

# West Dunbartonshire Council Home Care Service

## Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
West Dunbartonshire Council

**Service provider number:**  
SP2003003383

**Service no:**  
CS2004077075

## About the service

West Dunbartonshire Council Home Care Services provides care at home support to people living in their own homes. The service operates throughout the West Dunbartonshire local authority area from two office bases, in Clydebank and Dumbarton.

At the time of our inspection, the service was supporting around 1159 people.

## About the inspection

This was an unannounced follow up inspection which took place on 8, 9, 10 and 11 December 2025 between the hours of 9.10am and 21.10pm. This report should be read in conjunction with the report from our previous inspection which concluded on 11 April 2025. The inspection was carried out by two inspectors from the Care Inspectorate and with the support of an inspection volunteer. 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 23 people using the service and sixteen of their family members
- spoke with 25 staff and management
- observed practice and daily life
- reviewed documents

## Key messages

The service had made improvements to scheduling and were mostly utilising familiar staff to improve outcomes for people. The service were now recording how and when people were notified if visits were to be changed. They had also introduced audits to monitor visit timings for medications.

Most care plans had improved levels of detail and people's six-monthly reviews had been taking place. However, the service should ensure that the detailed care plan information is available to and accessed by frontline staff.

The service had improvement plans in place which were detailed and noted progress made. One identified area had led to improvements in recording people's key safe information.

Further work was required for staff supervision, dementia training, complaints handling and submitting notifications to us.

## 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?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

3 - Adequate

To reflect improvements, we have regraded this key question from weak to adequate, where strengths just outweighed weaknesses.

A follow up inspection took place to measure the action taken in response to the outstanding requirements. Full information can be found later in this report under "What the service has done to meet any requirements made at or since the last inspection" and "What the service has done to meet any areas for improvement we made at or since the last inspection".

The service has met the previous requirement regarding care plans and people's wellbeing but we have made one new area for improvement with regards to information provided to frontline care staff.

(See area for improvement 1).

### Areas for improvement

1.

To support people's health and wellbeing the provider should ensure that people's care plan information is provided to and accessed by staff who provide care and support.

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

## How good is our staff team?

3 - Adequate

To reflect improvements, we have regraded this key question from weak to adequate, where strengths just outweighed weaknesses.

A follow up inspection took place to measure improvements since our last visit. Full information can be found later in this report under "What the service has done to meet any requirements made at or since the last inspection" and "What the service has done to meet any areas for improvement we made at or since the last inspection".

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

### Requirements

#### Requirement 1

By 5 December 2025, the provider must ensure that people's health, welfare and safety is supported by the effective delivery of visit schedules. To do this the provider must at a minimum:

- a) Plan visit schedules in advance and review these regularly to ensure they reflect people's care and support needs.
- b) Any changes to agreed schedules are to be communicated with people receiving care or their representative.

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)

This is to ensure that care and support is consistent with 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 11 April 2025.**

#### Action taken on previous requirement

People and their relatives told us they were generally happy with both the timings and length of visits. Most visits were carried out by regular and familiar staff, which supported positive health and wellbeing outcomes. The service had decreased the use of agency staff. However, some further improvements were still needed for scheduling at weekends. The service had introduced audits to ensure visit timings aligned appropriately with medication schedules for those who required this.

Staff we spoke to demonstrated a good understanding of medication timings and said care organisers responded quickly when schedules needed to be adjusted. The service routinely monitored compliance with visit times and durations. During inspection we asked the service to review certain visit schedules, and this was addressed promptly. The service were also increasing the number of scheduler roles to further strengthen visit planning.

The service had introduced a new category within their online systems to record details of why and when visit times were changed. Most of these entries had captured how people or their representatives had been informed of these changes.

#### Met - within timescales

## Requirement 2

By 5 December 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. Reviews of care plans must take place at least every six-months, or when a significant change occurs.

This is to comply with Regulations 5 (1) and (5) (2)(b) 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 11 April 2025.**

### Action taken on previous requirement

Most care plans we sampled had an improved level of detail, but we did find some variation in standard across the service. New or amended care plans had been authorised by senior staff in a timely manner, but this process could have been further utilised to standardise the quality of information across the service. Although care plans were improved, we found that the level of detail was lost when information was provided to staff via their online scheduling system.

We have made a new area for improvement regarding this (**See section "How well do we support people's wellbeing" for details**). This had the potential for staff to be unaware of important details when providing care and support, particularly if staff continuity changed.

The service had made significant effort to complete people's six-monthly reviews in line with legal requirements. The percentage of completed reviews had much improved and we were able to track that changes had been made to people's care and support based on feedback gathered via this process.

### 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 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 culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 11 April 2025.**

#### Action taken since then

There was evidence that supervision had been taking place for senior staff and organisers. This was not yet established routinely across the care staff team. Regular and routine competency checks were not yet taking place.

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

#### Previous area for improvement 2

The service should ensure staff supporting people living with dementia have the right knowledge, skills and experience. The service should provide dementia training to skilled level in line with the Promoting Excellence framework in order to increase staff knowledge and improve practice.

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 11 April 2025.**

#### Action taken since then

This training had only taken place for a small percentage of staff and had not yet been rolled out across the wider staff team. The service have future planned this training and a trainer has been recruited.

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

## Previous area for improvement 3

The service should comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. The provider must notify the Care Inspectorate of all relevant events under the correct notification heading, within the required timeframe, include detail of their handling of the event and provide updates if applicable.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

**This area for improvement was made on 8 April 2024.**

## Action taken since then

The service had created a guidance document for notification reporting following training that had taken place. However, the service had not always submitted the required notifications to us. Some that had been submitted were not made within the required time frame and not all had been updated. This meant that our scrutiny and assurance work was not always well informed.

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

## Previous area for improvement 4

The provider should ensure that medication risk assessment processes are reviewed to include the time required between medication doses. People's care visits should be scheduled to allow them to take their medication safely and in accordance with prescribing instructions.

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

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

**This area for improvement was made on 27 March 2023.**

## Action taken since then

This area for improvement closely links to requirement 1, which has been met. The service had implemented audits in order to consider visit timings with regards to medication doses for those who required this. The staff we spoke to had a good awareness of medication timings and were positive about the responsiveness of the care organisers if schedules required adjustments. The majority of people that we spoke to raised no concerns about timings for medication.

**This area for improvement has been met.**

#### **Previous area for improvement 5**

To ensure complaints are managed effectively and in accordance with their own policy and procedure, the care service should ensure that all who raise complaints or concerns are treated with courtesy, any information requests, concerns and complaints are recorded accurately and responded to promptly, ensuring that follow up actions are met in line with the policy or in an agreed manner.

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

'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20)

**This area for improvement was made on 27 March 2023.**

#### **Action taken since then**

The service had drafted an operating procedure for complaint handling, however, the process was not clearly outlined. The recording template in place had not been effectively utilised and often did not contain the required information. The service were not able to clearly evidence that appropriate actions were always taken when significant concerns were raised. The actions taken should be clearly recorded and dated for transparency. Positively, people that we spoke to told us that any minor issues had been effectively actioned and resolved when they had contacted the service.

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

#### **Previous area for improvement 6**

To improve outcomes for people, the provider should ensure that they continually monitor, evaluate and complete all actions that they have identified within their improvement plan.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 27 March 2023.**

#### **Action taken since then**

The service provided two improvement plans that were clearly recorded and had been updated to note progress made.

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**This area for improvement has been met.**

## Previous area for improvement 7

All staff should be provided with clear information on how to access premises if a key safe is being used, or if difficulties are encountered, how they escalate to the person who is on call.

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

'My care and support is consistent and stable because people work together well' (HSCS3.19).

**This area for improvement was made on 31 March 2025.**

## Action taken since then

Key safe information was recorded in people's care plans and within information provided to staff. The staff handbook contained details how staff should manage situations if difficulties arose. All the people, relatives and staff we spoke to agreed that key safe information was known and used appropriately.

**This area for improvement has been met.**

## Complaints

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

## Detailed evaluations

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

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