

Wilkerr Care Services Ltd Housing Support Service

Dinando and Partners
Mirren Court One
119 Renfrew Road
Paisley
PA3 4AE

Telephone: 01417377750

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Wilkerr Care Services Ltd

Service provider number:
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Service no:
CS2025000097

About the service

Wilkerr Care Services Ltd is an independent care service, providing support to people in their own homes across Renfrewshire. This includes support for older people and adults with learning and/or physical disabilities. The service operates from an office base in Paisley. At the time of inspection, the registered manager was supported by three care coordinators and a team of carers. 176 people were being supported by the service at the time of inspection.

About the inspection

This was an unannounced inspection which took place from 19 to 26 January 2026, between the hours of 07:00 and 20:00. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 24 people using the service and 10 of their relatives
- spoke with 9 staff including management
- explored the responses of 28 electronic questionnaires:
20 from staff, 7 from people using the service and 1 visiting professional
- observed practice and visits
- reviewed documents.

Key messages

- People experienced kind and respectful interactions that made them feel safe.
- The staff team worked together to achieve positive outcomes for people.
- Staff were enthusiastic and positive about their roles and further development.
- Consistent and accurate care planning was required to ensure people are supported safely.
- Further improvement was required in recording and storing information.
- We followed up on eight areas for improvement from the previous inspection, four of which were met and four were not met.

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 leadership?	4 - Good
How good is our staff team?	4 - 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 observed positive and pleasant interactions from staff when delivering care and support to people. People told us, "they are like family" and "I miss them when they aren't here". Families told us that their relative was well cared for by the service and that familiar staff provided them with reassurance. Staff knew people's preferences and were able to provide individualised support which people told us made them feel safe and secure. Some people advised they were not always sure who would be visiting and visit times could be erratic, but overall, that they were happy with the care provided.

Staff supported people's health and wellbeing needs well, and specialised health input had been sought when necessary. This was not always clearly recorded which meant it was difficult to see the process that had been followed by staff and what outcome had been achieved without accessing multiple systems. People's records and daily notes were not stored within the same location and often existed in physical form within people's homes. As such there were no easily accessible ways to view recent chronological records for people in the event of an emergency (See area for improvement 1).

We observed staff providing patient and respectful medication support for people during visits. While practice in this area was positive, medication administration had not always been recorded correctly. We were assured that people had received the correct medication, but recording was not accurate and this had not been identified during the auditing process. Protocols for 'when required' medication were not detailed enough to guide staff on when this should be administered and when to escalate concerns. (Please see previous area for improvement 1 in 'What the service has done to meet any areas for improvement we made at or since the last inspection.')

Where people did not have the capacity to consent, the relevant legal powers and documents for administering medication were not always in place. Management began the process of requesting these documents during the inspection and made efforts to create more detailed protocols for 'when required' medication. The provider told us that regular reports will now be included in the auditing process to identify any issues with recording.

Management had recently introduced recording tools across the service to help staff identify any issues with catheter care. We sampled these records and identified inconsistencies in recording which reduced the effectiveness and accuracy of these interventions. While this type of monitoring may have been appropriate for some people it had not been considered on an individual basis and had not been completed accurately. People's health and wellbeing should benefit from safe and effective interventions that are right for them.

Areas for improvement

1.

The provider should ensure that the relevant people have access to information needed to provide safe support that contributes to positive outcomes. This should include ensuring safe storage and access to daily notes, care plans and medication records.

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).

How good is our leadership?

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 a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. The provider and the manager worked well together and were a stable presence within the service. The manager, although recently in post, had worked within the service for several years and staff told us that this made management more approachable for them.

Management conducted competency checks, staff supervisions and team meetings regularly and these demonstrated reflective learning and participation from staff. Staff had also been assigned and completed training in response to a complaint and management had spent time revisiting these subjects with staff at various intervals. This had helped increase staff knowledge and awareness and staff told us that they appreciated these opportunities to develop their skills and practice.

Management had limited oversight of key areas of the service, including accidents, incidents and complaints. While these were well managed, information was stored in different areas within the electronic systems. This meant there was no overview to identify and analyse themes and patterns with individuals to inform potential changes in need and support. Oversight of key areas is also essential for quality assurance and identification of service improvement.

There was a lack of clear systems and planning in place for care plan and medication audits and reviews. Reviews had been conducted but there was no current tracker in place to allow management to assign these to staff or identify overdue reviews for the upcoming year. This meant that tasks were decided on a monthly basis rather than prioritising and planning ahead for these key areas of quality assurance and improvement. (Please see previous area for improvement 2 in 'What the service has done to meet any areas for improvement we made at or since the last inspection.')

How good is our staff team?

4 - Good

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

Staff told us that they were happy at work and enjoyed their roles. We observed staff working well together and staffing levels were stable with no agency staff used in the service. Staff told us that they received regular training and that this had been helpful in developing their skills and abilities to provide care for people. This meant that people felt comfortable and able to be supported at their own pace.

Staff told us that they felt supported and that they could approach management and discuss any issues easily. We did receive feedback from a couple of staff members that the rota did not allow them to plan around their personal commitments, but overall staff told us that they were happy. People told us that staff are kind and caring and that visits were not rushed

People could be confident recruitment had been carried out in line with good practice, Safer recruitment

through better recruitment. Team meetings were regular and demonstrated shared learning over a range of topics which staff were able to discuss with us at length. This meant that staff were able to apply this learning into their practice and people benefitted from this in the support they received.

Visits were not always accurately recorded and there was a lack of oversight of visits. Scheduling records sampled indicated where one staff member carried out a visit that required two staff to offer the correct support. Management told us that this anomaly was due to a lack of signal at the location or the device itself, and advised us that a back up system was in place that staff should log into if needed. Visit records were not regularly audited to monitor visits or that this alternative system was being used to ensure staff were following procedures and logged their visit. People should benefit from the correct support at the correct times and regular audits of scheduling systems would ensure support is being provided by the appropriate number of staff members and at the right times.

How well is our care and support planned?

3 - Adequate

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

The service used an online system for personal care planning with paper copies kept within people's homes for staff to refer to. Staff had created personal plans for some people with rich detail describing how people had chosen to be supported. This meant that people's needs were reflected throughout their plan and their preferences were respected, but this was not the case for everyone. We sampled paper copies of personal plans which were outdated and did not reflect the support being provided. People who had complex conditions told us how important it was to them that staff knew how their condition impacted them.

For one person we heard how risk assessments in relation to the individuals support were stored elsewhere and not included in their personal care plan at home. This meant that staff had to access multiple systems to gain an overview of the support this person needed. The provider supported one person with management of their finances. The personal plan did not reflect this arrangement, and no risk assessments were in place to protect this person's interests. The provider had taken steps to rectify this during the inspection, and a more detailed personal plan was provided. People should experience high quality care and support because staff have the necessary information and resources to support them safely (See requirement one).

Staff had conducted reviews for people which were not always of good quality. We sampled records which were not clear in terms of dates or who had attended the review. People were not always involved in their own reviews, and one person had not had a review in the past year. This meant that any changes to support were not recorded or actioned and could impact negatively on peoples wellbeing and their outcomes.

Requirements

1. By 27 July 2026, the provider must improve the quality of recording within personal plans to ensure that people receive care and support that is right for them.

To do this, the provider must, at a minimum ensure: -

- a) Each person has a detailed personal plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs.
- b) Each person has up-to-date individualised risk assessments, which direct staff on

current or potential risks and risk management strategies to minimise risks identified, which are then linked to personal plans.

- c) Future needs are anticipated, documented and reviewed.
- d) People and their relatives are involved in the development, updating and review of personal plans.
- e) Detailed care reviews are undertaken regularly which then influence an update of the individuals personal plan.

This is to comply with Regulation 5(1)(2)(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 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 have robust systems in place to ensure safe and effective management of medication, following good practice guidance. To do this the service should ensure:

- a) Detailed protocols are in place for each medication that has been prescribed "as and when required." They should include information on when it has to be given, intended outcome and thresholds for further action.
- b) Section 47 paperwork is in place when supporting with level 3 medication.
- c) Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

This area for improvement was made on 31 May 2024.

Action taken since then

We sampled 'as required' or PRN protocol sheets and identified that these were not detailed enough to provide the correct support for people. For one person, no protocol had been created. The protocol sheets used were not in line with the medication policy and were not fit for purpose. The manager had created new, more comprehensive sheets during inspection to guide staff.

We sampled personal plans that did not contain relevant Adults With Incapacity (AWI) information such as Section 47 certificates which is important for people without capacity who have their medication administered by care staff. Attempts were made during the inspection to request this information.

Medication audits were in place but had failed to capture several instances where medication had not been recorded as being administered on the EMAR sheets.

This area for improvement is not met.

Previous area for improvement 2

To further the improvement journey, the provider should continue to develop and embed their quality assurance system. This should include but not be limited to:-

- a) the registered manager utilising a quality assurance framework detailing what should be completed, when and by whom including information in relation to legal powers.
- b) quality audits and action plans including care planning, finances and medication being fit for purpose, completed regularly and ensuring they lead to the necessary action to achieve improvements without delay.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

This area for improvement was made on 31 May 2024.

Action taken since then

Supervisions, competency checks and team meetings were regular and comprehensive. We identified a lack of clarity in planning audits and inaccuracies in the audits we sampled. Where actions had been identified it was not always clear what the outcome had been or when these actions would be completed. There was a lack of documentation regarding legal powers and authority in key areas such as medication and in finances. Audits had failed to identify gaps in care planning such as incomplete risk assessments or in recording medication support accurately.

This area for improvement is not met.

Previous area for improvement 3

The provider should build their knowledge of The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) and how these impacts on the organisation. This is to ensure that effective methods are in place to support evidence-based assessment and planning of staffing levels and deployment.

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" (HSC 4.27).

This area for improvement was made on 31 May 2024.

Action taken since then

Most staff told us that they are happy in their roles, that they have enough time to complete their visits and tasks. When sampling records and documentation we saw no issues relating to staff deployment or staffing levels. People told us that staff have enough time during visits to support them correctly and at their own

pace.

This area for improvement is met.

Previous area for improvement 4

The provider should improve the quality of recording within care plans to ensure that people receive care and support that is right for them.

To do this, the provider should, at a minimum ensure: -

- a) Each person has a detailed support plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs.
- b) Each person has up-to-date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified, which are then linked to support plans.
- c) Future needs are anticipated, documented and reviewed.
- d) Support plans are regularly reviewed and updated utilising evidenced based information and feedback from people and relatives.
- e) Detailed care reviews are undertaken regularly which then influence an update on the support plan.

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 31 May 2024.

Action taken since then

We sampled care plans which differed in quality. Some were very person centred; others appeared more generic and not reflective of who the person was and how their conditions affect them.

Some of the risk assessments we sampled were incomplete, not available, or stored in a separate system. Future needs were listed for those records we sampled.

Reviews, where completed, varied in quality. We sampled records where changes discussed at review had not been implemented into the care plan. One person we sampled had not had a review over the past year, and although we were told the reasons why, there was not clear and sufficient recording of why this had been the case. Other reviews had no date, did not include the person receiving care or not always clear who the review had taken place with.

This area for improvement is no longer in place and has been incorporated into a new requirement under 'How well is our care and support planned?'

Previous area for improvement 5

Staff must avoid double padding and ensure continence products meet individual needs. Visit schedules should minimise long gaps to reduce the risk of pressure injuries. Staff should receive training on best

practices for skin integrity, including correct use of pressure-relieving equipment, continence care, and early identification of pressure damage.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 17 December 2025.

Action taken since then

Staff have received training on skin care and continence care, ulcer prevention. We attended visits and spoke to people and families who shared no concerns or issues over visit times, continence care or skin integrity.

This area for improvement is met.

Previous area for improvement 6

Staff should ensure that people are consistently supported to remain clean and well-kept. Personal care tasks must be delivered thoroughly and recorded accurately, including full body washes where appropriate.

Training should reinforce best practice in personal care, the importance of dignity, and strategies for supporting individuals who may refuse care. Regular monitoring and communication between staff and professionals should help maintain standards and address any barriers to providing complete personal care.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 17 December 2025.

Action taken since then

We attended visits where people appeared clean. Staff were delivering personal care in line with personal plans and people told us that they were happy with their care. Body washes were recorded in daily notes. Communication could be seen between professionals about care and refusal of care.

This area for improvement is met.

Previous area for improvement 7

People should be confident that staff act promptly on signs of infection and communicate concerns. The service should ensure symptoms are escalated quickly and families are informed without delay. Hydration tasks must be completed and accurately recorded, care notes audited regularly, and staff provided with refresher training on recognising and responding to UTI symptoms.

This is to ensure care and support is consistent 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 December 2025.

Action taken since then

Staff or management can highlight daily notes and escalate concerns about anyone but follow up actions were not always clear. We identified examples where staff had highlighted concerns around a service user and sought medical intervention.

Staff had completed training which we were told included identifying symptoms of UTIs and monitoring charts had been introduced to help identify issues. These were not always completed accurately and as such were not effective.

This area for improvement is not met.

Previous area for improvement 8

People should be confident that services communicate promptly and appropriately about health concerns. The service should ensure that significant observations are escalated and shared with families without delay, maintain clear communication protocols, and audit records to confirm that important information is consistently passed on. Staff should receive refresher training on the importance of timely and accurate communication with relatives.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 17 December 2025.

Action taken since then

We saw various examples of communication with relatives in relation to people's health. Social work had been contacted where necessary regarding people's health and wellbeing. We observed good communication between family members and staff during visits and families told us there are no communication issues with the service regarding their loved one's care.

This area for improvement is 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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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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