

Glasgow City Council, Social Work Services, Home Care Service - North West Support Service

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Unannounced

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Service provided by:
Glasgow City Council

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About the service

Glasgow City Council, Social Work Services, Home Care Service - North West is registered to provide a housing support service to adults living within their own homes and in the wider community. The service provider is Glasgow City Council.

The provider delivers a diverse range of services which includes:

- first response teams providing support to people who are discharged from hospital
- reablement service to assist people in regaining skills that will allow them to remain as independent as possible at home
- mainstream service which supports people on a long-term basis to remain at home for as long as they chose to do so.

The service has a registered manager who co-ordinates the overall running of the service. Area operation managers, assistant area operational managers and care coordinators manage teams of home carers who provide direct support to people using the service.

At this inspection, we focused on people using the mainstream service across all the areas of North West Glasgow. There were 1297 people being supported at the time of the inspection.

About the inspection

This was an unannounced inspection that took place between 19 January and 4 February 2026 between 07.30 and 21.00 hours. The inspection was carried out by five 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:

- visited 44 people experiencing care and 16 relatives.
- reviewed feedback from questionnaires which were completed by 36 people experiencing care and 22 relatives.
- spoke with 31 members of staff and management.
- reviewed feedback from questionnaires which were completed by 60 members of staff.
- spoke with two occupational therapists and two social care workers.
- observed practice and daily life.
- reviewed documents.

Key messages

- People and their relatives offered positive feedback about their service.
- We observed caring, warm, and skilled interactions between people and staff.
- The service supported people to achieve positive outcomes.
- Quality assurance systems ensured the service was operating well.
- Improvements were needed to monitor the performance and reliability of agency workers.
- Communication with people, and notifying partner agencies of significant events, needed to improve.
- An improvement team was developing new projects and needed time to fully implement their ideas and evidence improvements for people.

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?	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?

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.

In our observations of home visits, we saw staff providing engaging, compassionate, and skilled care to people. Care tasks were delivered efficiently with strong communication and warmth. This mix of professionalism and human connection made people feel at ease, and people gave very positive feedback about their experience with the service.

A person told us "I love my visits. The staff support me with what I need, and we have a laugh together. I feel very comfortable with them". Another person said "I really appreciate the kindness of the carers. They always take time to chat and listen to me".

There was person-centred practice with people who had limited verbal communication. We observed staff engaging with people through words, gestures, and appropriate and compassionate touch. This ensured that people felt included, and people appeared bright and comfortable during these visits.

The vast majority of people were supported by their regular home carers. This continuity resulted in positive rapport, and a strong understanding of people's needs and wishes. Some relatives told us that regular carers felt like an extension of family at times, providing a sense of comfort and reassurance.

Agency workers were needed during periods of staff absences, and people had mixed experiences in these circumstances. Some people felt no significant change during these visits whilst others highlighted a reduction in communication and reliability. The service attempted to use the same agency workers as far as possible to promote consistency. We shared suggestions, under Key question 3 - How good is our staff team? in this report, on how this could further improve to minimise disruption to people.

People's first encounter with the service was often through the assessment team. These health professionals assessed people's needs and jointly planned the person's care journey which may include a period of reablement, mainstream home care, signposting to appropriate community groups, or a combination of all three. This promoted independence and resulted in people getting the right service for them.

A person told us "I was getting four visits a day after hospital, which I found challenging because I never had any care before. We worked on my strength and confidence, and now I only need one visit per week, which I'm really happy with". Conversely, we noted that when a person needed increased levels of care, the service promptly re-assessed and adjusted visits accordingly. This helped to keep people safe and well.

Robust medication procedures, which were followed well by home carers, further promoted people's wellbeing. And an established multi-disciplinary approach promoted better outcomes for people. We saw the service frequently working in collaboration with health, social care, and social work services to meet people's changing needs.

How good is our leadership?**4 - Good**

We evaluated this key question as good because service strengths clearly outweighed areas for improvement and had a positive impact on people's outcomes.

We received positive feedback about the service's management team, and leaders were described as knowledgeable and supportive. There was a stronger improvement culture in the service, and staff at all levels worked collaboratively to further enhance standards of care for people.

Managers of all departments met frequently to evaluate important issues within the service such as punctuality of visits, accidents, incidents, and overall performance. Robust quality assurance ensured the service was meeting people's needs. When issues were identified, meaningful plans and actions were developed to improve people's experiences.

A service improvement plan highlighted how the service could get better. This was an insightful live document that contained relevant points with clear steps and timescales to achieve improvements.

A new, well-resourced improvement team worked collaboratively with management to enhance this process. Improvement professionals worked with management, staff, and people using the service to understand what was going well and what could improve. A promising array of projects, such as improving staff supervision and guidance, was underway, and needed time to evidence their impact on people's outcomes.

We were pleased to see that improving communication with people and relatives was a priority for the improvement team and the overall service. Some relatives told us that phoning the service and getting responses to queries was frustrating. Whilst the contact centre answered calls promptly, there were delays at times in receiving a reply from the appropriate department. Similarly, when people made complaints, these were often logged and investigated correctly but there were delays in communicating relevant actions and outcomes to people. Delays in communication reduced people's confidence in the service's responsiveness and meant some people did not feel fully informed or reassured. We asked the service to improve how it communicates with people and relatives (See Area for Improvement 1).

The service logged and investigated accidents and incidents well. They took appropriate actions when risks of harm to people were identified. We saw examples of the service liaising with health and social work professionals to keep people safe. However, the service did not routinely report all notifiable events to the Care Inspectorate. This is needed to ensure regulators have insight into key issues in the service and provide early support or intervention when appropriate. We asked the service to improve its notifications to external agencies (See Area for Improvement 2). Management recognised this oversight, submitted retrospective notifications, and agreed to follow guidance more consistently in future to promote collaboration.

The service had self-identified that some people's gender preference of home carers was not being met. Management had conducted research into the extent of this issue, taken remedial action such as adjusting shift patterns, and planned more comprehensive changes through a review of recruitment and scheduling in some areas. We were reassured that the service was working to reduce this occurrence and further promote people's dignity and wishes.

Areas for improvement

1. To promote people's health and wellbeing, the service should improve its communication with people receiving care and their representatives. This includes responding to general queries from people, and also communicating outcomes of complaints investigations within agreed timelines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4) and 'I use a service and organisation that are well led and managed.' (HSCS 4.23).

2. To promote people's health and wellbeing, the service should report all notifiable events to the Care Inspectorate within agreed timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I use a service and organisation that are well led and managed.' (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good because service strengths clearly outweighed areas for improvement and had a positive impact on people's outcomes.

People could be assured that they were being supported by staff that were recruited safely in line with national guidance. New workers had an enhanced 13-week induction, including extensive training and shadowing, to prepare them well for their role. An ongoing robust training programme further ensured staff had the skills and knowledge to meet people's needs. This was confirmed in our observations in which carers demonstrated real knowledge of people's needs and wishes, and high standards of care.

Staff told us they felt supported, both professionally and personally, in their role. Meaningful wellbeing programmes were in place, and work-place adjustments were made to promote staff wellbeing where appropriate. We noted that staff absences had reduced since the last inspection, promoting continuity for people.

A review of schedules and quality assurance data confirmed that the vast majority of people were cared for by their regular carers. Over 90% of people had regular carers at the time of inspection. This continuity promoted strong rapport, communication, and understanding between staff and the people they supported.

Agency workers were needed during periods of staff absence and, whilst no significantly poor events were noted, some people highlighted that reliability and general standards of care reduced at times.

At the time of inspection, there was no way to monitor agency workers' activity using the service's digital system. Care coordinators directly contacted these workers to ensure they had completed their visits, which was time consuming and vulnerable to error. This meant that the service couldn't monitor in real time if there were late or missed visits.

We were reassured that the service had self-identified these potential risks and were working with colleagues in senior management, the improvement team, and IT to create a more robust system of monitoring. The service also met regularly with care agencies to discuss performance, training, and any issues identified with agency staff, which provided a level of reassurance. Management viewed these issues

as a priority and detailed actions within their improvement plan, such as greater digital inclusion of agency workers, increasing observations of practice, and getting feedback from people who recently had temporary staff to understand their experience. This will lead to better outcomes, and reduced risks, for people.

How well is our care and support planned?

4 - Good

We evaluated this key question as good because service strengths clearly outweighed areas for improvement and had a positive impact on people's outcomes.

Every person using the service had a personal support plan, commonly referred to as a care plan, which captured people's needs well.

Plans were concise and provided staff with insight into people's needs with clear guidance on how to meet them. A checklist of tasks was provided for each person which staff completed, providing both clear instructions and evidence that care needs were being met.

People had risk assessments that highlighted any potential risks of harm, and how to address them. These risk assessments were comprehensive and up-to-date, which promoted people's wellbeing and safety.

People should have reviews every six months, or if there is a significant change to ensure their plans are accurate, and to offer people the opportunity to discuss their care service. This was not always being achieved, and we asked the service to improve the frequency of these important meetings (See Area for Improvement 1). More frequent reviews will give people a stronger voice in their service and promote improvement.

We shared some suggestions on how to further improve care plans. They currently focused on deficits, or what people need support with. We encouraged the service to take a more strengths-based approach, supplementing the existing detail with information on what people can do, which is better in line with their service aims of promoting independence. Whilst some plans contained personal information, others had limited reference to people's life histories and likes and dislikes. A more person-centred approach will promote stronger understanding of people, particularly for new or temporary staff. In our visits, we identified many positive outcomes that people had achieved through their support, but these were rarely recorded. A more outcome-focused approach would evidence people's experiences better.

We were reassured that the service was currently reviewing its care plan documentation, which will help maintain and further improve the high standards of care people receive.

Areas for improvement

1. To promote people's health and wellbeing, the provider should ensure personal plans including risk assessments contain up-to-date detailed information that reflects individuals' needs, wishes and preferences. These should be reviewed at least every six months, or sooner if any changes occur.

This ensures that care and support is consistent with the Health and Social Care Standards which state: "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 ensure that information is gathered from quality assurance processes and that this is used, as part of an improvement plan, to improve practice.

This is to ensure that 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 23 June 2023.

Action taken since then

The service had developed more robust quality assurance and improvement planning which resulted in improved practice. This area for improvement was 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?	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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