

M-Verth Limited Housing Support Service

Mirren Court Three
123 Renfrew Road
Paisley
PA3 4EA

Telephone: 07860652006

Type of inspection:
Unannounced

Completed on:
19 January 2026

Service provided by:
M-Verth Limited

Service provider number:
SP2020013525

Service no:
CS2025000227

About the service

M-Verth Ltd is an independent care at home provider based in Renfrewshire.

The service supports adults who have a range of support needs including those who have physical conditions, are physically frail and/or living with dementia. At the time of inspection, the service was supporting approximately 180 people living in their own homes in Paisley and Renfrew.

Approximately 50 care staff were supported by the registered manager, service manager and two care co-ordinators from the service office base in Paisley.

About the inspection

This was an unannounced inspection which took place on 12, 13, 14, and 15 January 2026 between the hours of 10:00 and 18:30. 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 15 people using the service and 12 of their family members
- Spoke with 10 staff and management
- Observed practice and daily life
- Reviewed documents
- Reviewed Care Inspectorate surveys from nine staff and two visiting professionals.

Key messages

People were fully involved in making decisions about their care.

People were supported by staff who knew them well and understood their needs.

Medication processes required to improve, to ensure people are kept safe.

Leaders used quality assurance processes and feedback from people to drive improvement.

Communication with external professionals needed to improve to ensure key information is shared to keep people safe.

Continuity of care was a priority for the service.

Staff had regular training and competency assessments to promote good practice.

Personal plans generally contained the right information but more detail was required for people with more complex needs.

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 leadership?	4 - Good
How good is our staff team?	4 - Good
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?

3 - Adequate

We evaluated this key question as adequate. We identified strengths in how the service supported people's health and wellbeing. This had a positive impact on people, but weaknesses in medication practice meant improvements were required, to ensure people had consistently good outcomes.

Staff had access to good quality information to support people well. Personal plans were in place for all people using the service. These contained person-centred and useful information about people's health needs. Staff understood how to use personal plans and could tell us about people's specific needs. Clear processes were in place for escalating concerns to ensure people had the right healthcare at the right time. We heard about positive relationships with external professionals, including social workers, district nurses and occupational therapists. We could see, in some instances, that professional advice had been recorded in personal plans but this was not consistent. Where there have been changes in people's health needs, it is important that this is clearly recorded so that staff know what action to take, to ensure good outcomes. (See area for improvement 1).

People had been fully involved in making decisions about how their support needs were met. Personal plans reflected input from people and family members and regular reviews had taken place. Personal plans included information about how particular health conditions impacted people's lives and what role the service would play in supporting them to maintain good health. Most people had appropriate health assessments in place which helped the service to understand the support required. This meant that leaders and staff had the right information to understand how to support people well, and in the ways that were important to them.

Medication processes required to improve to ensure people are supported to safely manage their medication. The service undertook an assessment of people's needs in this area but we found that these assessments had not been completed in line with best practice guidance. This meant that people may have had the wrong level of support in place to manage their medication safely. Where people were supported with 'administration' of their medication, the manager of the service had already identified an issue where staff were not recording the start date of this medication. This meant there was a risk that medication doses could be missed and this would not be picked up or resolved quickly enough. We identified some errors in how medication administration records (MAR) were completed and some potential risks around safe storage of medication where people are at risk of overdose. The manager of the service had already identified a number of improvements in this area, however, we could not be assured that medication management was safe. (See requirement 1).

People had the right support in place to manage their meals. Personal plans clearly outlined people's nutritional needs and preferences about meal support. We observed staff supporting people with their meals in an unhurried way. Staff were able to tell us about people's meal preferences and how they would raise any concerns with leaders. This is important as changes in nutritional intake can indicate a decline in health or wellbeing. We asked the manager to ensure that, where people require specific support, such as adapted crockery or cutlery, that this is clearly recorded in their personal plan, so that all staff understand what support is required.

Requirements

1. By 30 April 2026, the provider must ensure that people are supported to manage their medication safely. To do this, the provider must ensure at a minimum:

- a) People's personal plans clearly outline the level of support they require with their medication, including arrangements for administering 'as required' (PRN) medications. Assessment of this support must align with current best practice guidance.
- b) All staff have adequate training and guidance about when and how to escalate concerns, including when people may have missed doses of their medication.
- c) Safe processes are in place to record the start date of new medication and mid-cycle medication changes.
- d) Arrangements are in place for safe storage of medication, based on people's assessed needs.
- e) Adequate quality assurance audits are in place to ensure medication processes adhere to best practice standards.

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

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 based on relevant evidence, guidance and best practice' (HSCS 4.11). And 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. To promote positive health and wellbeing outcomes for people, the provider should ensure that professional advice or guidance is clearly recorded and followed up. Professional advice should be linked to each person's personal plan to ensure staff have clear guidance to support people well.

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 based on relevant evidence, guidance and best practice'. (HSCS 4.11).

How good is our leadership?

4 - Good

We evaluated this key question as good. A number of important strengths in quality assurance contributed to positive outcomes for people. Some improvements were needed to ensure consistency.

Regular quality assurance audits were taking place to help drive improvements in the service. Leaders had worked hard to develop good quality audit processes which covered most areas of service delivery, including personal planning, daily recording, staff training and staff competency, and visit scheduling. Leaders were clear about what audits should be undertaken each month and who was responsible for completing them. Each audit had an associated 'action plan' which was overseen by the manager of the service. This meant that the manager had a clear understanding of where improvements were required. These individual action plans were linked to a comprehensive service improvement plan which was regularly updated by the manager. Improvements were prioritised by the leadership team and information about improvement work was shared with the staff team through regular team meetings. Actions in the improvement plan had been drawn from a range of areas including feedback from a 'service user survey', feedback at review meetings, staff feedback, quality audits and the outcome of accident or incident reviews.

This helped to ensure that the identified improvement areas were based on people's experiences. We encouraged the manager of the service to undertake a 'self-evaluation' of the quality of the service to further support the improvement journey.

People using the service were supported to understand the standards they should expect. An initial assessment visit was undertaken by a senior staff member to support personal planning. Family members and key professionals were encouraged to contribute to this assessment, where appropriate. Key information about the service, including the complaints policy, service agreement and the Health and Social Care Standards (HSCS), were shared with people during this initial meeting. People and family members told us that they felt involved and included in this process and that they had access to their personal plan. Regular reviews were taking place and this included a detailed 'satisfaction survey' which helped to ensure people were given regular opportunities to share their views about the quality of the service.

Leaders demonstrated a clear understanding of what was working well and where improvements were needed, but improvements were needed to ensure clear communication with key professionals. We identified a lack of clarity about processes for escalating and following up concerns with the Health and Social Care Partnership (HSCP). The service had made some appropriate referrals under Adult Support and Protection (ASP) legislation to help keep people safe, but we identified some situations which had not been escalated to the appropriate level. This meant that people may not have had the right professional input or assessment during periods of increased risk. It is essential that leaders are clear about escalation processes, when ASP referrals should be made and when professionals should be involved in reviews, to ensure that the right information is shared to keep people safe. (See area for improvement 1). While the service had, in most instances, taken appropriate actions in relation to incidents, accidents, or complaints, outcomes had not always been shared with the Care Inspectorate or HSCP, in line with current guidance. It is important that these notifications are made to ensure appropriate oversight of the service. (See area for improvement 2).

Areas for improvement

1. To improve oversight of people's safety and wellbeing, the provider should ensure notifications to the Care Inspectorate and Health and Social Care Partnership (HSCP) are made in line with current best practice guidance.

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 based on relevant evidence, guidance and best practice.' (HSCS 4.11).

2. To ensure people's safety and wellbeing, the provider should ensure that Adult Support and Protection (ASP) referrals are made timeously and in line with current best practice guidance.

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 based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our staff team?

4 - Good

We evaluated this key question as good. Important strengths in staffing arrangements meant that people had positive outcomes and experiences. We asked the provider to continue to build on these strengths to ensure people and staff can have consistently good experiences.

Staffing arrangements ensured that people received the visits outlined in their personal plan. People told us that staff were reliable and that they had enough support in place to meet their needs. Quality assurance audits demonstrated that visits were taking place as scheduled. Leaders had identified continuity of care as a priority area for development. The provider has invested in a new electronic scheduling system to support improvement in this area. We spent time with the staff responsible for scheduling and saw that the new system was being implemented carefully, to ensure people were not negatively affected by the change. Leaders were also developing improvements to how staff were deployed to improve consistency. We asked the provider to make use of the features of the new electronic system, to assist with monitoring of visit times and the number of staff who visit each person. People benefit from having support from a small, consistent group of staff who know them well.

Staff had access to regular training and regular competency assessments, to ensure they have the right skills to support people well. The service had recently introduced the new 'national induction framework' which provides good quality introductory training for staff working in health and social care. All staff were then required to complete refresher training at regular intervals. A significant number of staff were undertaking their Scottish Vocational Qualifications (SVQ) in line with their registration requirements. Training was tracked by leaders to ensure staff were compliant. Competency checks for medication practice, and moving and assisting were completed annually. Regular 'spot checks' were also taking place to ensure staff practice meets organisational expectations. All staff had access to supervision with their direct line manager and there are regular team meetings which helped to ensure key information was shared with the staff team. We found that the frequency and recording of supervision notes was not sufficient. Supervision should support staff to identify and progress their learning and development goals, reflect on their professional codes, and seek support to manage work-related challenges. (See Area for Improvement 1).

Staff were flexible and worked well together to ensure people had the right support. We observed staff practice during the inspection and found staff to be well informed and clear about how to support people, to meet their needs and outcomes. We had very positive feedback from people and their families about the staff. We observed confident interactions from staff who were able to build relationships with people. Some staff were less confident in their communication and some people told us that language and strong accents on both sides can still be a barrier to communication. We asked the leadership team to consider how they could make use of the skills of the more confident team members to support the development of their colleagues.

Recruitment processes were generally safe and in line with current best practice guidance. We found some minor issues in relation to recording of interview notes and risk assessments and asked the provider to ensure all recruitment is undertaken in line with current guidance.

Areas for improvement

1. To promote best practice and safe care for people, the provider should ensure all staff have access to regular support and supervision. This should be planned and recorded appropriately.

This is to ensure 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).

How well is our care and support planned?

4 - Good

We evaluated this key question as good. Strengths in personal planning clearly outweighed weaknesses. Some improvements were required to ensure people can consistently have experiences and outcomes which are as positive as possible.

Good quality personal plans reflected people's needs and outcomes. Where families were involved, we could see that personal plans were more detailed and contained a range of carefully considered, person-centred information. Regular reviews were taking place which helped to ensure information in care plans was kept up to date. Where people had more complex needs, or limited family input, we identified that, in some instances, personal plans were not as clear or detailed. This could be a particular risk for people with cognitive impairments of those who choose not to comply with particular elements of their support. It is important that services have clear information in personal plans to guide care staff, co-ordinators, and leaders, to make the right decisions. Gaining the right information in these circumstances might involve seeking professional input at review meetings. It is essential that the agreed input or protocols are carefully recorded. (See area for improvement 1).

Personal plans were made available to everyone using the service. Each person had a 'support plan folder' in their home which contained key information about the service, including contact numbers, how to make a complaint and their support plan. This outlined each person's agreed support and the tasks to be completed by staff at each visit. People's desired 'outcomes' from using the service were also recorded in this document which can help provide clarity for people about the role of the service. In some instances, we found that there was not enough detail about how to provide support to people. For example, where people had particular mobility needs or required particular equipment, this was not always clearly detailed in their personal plan. It is important that staff have enough information to understand people's particular needs and preferences. This can be particularly important when support is provided by less familiar staff. We asked leaders to consider this as part of their quality assurance of personal plans.

Risk assessments were in place, where required, and generally contained good quality information. We asked leaders to continue to review risk assessments to ensure they are used to enable people to take positive risks, where possible. Risk assessments should also support the service to make decisions about the level of support required and when information should be shared with professionals. We asked the service to ensure that legal documentation, such as power of attorney documents are obtained when required. This is important for ensuring people's legal rights are upheld.

Areas for improvement

1. To promote people's safety and wellbeing, the provider should ensure that personal plans contain clear and detailed information about how to support people safely. The provider should work in partnership with key professionals, where required, to ensure this information is up to date and accurate.

This is to ensure 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) and 'I am assessed by a qualified person, who involves other people and professionals as required. (HSCS 1.13).

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 keep people safe, the provider should ensure all Adult Support and Protection (ASP) referrals are tracked. The provider should obtain information from the Health and Social Care Partnership (HSCP) to confirm when referrals have been closed and what action has been taken. Documentation should be retained in line with organisational policy and good practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 7 February 2025.

Action taken since then

A tracker was in place for Adult Support and Protection (ASP) referrals. This was used by the leadership team to ensure that follow-up actions were recorded. Where ASP referrals had been made, the service had retained documentation in line with organisational policy. All staff had undertaken training in ASP, and those we spoke to were confident about their role in escalating concerns.

This area for improvement has been met.

Previous area for improvement 2

To ensure people know when their care will be delivered, the provider should monitor scheduling of visits. The provider should ensure sufficient staff are available to deliver support at the agreed times. Where there are unavoidable changes to support times, the provider should ensure people are kept informed about changes and have opportunities to share their views.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS 4.17).

This area for improvement was made on 7 February 2025.

Action taken since then

A new scheduling system has been implemented by the provider. The staff responsible for scheduling have received training in how to use the system. The leadership team were in the process of embedding the new system, using a step by step approach to minimize any impact on people. People told us that their visits were reliable, though visit times could vary.

This area for improvement has been met.

Previous area for improvement 3

To ensure personal plans fully reflect people's outcomes and preferences, the provider should ensure quality assurance processes are in place to identify required improvements. Staff responsible for producing personal plans should have guidance about best practice and the provider's expected standards. Personal plans should be audited with required improvements followed up and signed off by an appropriate person in the organisation.

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 area for improvement was made on 7 February 2025.

Action taken since then

Improved quality assurance processes had been implemented by the provider. Regular audits of personal plans had been taking place with follow-up actions and improvements noted in an action plan. Senior staff who were responsible for personal planning had clear information about organisational requirements.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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