

West Dunbartonshire HSCP Re-ablement Service Support Service

Vale Centre for Health and Care
Alexandria
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Unannounced

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Service provided by:
West Dunbartonshire Council

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About the service

West Dunbartonshire HSCP Re-ablement Service provides a short-term service which supports people at home after a hospital stay, illness or injury. An integrated team, including carers, organisers, rehabilitation staff and therapists, works closely with individuals to help them regain independence and confidence with everyday tasks.

The service has recently merged with the hospital discharge team, who provide a more traditional homecare role. Where longer-term help is needed, the service helps people transition to other local resources and care options in-line with their goals and wishes.

The service operates from an office base in Alexandria and delivers care within the West Dunbartonshire local authority area. At the time of inspection, there were fifty eight people using the service.

About the inspection

This was an unannounced follow up inspection which took place on 18,19,20 and 23 November 2025. This report should be read in conjunction with the report from our previous inspection which concluded on 19 June 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and two of their family members.
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents

Key messages

- The service had taken some steps to strengthen medication procedures, but further work is needed to ensure consistency.
- Staff continued to receive moving and assisting training, and there was recognition of the importance of falls prevention, but assessment and communication processes needed to improve.
- Some progress had been made in recognising the need for better-quality care plans, but many people still did not have plans that fully guided their support.
- The service acknowledged the importance of regular staff supervision, but this had not yet been fully implemented.
- The service had begun looking at improvements to scheduling, but people still experienced inconsistencies in visit times and continuity of staff.
- The service had taken initial steps to improve team communication, but regular and structured team meetings were not yet in place across all areas.

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

Requirements

Requirement 1

By 10 October 2025, the provider must ensure people receive medication support that is safe and supports their health and wellbeing.

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

- Ensure that people's need for medication assistance is assessed and reviewed to ensure that they receive the right level of support (prompt, assist or administer) to take their medication safely.
- Medication records are accurate and assistance is correctly recorded.
- Ensure that processes are in place to regularly assess staff practice and competency in medication management and in relation to medication recording.
- Regularly audit medication records to identify any discrepancies.

This is to comply with Regulation 3 and 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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:

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

This requirement was made on 19 June 2025.

Action taken on previous requirement

The service had taken some initial steps to improve medication practice, such as developing a new procedure for recording medication support and ensuring access to NHS discharge information. Managers acknowledged the need for better communication, and carers had received basic medication training as part of their induction and others had undertaken refresher training. These actions demonstrated an awareness of the importance of safe medication support for people.

However, there was no evidence of medication competency checks or audits of medication records, and carers described uncertainty about people's medication routines.

People's medication needs were not consistently assessed or reviewed, and carers did not always have clear information about whether to prompt or assist with medication. Records in digital diaries were often incomplete, unclear, or missing, and some medication information was only available in handwritten notes that carers had not seen.

These gaps meant the service couldn't be confident that people received safe, accurate, and well-coordinated medication support.

To give the service further time for improvement, we have extended this requirement until 30 March 2026.

Not met

Requirement 2

By 10 October 2025, the provider must ensure people receive high-quality support which keeps them safe from harm, through falls prevention that is tailored to each person's assessed level of required support, in line with best practice guidelines.

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

- a) Ensure staff receive training on moving and assisting and falls prevention and have their competency assessed.
- b) Ensure all falls are recorded, evaluated and risk assessments are updated.
- c) Address identified risks and ensure actions are communicated to, understood by and implemented by staff.
- d) Make referrals to external health professionals when this is needed.

This is to comply with Regulation 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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:

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

This requirement was made on 19 June 2025.

Action taken on previous requirement

The service had ensured that staff received moving and assisting training. In addition to this, carers described receiving peer support when assisting people with equipment if they hadn't used it regularly. Managers recognised that some people leaving hospital had complex mobility issues and stated that occupational therapy (OT) assessments were intended to take place shortly after discharge. These steps showed an understanding of the importance of falls prevention.

However, there was no evidence of staff competency checks in moving and assisting or falls prevention, and only one recorded fall was provided despite several people being at clear risk, indicating under-reporting or poor oversight. Risk assessments and mobility information was often missing from care plans and not available on carers' phones, meaning staff did not always know how to support people safely. Unsafe or unsuitable home environments were identified but not escalated, and OT assessments were either not completed or not shared with carers. There was no evidence that risks were routinely reviewed or that follow-up actions were communicated and implemented. These gaps meant the service could not be confident that people were protected from avoidable harm related to falls.

To give the service further time for improvement we have extended this requirement until 30 March 2026.

Not met

Requirement 3

By the 10 October 2025, the provider must ensure that care plans are in place and contain sufficient detail to allow staff to provide effective support for people's health, welfare and safety needs.

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

- a) Ensure people's choices and wishes on how to be supported are set out.
- b) Ensure care plans are informed through effective risk assessments.
- c) People and staff should have access to this information.
- d) Review care plans when a significant change occurs, or if requested to do so.

This is to comply with Regulations 5 (1) and (5) (2)(b) (i) and (ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (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).

This requirement was made on 19 June 2025.

Action taken on previous requirement

The service had recognised the importance of clear and up-to-date care plans, and managers stated that new procedures were being developed to improve how information was recorded and shared with carers. OT and support worker assessments were intended to inform care planning, and staff reported that they were updated when people's needs changed. These actions indicated an awareness of the need for better care plan quality.

However, only a small number of people had care plans in place, and many were receiving support with no written plan at all. Where care plans existed, they were often incomplete or inaccurate, with missing personal information, blank one-page profiles, and no clear record of people's choices, wishes, or goals.

Risk assessments were rarely present, and OT or support worker information was not included in the plans or easily accessible to carers. Important details, such as mobility needs, medication arrangements, or personal care tasks were often unavailable to carers, leaving them unsure how to support people safely.

There was no evidence that care plans were being reviewed when people's needs changed. As a result, staff did not have the information needed to deliver safe, consistent, and person-centred care.

To give the service further time for improvement we have extended this requirement until 30 March 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

The service should establish regular and meaningful supervision for all staff groups and include competency checks within their quality assurance processes.

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

'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 10 June 2025.

Action taken since then

The service had not yet made sufficient progress in establishing regular and meaningful supervision for staff. Carers told us they had not received formal supervision and there were no competency checks in place for key areas, such as medication practice or moving and assisting.

Staff also described unclear expectations, limited communication from managers and other rehabilitation staff and some staff stated they lacked confidence in aspects of their practice.

The lack of supervision, poor communication, and absence of competency checks showed that further work was needed to ensure staff felt confident, supported, and able to deliver safe and effective care.

This area for improvement has not been met and will be repeated.

Previous area for improvement 2

The service should implement regular scheduling reviews, to ensure visit times align with people's preferred daily routines. The service should also ensure that the duration of visits aligns with the needs of each individual, in order that people's support is not rushed.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS. 4.14) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

This area for improvement was made on 10 June 2025.

Action taken since then

The service had not yet made sufficient progress in improving scheduling to ensure that visit times and durations consistently met people's needs. Scheduling continued to cause disruption to people's daily routines, with carers reporting frequent last-minute rota changes due to staff shortages and sickness.

Carers said they were often moved between different areas, resulting in long travel times, rushed visits, and poor continuity. Task on carers' phones were sometimes inaccurate or not relevant to the persons needs.

Although managers told us that a scheduling review had been completed and that a care coordinator was working with staff to improve rota planning, we did not see evidence of these changes in practice, and carers were unaware of any improvements. Some people experienced visits that did not align with their preferred routines, and sometimes visits had been removed without people's knowledge.

We found that some people were allocated more time than they required, while others did not have enough time. This showed that further work was needed to ensure visit times, durations, and staffing arrangements support consistency and reflect each person's individual needs.

This area for improvement has not been met and will be repeated.

Previous area for improvement 3

The service should establish regular team meetings to align roles and responsibilities and improve communication between hospital discharge and reablement carers.

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

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

This area for improvement was made on 10 June 2025.

Action taken since then

The service had not yet made enough progress in improving team meetings to strengthen communication between hospital discharge staff and reablement carers. The meeting records provided were not structured minutes and they did not include a list of attendees, or evidence that frontline carers had taken part.

There were no action plans, timescales, or follow-up, and issues raised in earlier meetings had not been addressed in later notes. The information available did not show how communication issues between the hospital discharge team and reablement staff were being resolved.

Regular, structured team meetings were not yet established across the service, and staff roles and responsibilities were still not clearly aligned.

This area for improvement has not been met and will be repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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