Risk assessments and care plans are reviewed and updated at least six monthly, or more frequently when people's needs change;
- d) Demonstrate through effective quality assurance systems and monitoring that people's care plans have been fully implemented by staff and risks to their health and wellbeing have been effectively managed and mitigated.

To be completed by: 28 November 2025

This is in order to comply with:

Regulation 5(2)(b)(ii) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SS1 2011 / 210)

This is to ensure care and support is consistent with 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 16 October 2025.

Action taken on previous requirement

Some risk assessments had not been effectively reviewed or updated. As a result, there was insufficient assurance that appropriate risk management measures had been identified and implemented. In addition, care plans did not contain all relevant information required to ensure individuals were kept safe and well.

Some care plans had not been updated to reflect changes to the provision of support. We could not be confident this information was available to staff delivering the care and support.

Daily care notes were being reviewed to ensure planned support was being undertaken in line with the people's assessed needs.

We have extended the timeframe for this requirement until 9 February 2026.

Not met

Requirement 2

By 28 November 2025, the provider must ensure the service is well led and managed with quality assurance processes in place to ensure that people receive support that meets their needs or to ensure people's health, safety and welfare. This must include but is not limited to:

- a) Ensure staff undertaking quality assurance have the right knowledge and skills to quality assure all aspects of care and support delivery;
- b) Developing a robust action plan to show how the service will implement, monitor and review quality assurance systems that effectively identified issues/areas which may impact on the health, welfare and safety of people supported.

To be completed by: 28 November 2025

This is in order to comply with:

Regulation 3 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 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This requirement was made on 16 October 2025.

Action taken on previous requirement

There was no up to date evidence to demonstrate how staff who were involved in and responsible for Quality Assurance (QA) processes were to be supported with appropriate training, skills development, or knowledge to undertake their role effectively.

There was no action plan in place to detail how the QA system would be implemented or what aspects of the service it would examine and report on. This meant we could not effectively evaluate if this could support the continuous improvement of the service.

We have extended the timeframe for this requirement until 9 February 2026.

Not met

Requirement 3

By 28 November 2025, the provider must ensure medication is given as prescribed to support people's health and wellbeing. To do this the provider must, as a minimum:

- a) Ensure medication and topical medication administration records contain all appropriate information required for the safe administration of medication;
- b) Medication training for staff must be based on current best practice models. Staff must follow processes to ensure they select the right medicines, prepare the right dose and give the medicines in the right way to the right person;
- c) Medication administration records must be accurately completed and signed by staff;
- d) Quality assurance systems must be based on current best practice models to effectively monitor compliance and identify areas for improvement;
- e) Staff competency in the administration of medication must be regularly reassessed and reviewed to ensure they can safely administer medications unsupervised.

To be completed by: 28 November 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 is to ensure care and support is consistent with 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 16 October 2025.

Action taken on previous requirement

Medication administration records contained relevant information to ensure staff were aware of all relevant details to support the person safely. Records were effectively completed to reflect where medication, including as required medications had been administered. Some quality assurance checks were in place to confirm records were being adequately completed.

Whilst new staff were shadowing more experienced staff for medication administration, there was no formal competency assessment process in place to confirm their ability to undertake this task independently. The introduction of a competency assessment process would ensure all staff were skilled and knowledgeable to

administer medications unsupervised.

We have extended the timeframe for this requirement until 9 February 2026.

Not met

Requirement 4

By 28 November 2025, the provider must ensure that people experience a service with well trained and informed staff.

The provider must ensure that all staff receive training appropriate to their role, in line with the support needs of the people using the service. This must include, but is not limited to:

- a) Undertake an analysis of the training staff require to safely meet the needs of people using the service. This should include identification of the timescales for refresher training to ensure staff skills and knowledge are regularly updated in line with best practice guidance;
- b) Regular quality assurance checks to demonstrate how the training received is being implemented in practice throughout the care service. This should include regular monitoring of staff practice to provide assurance that staff practice is consistent with current good practice guidance;
- c) Providing regular staff supervision to ensure their learning and development needs are assessed, reviewed and addressed;
- d) Ensuring staff have access to up-to-date knowledge and best practice guidance through access to regular team meetings.

To be completed by: 28 November 2025

This is in order to comply with:

Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019

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 16 October 2025.

Action taken on previous requirement

A training needs analysis had not been undertaken to identify what training and information was required for staff to develop the skills and knowledge required to meet people's assessed needs. Without this, we could not effectively evaluate if staffs' learning needs were being met.

New training dates were available and some staff had reserved places for moving and handling. A training matrix had been developed and this was in the process of being updated to ensure training and refresher training could be effectively tracked.

Staff supervisions were being scheduled, and dates for team meetings were planned to take place after our

visit. These needed to be scheduled on a regular basis to ensure staff had the opportunity to discuss their ongoing learning and development needs, and explore best practice guidance to enhance their practice.

We have extended the timeframe for this requirement until 9 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 a culture of continuous improvement, the provider should ensure they have oversight of all concerns and complaints raised and that these are fully investigated and responded to in accordance with the provider's complaints policy and 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 16 October 2025.

Action taken since then

This area for improvement was not assessed during this inspection.

Complaints

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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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