

# Renfrewshire Council Home Care Service

## Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
15 December 2025

**Service provided by:**  
Renfrewshire Council

**Service provider number:**  
SP2003003388

**Service no:**  
CS2004080299

## About the service

Renfrewshire Council Home Care Service is registered to provide housing support and care at home to people living in the community. The provider is Renfrewshire Council. The service operates from an office base situated in Paisley.

Support is provided to people with a range of support needs in their own homes across the Renfrewshire area. This includes support with various health care needs, personal care and assistance, medication support and practical assistance to live independently.

The service also provides 24 hour support to people with their own tenancies in four sheltered housing complexes, known as extra care housing in the areas of Johnstone, Linwood and Erskine. All four complexes have communal areas that can be accessed by people who live there and are within close proximity to local amenities.

At the time of inspection the service was providing support to approximately 426 people.

## About the inspection

This was an unannounced inspection which took place on 8,9,10,11 and 12 December 2025 between the hours of 09:00 and 18:30. The inspection was carried out by four inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection. We reviewed documents and observed practice and daily life. In making our evaluations of the service we spoke with:

- 45 people using the service
- five family members
- 32 staff and management.

We also took account of the feedback received from Care Inspectorate surveys completed by 90 people using the service, and their friends/family, and 41 staff and 33 visiting professionals.

## Key messages

- People were treated with dignity and respect.
- Staff felt well-supported and trained.
- Teamwork strengths and collaboration had led to improvements in the service.
- Digital systems improved care delivery.
- People were kept safe by improvements to risk management.
- Personal support plans were clear and person-centred.
- Staff shortages affected continuity of support for some people living in extra care housing and those who received overnight support.
- Improvement is needed to ensure people receiving care at home know who will be providing their planned support.

## 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

This key question was evaluated as very good. The service demonstrated several significant strengths that had a clear and positive impact on outcomes for people, with these strengths outweighing any areas identified for improvement.

People who used the service told us that they felt respected and valued. People said "Staff are always kind and considerate, and take time talking with me" and "The carers treat me with respect and dignity". Staff supported people to stay independent and make their own choices about their care. As a result, people felt more in control and happier with the support they received.

People had been involved in developing their care plans and deciding how they wanted to be supported. Most care plans were detailed and showed what mattered to each person, including their routines and life stories. This meant staff could provide care that suited each individual. Some care plans of people living in the extra care service had not been updated quickly enough when people's needs changed. Even though staff were aware of these changes, it's important to keep care plans up to date so all staff were fully informed of people's support needs and are able to provide person centred care.

We observed staff treating people kindly and with genuine interest. Staff knew the people they supported well, which helped build trust and made people feel safe.

Regular checks and reviews of care plans, along with risk assessments for people with more complex needs, helped keep people safe and well. Health professionals, such as occupational therapists, were involved when needed, ensuring care was safe and effective.

Staff were confident about raising concerns and understood how to protect people from harm. For example, we saw where staff noticed when someone was at risk and took steps to make sure their home was secure. This meant people could feel safer in their own homes.

The management team arranged for specific training for staff, including training about dementia and British sign language. This meant staff were better equipped to meet people's individual needs, leading to better outcomes for everyone.

Daily care notes had improved and were more focused on each person, recording their mood and how they looked, not just the task elements of their support. This helped staff notice any changes and respond quickly.

The review process for care planning had been updated to encourage more meaningful conversations with people. Some reviews showed that care was changed in response to people's changing needs, and care plans were updated. However, some reviews for people living in extra care housing, were too brief and did not set clear goals. Managers identified this and worked to help staff improve, so everyone received the same high standard of care.

Some people and their families said communication could have been better, especially when there were changes to support or different staff were coming. We have discussed this further under "How good is our staff" section of the report.

We saw where food and mealtime arrangements in the extra care service could improve based on what people told us. Some people were not happy with the choice of food or the flexibility of mealtimes. Leaders were aware of these issues and were working with the catering team to make things better. They were also committed to review people's contractual service agreements to make sure people knew if they could choose not to have the provided meals. This is a positive step forward to promote choice and inclusion.

Overall, people had positive experiences with their health and wellbeing because of the care they received. The service focused on continuous improvement and listened to feedback from people and their families. By making communication clearer, keeping care plans up to date, and improving food choices, the service aimed to make sure everyone received the best possible support.

### How good is our staff team?

4 - Good

We evaluated this key question as good. The service showed important strengths that outweighed the areas of weakness.

Most staff felt well-prepared for their roles. They spoke positively about their induction and the ongoing training and development provided by the service. Leaders were clearly committed to working alongside staff to improve people's experiences and outcomes. This commitment was recognised by several staff members, who praised the leadership team for the progress made over the past year. The impact of this was that staff felt more confident and capable in their roles, which benefited the people they supported.

Team meetings and continuous improvement groups encouraged collaboration and inclusive practice. We saw that these meetings led to the identification of improvement areas, which were then included in the wider service improvement plan. Actions were tailored to staff feedback and input, meaning staff felt listened to and involved in shaping the service.

Staff reported feeling supported by seniors and coordinators. There was evidence of open communication and two-way feedback with management, which helped staff feel valued and able to raise concerns. This open culture contributed to a more positive working environment and better outcomes for people using the service.

An electronic system, called "Totalmobile" was used to monitor the scheduling of visit times, and staff deployment for people receiving support from the care at home service. Leaders received reports throughout the day, which allowed them to quickly spot and prevent missed or late visits, taking action to ensure people received their support as planned. This meant that people were less likely to miss out on care and staff could be deployed more efficiently.

Staff could access care plans and updates via the electronic system which improved their preparedness for attending people's planned support visits. One staff member demonstrated how they used the app to check in at visits and review care tasks, saying, "I can see care plans easily if I wish, and get notified of any changes." This meant we could be assured that staff always had up-to-date information, which helped them provide the right support.

Staff were informed when people's needs had changed through handovers, care diaries in the extra care service, and via alerts on the "Totalmobile app" for those receiving support from the care at home service. All staff we spoke with knew where to access information about people's changing needs. This ensured that staff had the essential information needed to meet people's needs, and people received care that matched their current support.

Although recruitment and retention had stabilised in the care at home part of the service, which promoted continuity of support, staff shortages, and reliance on agency staff affected continuity of care for people who lived in extra care and needed an overnight service. We discussed with leaders the importance that people from different parts of the service were not disadvantaged by operational decisions. We were assured that leaders had identified where things could be better, and this would be a focus of improvement.

Some staff told us that they at times had to wait for long periods in the community between visits to people, at times in adverse weather. While scheduling systems were improving, this was still impacting on staff morale in some areas in particular. We have discussed this further in the report under the section "What the service has done since the last inspection".

We discussed with leaders where we found planned visit times for people who received support from the care at home service, needed to be reviewed. In particular for those with high support needs, such as people requiring catheter care or who were bed-bound. This is to ensure their support is prioritised and matched to their care needs. If visits were not well-timed, people could be left waiting for essential care, which could affect their health and wellbeing. Leaders were responsive to this feedback during the inspection and planned to take action.

People who received support from the care at home service often did not know who would be providing their next visit, and were not always informed when staff changes were made. This resulted in some people experiencing unnecessary worry and anxiety, which impacted on their emotional wellbeing. (See area for improvement 1).

Some improvements were needed in relation to communication with people, supporting staff wellbeing, and ensuring continuity of care. However, overall, we found that staff at all levels worked well together and were committed to improving the service. Their teamwork and dedication had a positive impact on the quality of care people received.

## Areas for improvement

1. To support people's emotional wellbeing and promote positive experiences, the provider should improve communication so that people are consistently informed about who will be providing their support and notified promptly of any changes to staff delivering their care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support (HSCS 3.11) and "My care and support is consistent and stable because people work together well (HSCS 3.19).

## 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 provider should develop and improve systems to communicate and share essential information with staff when people's needs change. This is to ensure staff have access to essential information to provide safe and effective support.

This is to ensure 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 4.7).

**This area for improvement was made on 29 August 2024.**

#### Action taken since then

When updates were made to personal support plans or risk assessments, staff who worked in the care at home part of the service received notifications via the "Totalmobile" app prompting them to review the changes. This process also applied whenever new people started using the service or when people stopped using left service.

In the extra care service, staff accessed personal support plans both in people's homes and in office areas. Any changes to individual needs were recorded in the communication diary and reinforced during daily briefings led by senior home care workers. If there were additional updates to person's personal support plan, these were highlighted in the diary to ensure all staff were aware of the changes.

All staff we spoke with were confident about where to access information about people and were made aware of changes when these happened.

This area for improvement has been met.

#### Previous area for improvement 2

The provider should ensure control measures are in place to reduce the likelihood of harm where there are identified risks to people's health and wellbeing. This includes the development of robust risk assessments in line with the Health and Safety Executive (HSE) guidance. Risk assessments should be made available to staff providing support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15).

**This area for improvement was made on 29 August 2024.**

### Action taken since then

Risk awareness training was delivered to staff at all levels to encourage proactive risk management in line with guidance from the Health and Safety Executive. Awareness sessions were arranged with health & safety teams, using case studies and practical examples to make the training relevant and relatable.

Leaders met with occupational therapist to strengthen collaboration between specialist teams. Ongoing audits of personal support plans took place, ensuring that individuals with moving and handling equipment had risk assessments completed and recorded in the appropriate section.

Staff we spoke with were aware of risk areas of people's support and knew where and how to access risk assessment to ensure they provided safe and effective care.

This area for improvement has been met.

### Previous area for improvement 3

To promote the safety and wellbeing of staff, the provider should ensure the deployment and workload of care staff is fair and balanced. Steps should be taken to reduce prolonged gaps between scheduled support visits.

This is to ensure 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" (4.23).

**This area for improvement was made on 29 August 2024.**

### Action taken since then

Staff used office time to complete online training, helping to fill gaps when visit allocations were low. Where possible the scheduling system was adjusted to improve planning around people's support, with an aim to prevent staff from waiting for long periods between visits to people they supported in community.

Leaders were actively trying to engage with local supermarkets and community hubs to provide drop-in spaces for staff to take breaks between visits. Taxi services were made available for staff working outside their usual area to help support travel arrangements.

Despite these improvements, there was no significant impact on the amount of downtime some staff working in the care at home service, experienced between scheduled visits, which often remained prolonged. Staff continued to raise this as an ongoing issue, which had a clear impact on their morale and wellbeing.

This area for improvement has not been met.

### Previous area for improvement 4

To ensure people are supported safely and well, the provider should develop and improve the quality of information within care plans. Care plans should be person centred, outcome focused and contain current and accurate information about people supported.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15) and "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12).

**This area for improvement was made on 29 August 2024.**

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

Personal support plans captured individual preferences, routines, cultural needs, and communication styles.

Risk and safety training was delivered to all staff who completed personal support plans. Managers and coordinators received additional support to embed person-centred, outcome-focused planning.

Plans were reviewed every six months or sooner if people's needs changed. People and, where appropriate, families or advocates were actively involved in care planning and review process.

Managers conducted quarterly audits of personal support plans, which were signed off by senior managers. Areas for improvement were actioned, and well written personal plan examples were shared with staff to help develop staff skills and confidence. The service recognised the need for consistency and accuracy in personal support plans and planned to continue prioritising engagement, training, and development for staff.

These improvements meant that people received care that was more closely tailored to their individual needs and preferences.

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

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

The provider should develop and improve six-monthly service reviews to ensure these are person centred, meaningful and inclusive. Reviews should be carried out timeously and ensure the views of people supported, their families and/or representatives are clearly recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions (HSCC 2.11) and If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

**This area for improvement was made on 29 August 2024.**

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

The senior management team updated the review format to ensure that reviews could be captured in a more person-centred, inclusive, and meaningful way. Individual needs, future wishes, and choices were documented. From reviews sampled, we could see views of supported individuals, families, and representatives were included.

Reviews sampled varied in content; some were more person-centred, outcome-focused, and meaningful than others. We were assured that leaders recognised where staff needed further training and that this remained an area of focus.

# Inspection report

These improvements meant that reviews were more likely to reflect what mattered most to each person and their family, helping staff to deliver care that was better tailored to individual needs and preferences.

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

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
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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