

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

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 February 2026

**Service provided by:**  
Glasgow City Council

**Service provider number:**  
SP2003003390

**Service no:**  
CS2018367707

## About the service

Glasgow City Council, Social Work Services, Home Care Service - North East is registered to provide a care at home service to adults and children living within their own homes and in the wider community.

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. Additionally, the service has a team of Occupational Therapists and Social Care Workers who support the reablement and ongoing review of service users.

## About the inspection

This was an unannounced inspection which took place between 19 January and 4 February 2026 between 07.30 and 18.00 hours. The inspection was carried out by three 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 face to face with 59 people using the service and 26 of their relatives
- spoke on the phone with 20 people using the service and 33 of their relatives
- reviewed information provided in questionnaires returned to us. We received 143 from people receiving the service or their relatives and 84 from staff at all levels.
- spoke face to face with 30 staff and six people from the management team including the registered manager, area operations managers, assistant area operations managers and coordinators. In addition we spoke with two occupational therapists and a social care worker.
- observed practice and daily life
- reviewed documents

At this inspection, we focused on people using the mainstream service across all the areas of North East Glasgow. There were 1361 people being supported at the time of the inspection.

**Key messages**

- People were very satisfied where consistent staff were providing their support.
- The continuous review of continuity of support was helping to improve staff deployment and address the concerns people had in relation to staff changes.
- Staff were observed to be kind, efficient, and caring, contributing to a positive and supportive experience for people using the service.
- Improvements were ongoing to ensure that people could express their preferred gender of staff supporting them, helping to uphold dignity and promote personal choice within the delivery of care.
- Personal support plans demonstrated an understanding of the support required, but some would benefit from being more detailed to enhance clarity and improve outcomes for people.
- The frequency of reviews of people's personal plans should be improved to ensure that support remains appropriate, up to date, and reflective of any changes in the person's needs, choices, or circumstances, in accordance with statutory obligations.

**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 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 have evaluated this key question as very good as performance demonstrated major strengths in supporting positive outcomes for people.

We shadowed staff to observe their engagement with people, their use of personal protective equipment (PPE), and how their practice reflected the principles of the Health and Social Care Standards. We saw that people received support that was safe, compassionate, and respectful, with a clear focus on positive outcomes and maintaining dignity.

This meant that people experienced care that promoted their independence, protected their wellbeing and upheld their rights. For example, staff took time to explain each step of the support they were providing, checked that people were comfortable and informed, and adapted their approach to match individual needs and preferences. We also saw staff encouraging people to make choices about their daily routines, such as what they wanted to wear or eat, helping to maintain a sense of control and autonomy.

Staff were natural, respectful, and person-centred in their interactions, resulting in dignified and personalised support. People, their relatives, and staff highlighted the positive impact of having regular, consistent home carers. Continuity helped people feel more confident and reassured in the care they received. It also supported the development of trusting relationships and reduced the anxiety people felt when unfamiliar home carers were allocated. One person commented, "When it's our own girls they are brilliant".

These trusting relationships were evident in the way people welcomed staff into their homes, the open conversations that took place, and the natural rapport that had clearly developed over time. Positive comments from people about the service included "I think it's absolutely brilliant the service my dad gets and we get back to being his daughters and not his carer" and "People coming out are fantastic".

We saw thoughtful examples of staff carrying out small additional tasks for people, actions that may have seemed small but were clearly significant to individuals, helping them feel valued and contributing positively to their overall wellbeing.

Medication support was observed to be well managed and appropriately tailored to each person's assessed needs. Staff followed clear processes and demonstrated a sound understanding of their responsibilities in relation to safe medication management.

People could be confident that staff were proactive in raising concerns. This was evident from our discussions with people using the service, their relatives, staff and management, as well as from the information provided in the notifications submitted by the service to the Care Inspectorate.

Staff demonstrated a clear understanding of their responsibilities to report changes in people's needs, potential risks, and any issues that could impact the quality or safety of care. This supported early intervention, enabled managers to respond promptly, and contributed to maintaining positive outcomes for people using the service. "The carers are good at telling me if I need to contact nurses if his skin is starting to break" was a comment made by one relative.

Staff clearly articulated the difference the service made to the lives of the people they supported. It was evident that the service enabled people to remain at home for as long as possible, promoted their independence, and, where this was people's choice, supported them to die at home with dignity. Staff also described how their involvement reduced feelings of isolation by providing regular contact, reassurance, and meaningful interactions. This was also echoed in comments made by people being supported and their relatives. "Home Care is a lifeline for me and I appreciate the care I receive and support that my carers give me both physically and emotionally I am lucky to have the care that affords me the ability to live in my own home" was a comment made.

### How good is our staff team?

4 - Good

We have evaluated this key question as good as a number of important strengths, when taken together, outweighed areas for improvement.

People told us that when they had the same home carers visiting them regularly, they felt safe, listened to, and well supported. However some people indicated that changes to home carers and visit times made it harder for them to feel confident and in control of their daily routines.

There were effective systems in place to reduce the risk of people missing scheduled visits. The electronic monitoring arrangements allowed office staff to identify quickly if home carers were running late or had not logged in as expected. This enabled prompt follow up and helped safeguard both the people using the service and the staff providing care. These systems contributed to improved reliability and provided reassurance that any unplanned gaps in care would be identified and addressed in a timely manner.

The use of agency staff was a recurring theme for people's dissatisfaction. And because agency staff were not connected to the same monitoring system, this limited the service's ability to track their arrival times and overall practice in real time. As a result, their work could not be observed or quality assured to the same standard as employed staff. The provider was aware of the potential risk in terms of oversight, continuity of care, and the service's ability to monitor compliance with expected practice and this was currently a focus area for improvement work.

Continuity of care was monitored as part of the providers quality assurance processes and office staff were working hard to facilitate continuity, helping to alleviate the concerns individuals expressed when unfamiliar staff were allocated to support them. Where changes to staff deployment were unavoidable people did not always know in advance who would be supporting them. The provider was exploring ways to try and address this including the potential for using technology. One person commented "Automatic changes of the carer or time should be sent to the service users when the schedule is amended" another said "My carers get changed without notice, agency staff get swapped in at weekends, these carers know very little about me or my routine or my life".

Whilst we were pleased to see that progress had been made to enable people to indicate the preferred gender of staff supporting them, people continued to tell us that their gender preferences were not always accommodated. This meant that their wishes were not always upheld, and this does not fully align with the principles of dignity, respect, and personal preference. "I've asked them not to send in men but they continue to do this" was one of the comments made. The provider advised that this work is still ongoing with a more proactive approach planned to ensure the service holds up to date information about individuals' wishes. This will ensure that personal care is delivered in a way that is aligned with each person's personal choice.

Feedback from staff indicated that they were proud of their work and believed they made a positive difference. And because there was a focus on local jobs for local people, staff felt they were making a difference in their own communities.

Staff told us about the operational pressures that impacted on their wellbeing, including travel between people, additional people being added to their runs at short notice and staffing shortages that disrupted continuity for people being supported. Operational staff were trying to manage these and reduce the pressures on staff and the impact on people. We heard about initiatives that had been introduced to help staff feel more valued, strengthen their connection to organisational developments, and promote their overall wellbeing. Staff told us they felt confident that the training they received enabled them to deliver care effectively, with new courses added recently. This all contributed to staff feeling supported in their roles, confident in their practice, and better equipped to deliver consistent, high-quality care to the people they supported.

Workplace observations were the main means of providing formal support to staff and providing assurance in relation to staff practice. Frequency targets for these were not being met meaning there was reduced oversight of staff performance and less opportunity for staff to receive feedback on their practice, identify any development needs and reflect on their practice. We are aware that the provider is exploring approaches to strengthen supervision and support, including the introduction of courtesy calls. These measures are important, as they help bridge aspects of supervision that may not be fully addressed through workplace observations. It is important that feedback from people using the service is incorporated into staff supervision to offer helpful insight into the quality of support provided and strengthen a person centred approach to staff development.

Staff told us that their line managers were approachable and made themselves available when needed, and they spoke positively about teamwork and the support they received from their colleagues. Staff also highlighted that communication within the service was effective and that the staff WhatsApp group was a useful tool for staying connected.

The new recruitment approach helped streamline the selection process and screen out less suitable applicants, and potentially contribute to stronger staff retention. Recruiting the right people, alongside strengthening supervision and managing absence effectively, could help reduce the need for agency staff. This would promote continuity of care, and lead to higher levels of satisfaction for both staff and people using the service. which would further enhance staff and people's wellbeing.

## How well is our care and support planned?

4 - Good

We have evaluated this key question as good as a number of important strengths, when taken together, outweighed areas for improvement.

The personal support plans we sampled generally contained up-to-date information, with some exceptions. While they outlined the support that people required, several personal support plans lacked the level of detail needed to guide staff on how individuals preferred to be supported, and the content was not written in a way that illustrated people's strengths and abilities. This meant that where staff were less familiar with people they did not have access to sufficiently person-centred guidance to deliver support in a way that fully reflected each individual's preferences, promoted their independence, or recognised what they could do for themselves. This is particularly necessary where people are less able to communicate their needs and wishes.

In addition, the frequency of reviews of personal support plans needed to improve to ensure that they reflect individuals' current needs, wishes and risks. **See area for improvement 1.**

Service reviews provide an important opportunity for people to express their views about the support they receive, including staffing arrangements. When frequency targets for these reviews are not met, opportunities to gather meaningful feedback are reduced, limiting the service's ability to fully evaluate its performance and implement improvements.

Personal support plans sampled should be signed by people or their relatives to demonstrate their involvement in developing the plans and their agreement with the information recorded. This helps provide assurance that individuals' views and choices are meaningfully shaping their care. We highlighted this expectation to the service manager and discussed approaches to ensure this is addressed.

Risk assessments sampled were generally up-to-date, covered key areas, and identified potential risks. Corresponding action plans were in place to help mitigate the risks identified. However, as stated earlier, targets for the review of personal support plans need to improve to ensure that risk assessment information is accurate, current, and reflective of people's changing needs. **See area for improvement 1.**

Multidisciplinary meetings provided helpful insight into the ongoing assessment of people's needs and annual reviews undertaken by social care staff, contributed to ways the provider ensured that people's support remained appropriate, responsive, and aligned with their current circumstances.

Proposed improvements to personal support plan documentation, such as incorporating individuals' strengths, preferred staff gender, and daily routines have the potential to significantly enhance the personalisation and quality of care planning. It was positive to see that elements of people's life histories were already included, giving staff an insight into the individual beyond their assessed needs and contributing to more meaningful and person-centred support.

### Areas for improvement

1. To promote people's health and wellbeing the provider should ensure personal support 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 provider should ensure that in addition to care reviews, there are robust and proactive systems in place to assess people's needs. This will ensure that people receive the appropriate level of support they require with their medication, where changes in their cognition potentially present as a risk to them.

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' (HSCS4.19).

**This area for improvement was made on 13 June 2023.**

#### Action taken since then

Staff are made aware of the escalation procedure for reporting changes in people's health, circumstances, or presentation where these are identified. Concerns raised by staff are evident within the notifications submitted to the Care Inspectorate and AP1's submitted. Concerns are also discussed by the assessment team at assessment and screening meetings.

This area for improvement has been met.

#### Previous area for improvement 2

The provider should identify any additional training required by staff completing risk assessment documents to ensure that the quality of information within these is of a consistently high standard to guide staff.

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 resource' (HSCS 4.27).

**This area for improvement was made on 13 June 2023.**

#### Action taken since then

Risk assessments sampled clearly identified risk and associated actions were in place to mitigate this. Any additional support to ensure that these are completed by staff who are competent would be addressed through the supervision process. No additional training needs for staff completing risk assessments had been identified at the time of this inspection.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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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