

Carescot Limited t/a Home Instead Support Service

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Type of inspection:
Unannounced

Completed on:
5 December 2025

Service provided by:
Carescot Limited T/A Home Instead

Service provider number:
SP2013012176

Service no:
CS2013320865

About the service

Carescot Limited t/a Home Instead operates as a franchise within the global company known as Home Instead. They provide services to people living in their own homes across the area of Glasgow north. Their aim is to provide the best possible care in Scotland. They support people to continue to live independently within their own homes and community. They offer a range of supports such as helping with household tasks or companionship, to assisting with personal care and specialist care.

At time of inspection, 183 people were using the service.

About the inspection

This was an unannounced inspection which took place on 2, 3, 4 and 5 December 2025. 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 11 people using the service
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service promotes a confident and capable workforce.
- Person-centred values are evident in staff interactions.
- Staff provide responsive, consistent and reliable care.
- Improvement needed to evidence staff development and impact on outcomes.
- The provider is in the process of delivering dementia training to all staff.
- Develop actions from in-house meetings are specific, measurable, achievable, realistic and timely (SMART) focussed.

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 staff team?	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

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.

People's health and wellbeing outcomes were consistently achieved to a high standard. Individuals were mostly supported by staff who had worked with them over an extended period. This resulted in strong familiarity, continuity and staff understanding people's needs and preferences. One person commented, "They asked in advance if I had any objections or preferences to male or female staff," and "Know more about me than the doctor does."

People were actively involved in the development of their care plans and in decisions about how they wished to be supported. This approach promoted ownership and choice, ensuring that care delivered person-centred principles.

Staff demonstrated confidence and competence in recognising early signs of deterioration in a person's physical or mental wellbeing and responding appropriately. This proactive approach ensured that individuals received timely and appropriate care interventions from the right professionals at the right time.

People were supported to attend GP and hospital appointments by staff who were known to them. This helped reduce anxiety in potentially stressful situations and ensured individuals were supported both physically and emotionally throughout the process. One comment was, "I am supported to all my health appointments which puts me at so much ease."

Medication support was minimal for the people we spoke to. However, they received prompts which helped them take their medication at the right time. Medication competency assessments were completed by team leaders.

We spoke with people who pointed out the food and mealtimes were not evaluated by the managers. This was a relevant point, and we discussed this with the senior management team, and they agreed to take this forward.

A few people expressed concern that delays within the billing system resulted in multiple invoices being issued at once, which created unnecessary stress and uncertainty about their financial situation. We discussed this with the manager who addressed this immediately.

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.

Staff rotas were managed by a dedicated scheduling team operating from a separate office, with active monitoring by the manager. While staff generally expressed satisfaction with their schedules, there were instances where planning did not adequately account for critical factors such as realistic travel times, traffic congestion, roadworks, and peak travel periods. These oversights created a few operational challenges and risked delays in care delivery. Staff reported that concerns raised were met with apologies; however, the issues continued.

Daily huddles happened within the office covering various aspects of the service delivery and important updates. Actions were assigned and tracked daily. Communication was mostly consistent, and concerns about staff and service users were acted on promptly, with care plans updated to reflect changes.

Staff training was regular and appropriate to their role. Although dementia training was a focus and staff were booked to attend, this had not been completed. As this had been an area for improvement from the previous inspection, we repeated this area for improvement (see area for improvement 1).

Care staff should have access to meaningful annual appraisals and regular supervisions. This provided a structured opportunity to review their role and practice in depth. However, sampled appraisals did not offer clear and measurable goals or evaluate staff practice and achievements. Objectives should align with Scottish Social Services Council (SSSC) requirements for continuous professional development, supporting accountability and high standards of care (see area for improvement 2).

Team meetings were generally seen as positive, giving staff a chance to share knowledge and feel supported by senior colleagues. Meetings could be more valuable by including topics like staff wellbeing, policy updates, and practical issues, such as care planning and handovers. Encouraging staff to help shape the agenda would make discussions more relevant and engaging for everyone. Furthermore, actions should be specific, measurable, achievable, realistic and timely (SMART) focussed and continue to be evaluated until they are resolved. This was a previous area for improvement which we will repeat (see area for improvement 3).

Areas for improvement

1. To ensure that people are being supported by a competent and well-trained workforce, the provider needs to provide training in alignment with best practice guidance. This should include dementia skilled and basic first aid training.

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 area for improvement was repeated 5 December 2025.

2. To promote staff development and progress, the provider should ensure that appraisal and supervision processes are strengthened through the use of clear, person-centred objectives and routine practice evaluation.

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 area for improvement was made 5 December 2025.

3. To support people's health and wellbeing, the provider should ensure that all action plans derived from inhouse meetings are specific, measurable, achievable, realistic and timely (SMART) focussed and continue to be evaluated until they are resolved.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was repeated 5 December 2025.

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 people's health and wellbeing, the provider should ensure that all action plans derived from inhouse meetings are specific, measurable, achievable, realistic and timely (SMART) focussed and continue to be evaluated until they are resolved.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 23 February 2024.

Action taken since then

Although some documents we looked at were improved there was still progress to be made. Areas such as staff appraisals, development plans and team meetings should be improved to meet this area for improvement.

Therefore, this area for improvement has been repeated. See report.

Previous area for improvement 2

To ensure that people are being supported by a competent and well-trained workforce, the provider needs to provide training in alignment with best practice guidance. This should include dementia skilled and basic first aid training.

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 area for improvement was made on 23 February 2024.

Action taken since then

First aid training had been progressed. Dementia training was in the process of being rolled out at the time of inspection.

As a result, we have repeated this area for improvement. See report.

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?	5 - Very Good
1.2 People get the most out of life	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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