

Highland Home Carers - Supported Living Housing Support Service

Highland Home Carers
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Unannounced

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Service provided by:
Highland Home Carers Limited

Service provider number:
SP2004005429

Service no:
CS2017362258

About the service

Highland Home Carers provides personal and practical support to adults with additional support needs who live in their own homes. Supported people included individuals living with learning and physical disabilities and mental health problems. The majority of people being supported had very complex needs and communicated nonverbally, and a number of people required 24-hour support.

At the time of the inspection, 17 people were being supported by the service.

Highland Home Carers is an employee-owned company. The service operates from their head office in Inverness.

About the inspection

This was an unannounced inspection which took place between 9 and 17 December 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:

- visited seven people using the service, in their own homes, and spoke with six family representatives
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- spoke with, or had feedback from five visiting professionals.

We also reviewed information in surveys submitted to us prior to the inspection.

Key messages

- There were warm and caring interactions between staff members and supported people.
- People were benefitting from regular opportunities for social engagement and to maintain important relationships.
- Staff responded to changes in health, and escalated concerns timely.
- Managers had a clear understanding of people's needs and understood their support requirements.
- The provider had progressed most areas of improvement made at the last inspection.
- Staffing shortages had impacted on consistency of staffing, and on how people's support was provided.

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 staff team?	3 - Adequate
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?

4 - Good

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

People were receiving support that overall promoted good experiences, wellbeing and health. Most feedback from relatives and representatives was positive, and comments from people included:

"My relative is happy and the carers are very helpful. Flat is always clean and tidy, and the carers try their best."

"I am listened to and my views are considered. They will try to do as much as they can when they take (my relative) out and about and involve them in activities that they enjoy. If I have any concerns I would raise them and they have always been addressed promptly. We are happy with the care that (our relative) is receiving."

"They are good at meeting my relative's health needs and they keep me in the loop."

"The care is fantastic; it is the best and it is 100%."

"My relative is really settled and happy where he lives and the staff know him well and meet his needs. They are good at keeping me up to date and will sort anything that I raise. They are proactive about his health and always keep me informed."

However, while mostly positive about their loved one's support, some relatives also highlighted aspects which they had been concerned about. This included where a relative had not felt listened to, and about where support had been provided by staff who did not know their relative well.

People were supported to participate in activities and attend events they enjoyed or found meaningful. Some of these happened weekly, for example, swimming; while others were more occasional, for example, special events such as a concert or theatre trip. Some people had enjoyed holidays or short breaks, accompanied by their support workers and/or family. Leading an active life and being part of their local community was important to many people. For others relaxing at home was what suited them. There was evident consideration into getting this right for each person.

Staff were monitoring individual health as was relevant to the person, and taking into account any health conditions people lived with. Medication management was informed by robust policy and procedures, and practice had recently been strengthened by increased oversight to monitor and support improved practice. People were being supported to enjoy a healthy diet, by encouraging the availability of fresh fruit and vegetables and home cooked meals, to maximise health and wellbeing. Staff were also supported by the presence of clear and detailed protocols that informed support.

People were being effectively supported with personal care. Individuals were supported to look their best, and to maintain standards that promoted health and wellbeing. Support was provided so that people enjoyed a comfortable and clean environment, which had been personalised taking account of people's interests and tastes.

Staff recognised changing health needs and shared this information timeously. This meant that people received any medical or health input that they required timeously.

The provider made regular use of established links with the relevant health and social care professionals. However, there were some mixed feedback from professionals. Most feedback reflected proactive information sharing and good quality support, but other comments reflected occasions where there had been inconsistency in implementing support plans and guidance, and in cohesive communication. Positively, reassurance had been provided by managers about how they would address these issues.

It was apparent that there had been a reduction in the extent to which people always experienced consistency and stability in the staff who supported them. This had the potential to impact on the extent to which people felt relaxed and confident with their support staff, and in the extent to which unfamiliar staff understood what was important to the person and how support should be delivered (see key question 3 and requirement 1).

How good is our staff team?

3 – Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

People benefitted from being supported by staff who offered consistency and stability, and who had a detailed understanding of how their support should be provided. However, due to staffing shortages, they were unsuccessful in consistently achieving this. This meant that people were sometimes being supported by staff whom they did not know well, or who were unfamiliar with the detail of their needs and preferences.

Feedback from relatives was mixed, and reflected a range of experiences including:

"There have been recruitment challenges, but my relative has always had regular staff."

"For the most part there are long term staff who have a regular input and my relative is relaxed and content with them."

"In the last couple of months they have been short of staff so there has had to be shared care. This meant that staff sometimes look after three people. Things seem to have settled down though now and my relative has a regular staff team."

"The staff are like night and day. The regular staff are fantastic, but when they put staff in at short notice they do not know how to support my relative and then my relative does not feel comfortable with them. I am happy with the service apart from when it is last minute staff."

Staff shortages had led to rota challenges and a reliance on agency staff. Although the team worked flexibly to cover any gap shortfalls, there were occasions people did not receive their allocated individual care hours and were supported through shared care arrangements. Occasionally relatives were asked to provide cover. These had, or had the potential, to negatively impact on people's experiences and outcomes. While managers appropriately prioritised direct support, this had, together with vacant posts, impacted on their availability to regularly complete quality assurance and demonstrate robust oversight (see requirement 1).

There were some signs of recent improvement in staffing. While recruitment has been problematic incremental steps towards improvement were now emerging. We were confident that the service followed safer recruitment practice and that the core checks essential to safer staffing were integral to organisational practice.

The provider has established processes to support staff development and learning. These included induction arrangements and mandatory training, as well as processes to check competency and confirm compliance with procedures and guidance. Staff meetings were held, including as an opportunity for focussed discussion with the teams supporting individuals. The service had recognised that unfortunately staff attendance at these meetings has been low, which we concluded limited their efficacy in supporting a cohesive approach.

Staff were generally positive about their role and about working for Highland home carers. Staff spoke respectfully about their work, and we observed that some warm, comfortable relationships had been established. Some staff expressed concerns about some inconsistent practice from staff who were less familiar with people's support needs, and also about the impact of shared care arrangements that had been implemented due to lack of staff availability. However, we also heard that staff experienced responsive support from supervisors and managers, who they described as caring and hard-working.

Requirements

1. By 1 May 2026, to ensure that people experience consistent and stable support arrangements, the provider must review staffing arrangements and support staff development.

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

- a) plan and demonstrate robust staffing arrangements for ensuring that people receive consistent and reliable care, even in the event of staff absence or other challenges
- b) ensure managers have time and capacity to perform their oversight responsibilities, including implementing quality assurance of support arrangements to assess if these are effective in providing person-centred support
- c) build on effective communication and consistency of approach in supporting people. This should include staff regularly attending meetings to develop their knowledge of individual needs and preferences and embed consistent practice and thus improve individual experiences of care
- d) extend supportive and development opportunities, and oversight, into arrangements for the use of regular agency staff, to build on their awareness of people's needs.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019 and 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 that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and '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).

How well is our care and support planned?

4 - Good

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

Sufficiently detailed, and respectfully written support plans were in place for everyone using the service. These offered clear guidance on how to support people with daily living, including personal care and mobility.

As part of their quality assurance processes, the service should find ways to assure themselves that all staff, including agency colleagues, have sufficient knowledge and understanding of people's support plans before they assume responsibility for delivering their support.

Risk assessments were in place and covered risks areas relevant to the person. The service recognised that the risk assessment format could be enhanced. They were making good progress to implement a more personalised tool, to better enable staff to identify and manage risks, and thus help people keep safe.

The service used an electronic 'app' for recording people's care and support. This was seen to aid communication and enable accurate and helpful recording of the support provided.

The service undertook review meetings regularly. These were used to confirm people's support remained suitable to their needs. Family members were asked for their views and contributed to any decisions made. Review meetings had mostly taken place within the required timeframes, and in the few cases where this had not been possible, these had been scheduled.

An area for improvement had been made at the previous inspection about using quality assurance processes to check that reviews were working effectively to support good outcomes for people. This had not yet been implemented, and the area for improvement will therefore be continued and reviewed at the next inspection (see previous area for improvement 3).

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 ensure people's interests are safeguarded, the provider should review their financial policy and update care plans to reflect current practice re people using 'cash cards'.

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); and '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 area for improvement was made on 9 February 2024.

Action taken since then

The provider has included additional information in the financial policy to inform the use of cash cards. This enables people to benefit from their income, while supporting safe practice and security. Information about the support people need with finances has been detailed in support plans. We were confident that there were robust checks and balances in place to govern this area of practice.

This area for improvement has been met.

Previous area for improvement 2

When people raise a query it should be dealt with efficiently and effectively. There should be systems in place to ensure families are kept up to date with their loved ones' wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 9 February 2024.

Action taken since then

We heard some mixed feedback from this, and is an area that continually needs to be monitored. However, we concluded that the majority of relatives felt that communication was satisfactory. Some people told us that they were "kept in the loop" and responded to when needed. The service have included clear information in people's support plans to set out how family representatives wish to be kept up to date with their relatives' wellbeing. We saw that this in turn informed staff to maintain contact in line with people's express wishes.

This area of improvement has been met.

Previous area for improvement 3

To ensure people's reviews are person centred and following good practice guidance, there needs to be robust systems in place to quality assure them.

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, skilled and are able to reflect on their practice and follow professional and organisational codes' (HSCS 3.14); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 9 February 2024.

Action taken since then

There was evidence that reviews were taking place at regular intervals, with only a couple being overdue, and plans already in place to carry these out. There was oversight of this area of practice, including the use of trackers to support these to be convened within the necessary timeframes. However, we did not see evidence of quality assurance processes being regularly applied to reviews. These should be used to check that reviews were working effectively to support good outcomes for people.

This area of improvement has not been met, and we will review this again at the next inspection.

Previous area for improvement 4

The provider should improve their practice of informing the Care Inspectorate of any notifiable events as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18); 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 9 February 2024.

Action taken since then

By reviewing information submitted by the service, and intelligence gathered since the last inspection, we could see that the provider was making regular notifications to the Care Inspectorate. Practice was observed to be in line with guidance, thus ensuring that adverse events were shared appropriately with the relevant organisations.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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