

Renfrewshire Carers Centre Care at Home Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Renfrewshire Carers Centre

Service provider number:
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Service no:
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About the service

Renfrewshire Carers Centre Care at Home service is a voluntary organisation registered to provide care at home and housing support to adults and young people in their own homes across Renfrewshire. Support is provided throughout the day and operates from their office base in Paisley.

At the time of inspection, the service manager was supported by a service lead, one senior support worker and a team of support workers. 104 people were being supported by the service.

About the inspection

This was an unannounced inspection which took place on 02, 03 and 04 February 2026, between the hours of 09:30 and 16:30. 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 seven people using the service, and 11 of their relatives
- spoke with 14 staff and management
- explored questionnaires returned from 27 staff, 16 people supported and 4 external professionals
- observed practice
- reviewed documents
- had contact with professionals connected to the service.

Key messages

- People experienced reliable, consistent support from staff who knew them well, helping them feel safe and confident in their care.
- People and families felt the service made a meaningful difference, helping them stay independent, connected and well supported.
- Staffing levels were linked to people's assessed needs, meaning support was not rushed, and people had time to achieve what mattered to them.
- Leaders used effective quality assurance systems, which led to clear improvements and good oversight of the service.
- Staff were well trained and supported, helping ensure safe, competent practice and positive outcomes for people.
- Care plans were person-centred and regularly reviewed, though some needed more consistency to fully reflect people's changing 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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very 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?

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 should experience stability in their care and support from staff who know their needs, choices and wishes. Support was mostly provided by consistent staff who knew people well. This helped people feel safe and comfortable. Carers felt reassured knowing their loved ones were supported by staff who understood their needs. A relative shared, "All the staff are great with x. I am comfortable with them being in our home, which was something I wasn't sure we would manage. I have confidence when I go to work x is well cared for and I don't need to worry." Where people had experienced less consistency, the management team had taken steps to improve this, leading to more stable and reliable support.

People valued the chance to meet new staff in advance, and although this wasn't always possible, it helped build trust. Communication around changes had improved for many, but it is important this is consistent for everyone.

Support was flexible and adapted to meet people's needs, especially for medical appointments or unexpected changes. Ongoing recruitment meant the service could be more flexible, including at weekends. This made a real difference to people's lives. Families shared this meant they could keep working, stay connected and continue caring for their loved one at home. A family member shared, "Support for x gives me the opportunity for some respite and have social time with others. If I didn't have this, I am not sure I would still be able to have x living with me at home."

People should be able to maintain and develop their interests, activities and what matters to them in the way that they like. People were supported with a wide range of activities, and for some this meant getting out and about accessing local services and facilities, improving confidence and wellbeing.

Medication was managed safely. Clearer guidance around medication prescribed "as required" would support consistency. Staff knew people well and identified concerns and health changes quickly. Professionals trusted that concerns would be shared appropriately. An external professional told us, "There is good feedback when requested which is helpful, and I have been alerted to issues for people that need followed up."

People should have confidence because staff are trained, competent and skilled. Staff received person-specific training, to ensure they had the right skills to keep people safe, healthy and well supported.

How good is our leadership?

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.

The service had a well-structured improvement plan with short, medium and long-term actions. This had been updated regularly, and we could see that actions were making a positive difference. Adding review dates for long-term actions would help track the improvement journey.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. A clear quality assurance framework set out what checks should be done, when and by whom. These were generally followed, giving strong oversight of key areas. Some audits would benefit from being more practical and evidence based, to give a clearer insight into staff practice. The addition of routine care plan audits would help ensure plans stay effective between review dates.

Quality assurance activities identified improvements which were actioned and making a positive difference to people's care and support. To strengthen the cycle of learning further, it would be helpful to clearly link these actions to the ongoing improvement plan.

Safer recruitment processes were well-organised. A newly developed checklist gave the manager good oversight, with all safer recruitment documentation available over the course of the inspection. Regular checks were taking place, ensuring staff were registered appropriately with their regulatory body (Scottish Social Services Council). An oversight in staff registering for both housing support and care at home support was quickly addressed, prior to the end of the inspection. These processes contributed to keeping people safe.

Incident reporting was robust and meaningful. Forms were completed appropriately, actions were clear and senior staff used incidents as learning opportunities. This prevented recurrence and demonstrated a culture of learning and development. Staff told us the management team were open, approachable and supportive, which helped create a positive culture where people felt comfortable seeking guidance.

People can expect to have confidence that the service and organisation are well-led and managed. Improved communication and oversight from the board strengthened governance, accountability and service development. This gave the service a strong foundation for continued improvement.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the staff team and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

People experienced reliable and well-planned support, because staffing levels were generally sufficient to meet assessed needs. People and their families told us the times of their visits were reliable and not cancelled, helping people feel secure and well-supported.

Staff should have time to support and care for, and to speak with people. Staff people supported, and relatives described the pace of support as unrushed, allowing meaningful interactions and helping people achieve their intended outcomes. This contributed to a sense of dignity, quality and personal connection.

Induction and ongoing training encouraged reflective practice, helping staff understand their role and learn from real situations. A wide range of online and face-to-face training was available. It was positive to see training built into staff rotas, demonstrating a commitment to maintaining a skilled and confident team.

Staff received regular supervision and wellbeing checks with evidence of meaningful discussions. A next step would be to use supervision for more reflective and evidence-based discussions to further develop staff confidence and professional growth. Weekly office-based meetings supported resource planning, but wider staff team meetings had been less frequent.

Some staff missed the opportunity to connect with colleagues and managers. Re-establishing these would help strengthen communication, teamwork and shared learning.

Regular observations of practice gave management reassurance about staff competence. Some observations included strong, evidence-based feedback, and captured the views of people supported.

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.

People should benefit from support plans which are person-centred, up-to-date and reflect their rights, preferences and desired outcomes. We could see from observations and discussions with the staff team that people's needs were identified, and staff were able to engage and support people with dignity and respect.

Overall support plans were detailed giving a clear picture of each person supported, what mattered to them and the support they needed. Some plans included strong strengths-based information, showing what people could do for themselves. Extending this approach across all plans would further enhance person-centred support. There were a small number of inconsistencies and gaps, with some plans not fully up-to-date or missing information. To ensure a consistent approach in areas such as stress and distress, it would be helpful to clearly define person-centred guidance rather than broad statements. As quality assurance audits develop, these gaps should be easier to identify and address.

Support plans were reviewed regularly and in a meaningful way, with input from people and, where appropriate, their loved ones. Reviews clearly recorded what had changed, whether support continued to meet people's needs, and any updates required. We could see these reviews leading to real changes in plans, showing that people's views and evolving needs were being listened to and acted upon. Daily notes for most people provided useful insight into the support provided, and how this linked to their personal outcomes. This helped to build a reliable picture of people's progress and ongoing needs.

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 that people are protected through safe staff recruitment, the provider should ensure that the recruitment policy, procedures and practices are aligned with best practice and legislation.

This should include but not be restricted to, right to work information being checked and stored with human resource files, and the manager having clear oversight of all recruitment information.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24).

This area for improvement was made on 18 June 2024.

Action taken since then

A checklist had been devised to more easily track key aspects of safer recruitment, which was signed off by the manager. All recruitment information was being uploaded electronically, which made it easier to access track.

Recruitment files sampled included all the relevant safer staffing information. For a small number of staff there was no right to work checks stored. This was forwarded by Human Resources over the course of the inspection, we advised the service to ensure they hold a copy of this at all times.

We discussed PVG checks and the updated requirements, in relation to staff requiring to have returned the check before beginning any work with the service, including online training. The manager understood this and agreed that this would be implemented.

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.

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 leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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