

# My Care Tayside Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 January 2026

**Service provided by:**  
My Care (Tayside) Limited

**Service provider number:**  
SP2004005884

**Service no:**  
CS2004061873

## About the service

My Care Tayside is registered by the Care Inspectorate to provide a support service - care at home and a housing support service. The service is provided by My Care (Tayside), a private company. At the time of the inspection the service was provided to people living in Angus, Dundee and Perth.

The aims and objectives of the service are: "My Care aims to set the standard in the care sector by delivering exceptional quality care with a team who have a real passion for delivering client-focused care with dignity and respect, which is valued by our clients and admired by all stakeholders".

## About the inspection

This was an unannounced inspection which took place between 12 and 14 January 2026 in the service and continued virtually between 15 and 16 January 2026. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

Reviewed questionnaires submitted by the service and stakeholders

Spoke with 15 people using the service and 4 of their families

Spoke with 12 staff and leadership

Spoke with 3 professionals

Observed practice and daily life

Reviewed documents

**Key messages**

People and their relatives were happy with the care they received

Improvements were required to ensure the effective communication of key information about people's needs

People's skills and abilities were valued, and their independence was promoted

Information in some care plans and risk assessments contained conflicting, inaccurate, and out of date information

There were warm and caring interactions between staff members and people being supported

The leadership was responsive to continued improvements of the service to ensure positive outcomes for those being supported

**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?	5 - Very Good
How well is our care and support planned?	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?

4 - Good

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

We visited people at home, observed staff, and spoke directly with people who received support from the service. People told us and we observed, staff interacting with people in a kind, respectful and dignified way. People told us they were happy with the support they received, and staff knew them well. One person said "They are just so good. I am very pleased with the carers I have; they are very caring. We have got to know each other now and do have time for a wee chat, they are not just in and out."

People's care supported them to maintain as much independence as possible and manage in their own homes for as long as they could. People reported regular daily visits also reduced their feelings of isolation and therefore supported wellbeing more holistically. One person said, "I don't know what I'd do without them."

We found health and wellbeing needs were being met by daily support and daily tasks promoted wellbeing more generally. This included care staff checking how people were feeling, showers scheduled for days people preferred, support for people in advance of activities out with their home, encouraging hydration and supporting mobility. Care and support went beyond being task focused and staff knew people well. Staff supported people with personal care, medication, nutrition, and fluids in a person-centred way, which allowed them to have as much control as possible.

We saw evidence that in some cases care may be reliant on care staff knowledge with care plans not reflecting current need. This could compromise people's health and wellbeing. However, during our inspection, management proactively implemented a system to mitigate this risk, to ensure changes to people's health and wellbeing needs are updated in real time and this information is added to care plans. This system will allow staff to share changing health needs quickly with the right people. Care planning is further referenced under key question five of this report.

The service supported people to obtain appropriate health assessments and there was evidence of staff training to support staff in recognising people's changing health needs. At times there had been delays in up-dating care plans as the service waited on multi-agency review meetings being co-ordinated. The service should update their own care plans while they wait for review meetings to be scheduled, reducing the risk of negative outcomes for people.

Feedback from professionals was positive. They spoke highly of staff and felt the service was responsive, easy to contact and arranges reviews when needed. One professional told us, "I have found them to be reliable and caring."

Overall, the service provided good care and support, with people benefiting from meaningful relationships and care that reflects their individual needs, choices and preferences.

**How good is our staff team?****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.

All records we checked confirmed staff were registered with the Scottish Social Services Council (SSSC). Staff were being recruited safely and in accordance with safe staffing guidance. People could be assured that the staff supporting them had been recruited safely.

People experiencing care, and their family members, spoke very positively about the staff providing their support. People being supported told us, "my carers are very helpful and respectful during their visits" and "I don't know what I'd do without them."

We observed caring, compassionate, and respectful interactions between staff and the people they supported. The service endeavoured to provide consistent staff for people, which meant individuals were usually supported by staff that knew them and who were familiar with their care needs. Because staff had a good understanding of individuals' needs and preferences, this familiarity contributed to care being delivered in line with people's wishes. Meaningful conversations were evident throughout our observations, and staff consistently promoted and encouraged people's independence and valued their strengths.

Wherever possible, the service matched people's individual needs and preferences with the skills and experience of staff. Staff told us they understood their roles well and demonstrated confidence in carrying out their responsibilities. Training was tailored and adapted to reflect the needs of the people being supported, helping to ensure a confident and competent workforce and this meant people could be assured that the staff caring for them were appropriately skilled. Staff who were not directly involved in delivering care also had a clear understanding of how their roles contributed to the overall quality of the service and to improving outcomes for people.

Care was delivered in accordance with scheduled arrangements. When staff were running late or when changes occurred, the service ensured that people were kept informed. Staff told us they had sufficient time to complete their work. People told us, and we observed, that the care they received was not rushed, and they appreciated staff supporting them with additional tasks that made a positive difference to their day. People benefited from having staff who had time to care for them, and this meant they did not feel hurried. The service responded flexibly and promptly to changing situations, which helped ensure that people received the right care at the right time.

There were regular team meetings, providing staff with opportunities to reflect on their practice and consider how best to improve outcomes for the people they supported. Staff received regular supervision and reported feeling well supported by their managers. One member of staff told us, "management are very understanding and always try to help if there is a problem." This contributed to a positive staff culture where staff felt valued and able to seek guidance when needed.

Staff told us that, overall, they communicated well with one another and worked effectively within their teams. However, some staff members reported that information about changes in people's care needs or circumstances was not always shared appropriately or managed effectively. Failure to share key information with all relevant staff had the potential to result in people's care arrangements being incorrect.

The leadership team was aware of these concerns and had initiated a 'communication project' to support improvement in this area. During the inspection, the service also introduced a dedicated 'duty' system, with staff allocated daily to process and respond to key information about people using the service. This development was intended to ensure that information which may affect people's health and wellbeing was shared promptly and effectively and that people's care arrangements remained right for them.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People's care plans demonstrated that their wishes for their care arrangements were captured. There was evidence of focus on promoting their skills and encouragement of independence. People were recognised as experts of their care.

Whilst care plans detailed peoples wishes, skills and abilities, these also contained out of date or incorrect information. Not all identified risks were contained within individual plans and risk assessments. This meant that care plans and risk assessments did not accurately reflect the care and support people needed and there was a risk of people not receiving the right support if staff were unfamiliar with their care requirements. It is important that all information contained within a care plan is accurate, current, and consistent to ensure that people's care and health requirements are being met (see requirement 1).

People and their relatives could access their care plans and visit schedule using a digital system. However, some people advised us that they did not know how to use or did not want to use this system. The provider will consider how they can support more people to use the digital portal or how they can support people to access their care and support plans without the digital system. This will enable people to be active participants in their care and have control over their care.

The provider had developed a frailty tool in conjunction with the Health and Social Care Partnerships which supported the assessment of packages of care. In agreement with Health and Social Care Partnerships, the tool allowed packages of care to be increased or decreased within agreed limits without formal review with the partnership to meet people's needs as required. We observed that the tool had been used to assess one persons needs resulting in their package of care being reduced. This ensured that people were receiving the right level of care required at the right time without delay.

People and their relatives were involved in making decisions about care arrangements, planning and reviews when these took place. We observed that the review record lacked sufficient person-centred details, including how people were progressing towards their care planned outcomes and updates to goals. The reviews did not always reflect accurate changes to peoples care needs and subsequently care plans were not updated. This could lead to missed opportunities to improve outcomes and ensure care remained aligned with people's changing needs (see requirement 1).

Although the leadership team had a quality assurance system in place to monitor when care reviews were due, it was not used effectively. The system failed to identify significant gaps in care reviews that were identified during the inspection. This meant we were not assured that care reviews were being completed in accordance with legislative requirements and there was a risk therefore that peoples care needs and arrangements were not reflected accurately within documentation (see requirement 1).

## Requirements

1. By 15 June 2026, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:

- a) ensure care plans accurately and consistently reflect the current health and care needs of the person
- b) ensure risk assessments accurately reflect any identified risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
- c) ensure that reviews are completed six monthly in accordance with legislative requirements or when there are changes in a person's needs
- d) ensure the management team implements an ongoing quality assurance system which creates effective oversight in monitoring the quality of reviews, risk assessments and updated care plans.

**This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (2)(b)(ii)(iii) (Personal Plans) 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 the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19), 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).**

## 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 undertake a fully consultative exercise to compile a service development plan. The Care Inspectorate document 'Self-Evaluation and Improvement' (September 2019) was sent to assist in this process.

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

"I can be meaningfully involved in how the organisations that support and care for me work and develop". (HSCS 4.6) and "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership". (HSCS 4.7).

Also the Code of Practice for Employers of Social Service Workers which state you will: "Have systems in place to listen to and consider feedback from people who use services, carers and other relevant people, to shape and improve services and the performance of social service workers." (2.3)

This area for improvement was made on 1 February 2023.

#### Action taken since then

The service had consulted with people and staff; they had completed a self-evaluation tool to ascertain what improvements were required within the service. A development plan had then been implemented which was used to direct how improvements were going to be achieved.

We discussed with the provider that it may be useful to use the feedback received from people to demonstrate within the development plan how this had then shaped the direction of the service. We discussed actions may benefit from having target dates for completion and regular review periods to demonstrate how people's outcomes and experiences have improved as a result of the development work. The management team were receptive to advice given and agreed to pursue these areas.

This Area for Improvement has been met.

#### Previous area for improvement 2

The manager should ensure staff attend scheduled supervisions, appraisals and regular team meetings to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support. This will also provide a forum for staff to contribute to the improvement of the service.

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

Also the Code of Practice for Employers of Social Service Workers which state you will: "Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practise." (2.2).

**This area for improvement was made on 1 February 2023.**

#### Action taken since then

Staff told us that they felt supported in their roles, team meetings were held regularly for each staff team and staff had the opportunity to attend these. Staff benefitted from regular supervision. Staff also told us they had the opportunity to reflect on their practice, knowledge, training and skills and the opportunity to feedback into the service. During the induction process staff benefitted from a 6 and a 12-week review meeting.

The leadership team used and we saw evidence of a quality assurance system for oversight regular supervision, annual reviews and direct observations matching the providers supervision policy.

This Area for Improvement has been met.

#### Previous area for improvement 3

The provider should develop and implement a training plan to equip staff with the skills and knowledge they need to support people to eat and drink well, and have an understanding of how their health conditions impact on this.

This is in order to comply with:

Health and Social Care Standard 3.14: 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.

**This area for improvement was made on 17 May 2024.**

#### Action taken since then

The provider had externally sourced enhanced dysphasia training, this had been completed by carers who supported people with specific diet types. All staff had basic dysphasia awareness training as part of their induction and annual mandatory training. This meant that staff had the correct skills to provide the right support to the right people at the right time.

This Area for Improvement has been met.

#### Previous area for improvement 4

The provider should engage in proactive communication with people, and their representatives, following any significant incidents or changes to health and wellbeing. This would support an open and honest learning culture where people feel included, respected, and listened to.

This is in order to comply with:

Health and Social Care Standard 2.12: 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.

**This area for improvement was made on 17 May 2024.**

### Action taken since then

The service had undertaken a communication test of change, working to improve the level of communication with people who use the service and there are clear signs of improvement. However, during inspection we found evidence that significant changes to people's needs were not being communicated between staff resulting in care plans not being updated to reflect current needs and changes in care. The service agreed to start a duty system to further support effective communication during inspection.

We acknowledge that there have been significant efforts made by the service to improve communication. However, we saw in care plans and heard from staff that there continued to be issues in relation to key information about people using the service not always being communicated. This had the potential to detrimentally affect people's care and in turn their health and wellbeing. We will therefore follow up this Area for Improvement at the next inspection.

### Previous area for improvement 5

To ensure positive outcomes for people who use this service, the provider should always ensure that an appropriate level of personal care is being maintained and that people's choices are respected.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 6 August 2025.**

### Action taken since then

People's personal care was generally being maintained, and their choices were being respected. Several care plans, reviews and risk assessments we sampled lacked up to date information or did not reflect where risks or care needs had changed. This had the potential to result in negative outcomes for people if their care was not delivered correctly due to a lack of pertinent information being available to the staff supporting them. We will therefore follow up this Area for Improvement at the next inspection.

This Area for Improvement has not been met.

### Previous area for improvement 6

To ensure positive outcomes for people who use this service, the provider should always ensure that when care staff are going to be later than the expected visit time, that this is clearly communicated with the person using the service and/or their relative/representative, so that people know what is happening. The length of visit times should be regularly reviewed, to be able to demonstrate that they are meeting the ongoing assessed needs of people who use this service.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 6 August 2025.**

#### Action taken since then

The service had undertaken a test of change for communication which included engagement with people using the service and with staff. The digital care system is monitored by staff in the office to allow them to see when staff are running late and inform people that their service may be late. People told us that they receive phone calls from the service when staff are running late and we saw care documents which confirmed that phone calls were being made to people to inform them of late visits.

Visit times are regularly reviewed by the leadership team through the use of QR codes which are logged by staff entering and leaving people's properties. The service developed a frailty tool to support them in assessment of people's needs in terms of visit times and this allows them to review packages of care when required to ensure the service provided still meets the needs of the people using the service.

This Area for Improvement has been met.

#### Previous area for improvement 7

To ensure positive outcomes for people who use this service, staff training and development should be regularly reviewed and updated as appropriate. The service should be able to demonstrate that staff have a clear understanding of the standards of practice and behaviour expected of them.

This is in order to comply with:

Health and Social Care Standard 3.14: 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.

**This area for improvement was made on 6 August 2025.**

#### Action taken since then

The service had a robust suite of training from induction to annual refresher and has good oversight of staff who have completed this. Core training related to basic care skills which included consideration of practice scenarios; this allowed staff the opportunity to reflect on real life situations, and relate them to situations they may be faced with in their roles. Learning needs of individual staff members were considered and training was tailored accordingly. Learning opportunities for staff also reflected 'lessons learned'. When specific training was required the service had sourced this externally where necessary to ensure that they trained staff to a level of confidence and competence to meet the needs of the people they were supporting.

Health and Care Standards are integral to the work of the service and these are on display throughout the training suite. These are used in practice in direct observations and found within the 'standard of the month' which is used for reflection with staff and emailed to them. We were assured that staff were trained, competent and skilled for their roles.

This Area for Improvement has been met.

#### Previous area for improvement 8

To ensure positive outcomes for people who use this service, the provider should further develop a robust system, to ensure that client information is clearly communicated with all relevant parties within the service. It is not acceptable for staff to be entering, or attempting to enter, people's property when they are not at home.

This is in order to comply with:

Health and Social Care Standard 3.14: 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.

**This area for improvement was made on 6 August 2025.**

### Action taken since then

The service was clear that no staff entered a person's house when they had not been home. There had been communication from the leadership team to all staff to remind them that they should not go to a person's house if they were not at home and the service would only send staff to visits if there is scheduled care. People could have confidence that they were being supported in a professional manner and staff would not go to their home if they were not there.

The leadership team amended the hospital discharge process with all discharges being communicated via the discharge team. This has ensured that the correct discharge arrangements were clear so scheduled care could be restarted 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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