

Home Care (Scotland) Housing Support Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
12 February 2026

Service provided by:
Home Care (Scotland) Ltd

Service provider number:
SP2018013207

Service no:
CS2021000308

About the service

Home Care (Scotland) is a care at home support service registered to provide services to adults living in their own homes within the East and Mid Ross areas of the Highland region.

The provider is Home Care (Scotland) Ltd.

About the inspection

This was a short announced inspection which took place between 9 - 11 February 2026. The inspection was carried out by one inspector 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 12 people using the service and six of their family/representatives and received two completed online surveys;
- spoke with five staff and received ten completed online surveys;
- spoke with three external professionals who work with the service and received two completed online surveys;
- observed practice;
- reviewed care plans; and
- reviewed documents.

Key messages

- Care staff knew the people they supported very well which was provided with care and sensitivity.
- They were described as reliable and committed to their job.
- The care teams were experiencing some gaps in staffing but worked hard to ensure people received their care and support.
- Supported people benefited from a staff team who worked well together.
- The management team had undergone some recent changes and were in the process of reviewing their systems for quality assurance.
- People's care plans required improvements to ensure risks were clearly identified and reviews were up to date.

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?	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.

People supported by Home Care (Scotland) Ltd experienced compassionate care as a result of the warm, encouraging and positive relationships the staff had developed with the people they supported. This included promoting their independence. People's feedback about the staff working in the service was very positive. For example:

- "The carers are very good"
- "They have a warm approach and are very reliable"
- "Staff team are great, I like them all. Reliable too"
- "I would give them 10 out of 10 for their work"
- "They are all very good....they always do things for me".

Relatives said:

- "My (relative) would not be at home if it wasn't for Home Care (Scotland) Ltd"
- "Even during periods of snow, staff arrive as planned and inform us if they are more than 30 minutes late".

A few people and relatives were a bit concerned about the high turnover of staff and said:

- "We need more of them!"

Families and people in receipt of the Home Care (Scotland) Ltd service trusted the staff and said they had the skills and understanding to support them appropriately and said:

- "They are very good at their job".

Staff respected people's wishes and preferences. This shaped how people were supported in their home. For example, what people liked to eat and drink, their preferred routines and personal care choices.

Due to recent changes in staffing, people and some families did not always know who was coming to support them. Care staff made an effort to keep them informed in advance but last minute adjustments to the visiting schedule meant a different member of staff may visit who was familiar with their care needs. To ensure all staff know what people's specific care and support needs are, people's care plans need to clearly set out their specific care needs.

However, these documents did not always provide the right or up to date information needed. For example, there were missing risk assessments about the risks of skin damage or mobility (for further information, see section "How well is our care and support planned" and requirement 1).

We spoke with external professionals who work with Home Care (Scotland) Ltd. They did not have any concerns about the care provided. Overall, there was effective communication with them about the people Home Care (Scotland) Ltd supported. This ensured people's health or care needs could be dealt with and resolved quickly.

It is vital that where support with prescribed medication is an aspect of people's support package, this adheres to good practice guidance to keep people safe. This includes the requirement to ensure staff are reviewed every year to make sure they are competent in the handling and administration of medications. We were unable to evidence that this had been achieved for all care staff. Similarly, we would expect to see regular audit of medication procedures, records and outcomes. We discussed this during the inspection, and the management team were committed to addressing this within four weeks and inform the Care Inspectorate when this has been completed.

We have also made an area for improvement for follow up at our next inspection of Home Care (Scotland) Ltd (see area for improvement 1).

Areas for improvement

1. To ensure that people receive the correct medication, at the right time, by trained and competent staff, the service should ensure:

- a) effective quality assurance systems are maintained;
- b) this includes the use and recording of all medicines including medicine patches and topical medications;
- c) there is on-going assessment of staff competence and skills in relation to the above medication administration; and
- d) where there are indications of poor practice, this is recognised and prompt action is taken to address this.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and
'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 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.

Supported people and staff benefited from a warm atmosphere because there were good working relationships between the care staff. However, some staff found it difficult to raise issues with management and have confidence that these would be dealt with effectively. To ensure staff felt supported, the management team were working hard to address this, with favourable results.

People who use the service and their family expressed some concerns about arrangements for staffing due to the number of staff who have left the service. This meant there were often gaps in the rota. The care teams were flexible and responsive to changing situations to ensure that care and support was provided, stepping in to cover each other at the last minute.

It was positive that this did not appear to negatively impact people, however some staff described feeling under pressure, particularly in relation to having sufficient travel time between visits. There was a risk that this could adversely impact on the time they had available to provide the care and support people required. Having time to also engage in meaningful conversations during a visit was very important to people and made a significant difference to their day.

Home Care (Scotland) Ltd recognised they were experiencing a high turnover in staff and that retention of staff needed to improve. To address this, they had developed an improvement plan which provided a focus on values based recruitment, regular staff wellbeing surveys and reviews of staffing arrangements.

This was aimed at ensuring staff had a manageable workload, however, during the inspection it was evident that people's visits had not been planned appropriately and staff experienced changes in their visiting schedule. This was immediately addressed by the management team. However to ensure a continuing focus on this, we have made an area for improvement for follow up at our next inspection (see area for improvement 1).

Moving forward, the service will need to ensure they have the staffing capacity to continue to meet existing supported people's outcomes without compromise. The management team will hold discussions with staff about the hours people require and how visiting arrangements are planned. This will include travel time and ensuring staff breaks can be taken (see area for improvement 1).

Areas for improvement

1. To ensure staffing arrangements support positive outcomes for people, the service should ensure:

- a) staffing arrangements for the service are determined by a process of continuous assessment to reflect people's changing needs and continuity of care; and
- b) staff are able to contribute to how scheduling arrangements are planned, taking account of geography and considerations of compatibility.

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

- 'My care and support meets my needs and is right for me.' (HSCS 1.19); and
- 'My needs are met by the right number of people.' (HSCS 3.15).

How well is our care and support planned?**3 - Adequate**

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

Within the electronic care plans there were detailed directions about people's care and support needs which staff had access to through mobile phones. This included guidance about the best way to enter a person's home, maintaining security, how best to communicate with them and their preferred routines. It was positive to see that who and what is important to people is clearly recorded, which meant staff had the required information to respect their choices about the care and support.

Within the electronic care planning system, there were a range of risk assessments which could be undertaken when an individual starts with the service and as their needs change. For example, their mobility, including risk if falling. However, there was limited evidence that appropriate risk assessments had been completed for a number of people, despite a clear indication of risk. In some instances there was a focus on tasks to be carried out. For example, skin integrity or choking risk assessments had not been completed. This omission may impact on staff's understanding of a person's risk and how to keep them safe.

During the inspection we acknowledged that the initial risk assessment process would have reflected people's needs and the type of support package Home Care (Scotland) Ltd have been 'commissioned' to provide. However, people should benefit from care plans which are actively updated, particularly as their wellbeing needs change. This will make sure staff always have access to up to date personal plans to enable them to deliver the right care and support at all times.

Furthermore, formal twice yearly care reviews were not up to date, which the service had taken steps to address. This process, which includes families and relevant professionals, provides people with an opportunity to formally review their care plan to ensure it is right for them and reflects their individual preferences and wishes.

In conclusion, we have made a requirement to address these concerns which will be followed up at the next inspection (see requirement 1).

Requirements

1. By the 12 June 2026, to support positive outcomes for people, the provider must ensure people's care plans reflect their health, safety, and wellbeing needs.

To achieve this, the provider must ensure, as a minimum but is not limited to:

- a) that each person has an up to date and accurate detailed personal plan and appropriate risk assessments;
- b) people's plan of care is person centred, and outcome focused;
- c) where a person's care needs or risk level changes, such as a change in their health or mobility, all care plans are updated accordingly, to ensure they are always up to date;
- d) service users, other relevant people and professionals are fully involved in the care planning process;
- e) that twice yearly care reviews are undertaken and take account of people's views, experiences and outcome and the views of staff and relatives involved in their care and support; and

f) ensure there are regular audits undertaken of people's plans and risk assessments, so they continue to reflect their needs and wishes.

This is in order to comply with Regulation 4(1)(a) and Regulation 5 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 states that:

'My care and support meets my needs and is right for me.' (HSCS 1.19); and

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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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