

Argyll Homecare Ltd Housing Support Service

The Attic
Manse Brae
Lochgilphead
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Type of inspection:
Unannounced

Completed on:
10 March 2026

Service provided by:
Argyll Homecare Ltd.

Service provider number:
SP2005007263

Service no:
CS2005090291

About the service

Argyll Homecare Ltd is a combined housing support and care at home service. The service is a family run organisation, which provides support to adults living in Mid-Argyll.

The service operates from their office in Lochgilphead, where the management team are based with access to a training room.

At the time of the inspection the service had very recently increased to supporting 31 people.

The registered manager was supported by a manager, depute care manager and a team of carers.

About the inspection

This was an unannounced inspection which took place at the service on 05 and 06 March, and continued remotely on 09 March 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 four people using the service, and six of their relatives
- spoke with nine staff and management
- observed practice and daily life
- explored 28 electronic questionnaires, from 13 people supported, 11 staff and four professionals
- reviewed documents
- had contact with professionals linked to the service.

Key messages

- People experienced warm, trusting relationships with staff who knew them well, and responded quickly to changes in their health and wellbeing.
- Staffing levels were good, routinely exceeding assessed needs to ensure people received consistent, unhurried, reliable support.
- Care plans were up to date and helped staff understand people's preferences and needs, with further refinement planned to strengthen detail and consistency.
- Medication support was safe and well-managed, promoting people's independence and giving confidence that medicines were administered correctly.
- Further development of quality assurance processes would be beneficial, to ensure the ongoing improvement of the service.
- A range of training opportunities was being developed for staff, to ensure they are equipped to support people effectively.

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?	5 - Very 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 how the service supported people's health and wellbeing, and these strengths clearly outweighed areas for improvement. Therefore, we evaluated this key question as very good.

People should expect to build a trusting relationship with the person supporting and caring for them, in a way that they both feel comfortable with. People benefited from a consistent, stable staff team who knew them well. Relatives told us they appreciated how staff took time to get to know them as well as their loved ones. Many felt staff often went above and beyond what was expected. A person supported told us, "I am supported better than the queen would have been - the girls who support me are great, I couldn't ask for anything more!"

We observed warm, respectful interactions that reflected these trusting relationships, helping people feel safe, valued and understood.

Support was reliable and delivered as planned, with no missed visits. This gave people and their families confidence and reassurance, with some relatives telling us this meant they could go to work without worry. A relative shared, "They never let us down. I can go to work and not worry knowing 'x' will be being supported to get up, and that they will contact me if there is any worries or concerns. They are very reliable and come when they are supposed to." A small number of people shared that they were not always informed when changes were made to their support, improving this communication would help maintain predictability and trust.

People told us staff generally had enough time to support them well, with many appreciating the opportunity for conversation or reassurance alongside practical support. Some people said they would welcome a little more emotional support when time allowed. We also heard that although bathing and showering support was valued, there were occasional frustrations when people wished for this on days it was not planned. We recognise the service aims to offer flexibility, however, recognise that this was not always possible at short notice.

Staff demonstrated a good understanding of people's changing health needs, adapting support as circumstances shifted. Contact with other professionals was timely, and families told us this proactive approach increased their confidence in the service. External professionals also gave positive feedback about referrals and how well guidance was followed. Some staff and relatives expressed frustration at limited communication from external agencies, which the service should continue to raise locally.

If people need help with medication, they should be able to have as much control as possible. Medication support was safe and well-managed, with accurate recording and staff enabling people to remain as independent as possible. Observations of practice provided assurance about staff competence, meaning people could be confident their medication was administered safely and consistently. Please see outstanding areas for improvement for further details.

How good is our staff team?**5 - Very Good**

We found significant strengths in how staffing was organised, and how well the team worked together to support people. These strengths clearly outweighed areas for improvement, therefore, we evaluated this quality indicator as very good.

Staff described a supportive team culture where colleagues openly shared information, ideas and guidance. This collaborative approach meant people experienced joined up, consistent support. The management team were open and approachable, and staff felt confident to seek advice, which promoted timely decision making and reduced delays for people.

A safe staffing audit tool had been developed, and provided a helpful overview of key measurements, in relation to key aspects of staffing and staff wellbeing. For this to provide effective monitoring, it would be helpful to include clearer, evidence based measures demonstrating how compliance was assessed. This would reduce the risk of it becoming a simple tick box exercise.

People's needs should be met by the right number of people. There was clear alignment between people's assessed needs and staffing levels, with rotas routinely showing more staff hours being provided than required. This meant people benefited from reliable, flexible support to meet their needs.

Staff recognised that people had an assessed number of support hours, which was generally enough to provide support required without rushing people. However, there was recognition that sometimes support needed to be more flexible where additional help was needed. People therefore benefited from a flexible team who had the time to deliver reliable, person-centred care. A person supported told us, "I don't feel rushed at all when the staff are here, they spend whatever time I need with them, which I appreciate as I know how busy they must be."

How well is our care and support planned?**4 - Good**

We found important strengths in care planning that supported positive outcomes for people, and these clearly outweighed areas for improvement, therefore, we evaluated this key indicator as good. Some improvements are required to maximise wellbeing, and ensure people experience positive outcomes.

People should expect their care plan to set out how their needs will be met, as well as their wishes and choices. For some people, care plans included helpful information about their likes, dislikes and preferences, giving staff a strong starting point to build meaningful relationships and tailor support from the outset.

The service had recently updated the care plan format so people's desired outcomes were clearer, reflecting a growing focus on strengths and personal goals. To build on this progress, adding a short review section to record updates would help track each person's journey more effectively.

All care plans were in date, with reviews scheduled within required timescales. Whilst plans outlined the support people needed, some required more detail, to consistently guide staff on specific aspects of people's care. Plans relating to stress and distress were not always sufficiently detailed to support a consistent approach. Where risks have been identified, it is important that these are appropriately captured, and where possible actions to mitigate detailed in the care plan. Please see outstanding areas for improvement for further details.

Relatives told us they valued having the opportunity to be involved in developing care plans. The management team should ensure at least six-monthly formal reviews of support are held with people and their loved ones, to reflect on progress and plan ahead.

Daily notes generally provided a good overview of the support delivered, though it was not always clear that this linked to the care plan. Strengthening this connection, and ensuring written language remains respectful and compassionate should form part of ongoing care planning audits. Please see area for improvement one.

Areas for improvement

1. To ensure that people receive the right support at the right time, the provider should ensure care plans are current, up to date and reviewed on a regular basis.

Care plans should be person-centred, directing staff on how to meet people's care and support needs. Future care plans should be developed and agreed with people and their loved ones, to ensure the service is fully informed of people's wishes.

To ensure care and support continues to be appropriate to meet people's needs, regular reviews should be carried out for all people supported, with involvement from all relevant parties.

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

To keep people safe, the provider should ensure that medication is managed safely and effectively, in line with best practice guidance.

This should include ensuring staff understand their responsibilities in relation to medication administration, and actions required in the event of an error being discovered.

Detailed protocols should be in place to guide staff in the use of medication prescribed "as required."

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 22 November 2024.

Action taken since then

Systems had been developed to support safe support with medication. A number of staff had undergone medication training. A revised medication policy was in place, it would be helpful for this to be developed further, to provide more detailed guidance in relation to the frequency of training and observations.

We could see from medication recordings that they were accurately detailing medication received and administered. Medication counts were accurate and reflected the balance of medication held. People were supported to maintain their independence with medication as much as possible.

Some observations of practice had been carried out, this was in the process of being rolled out across all staff. This gave the management team assurances regarding staff practice.

This area for improvement has been 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
- b. the management team having a clear overview of key activities and information across the service, including information in relation to legal powers, training and SSSC registration
- c. quality audits and action plans including care planning 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 22 November 2024.

Action taken since then

There was an annual quality and performance report compiled at the start of the year, which reflected back on key areas over the course of the year previous. This generated strategic priorities for the year ahead. To support the ongoing improvement journey this should be developed into the beginnings of an improvement plan, which could then be added to plan and track developments over the course of the year.

A quality assurance policy had been developed detailing the expectations in relation to the frequency of some quality assurance activities. A number of these had been introduced, but not yet applied consistently, therefore, we were not able to see sustained improvements.

There had been some developments in relation to the oversight of some key activities, including care planning dates and staff information.

Over the course of the inspection we were not able to see key audits that were completed regularly identifying improvement actions.

As the senior team is developing, there should be a focus on developing the quality assurance system. This should set out clear expectations, and have a range of audits that identify good practice and areas for development, which then develop into meaningful action plans, to sustain ongoing improvement.

This area for improvement is not met and will be reinstated.

Previous area for improvement 3

To promote the safety and wellbeing of people, staff must apply their training into practice. To do this the provider should:

- a. ensure all staff receive appropriate induction and core training, as directed by training needs analysis including dementia, managing stress and distress and any other relevant condition specific training required
- b. ensure that key training to keep staff and people supported safe is current and up to date for all staff
- c. monitor staff competence through regular supervision, team meetings and direct observations of staff practice, including medication observations
- d. keep accurate records of all training completed, to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I have confidence in people because they are trained, competent and skilled, are able to reflection their practice and follow their professional and organisational codes." (HSCS 3.14).

This area for improvement was made on 22 November 2024.

Action taken since then

The induction handbook covered essential introductory learning, and had been completed by new staff. The addition of a brief reflective statement would give assurances that staff had a baseline understanding of their responsibilities.

Mandatory annual training covering a range of topics earlier this year was well attended and valued by staff. This could be developed further, by collecting reflections of learning, giving stronger assurance of competence.

Some training areas, such as moving and assisting, dementia awareness and managing stress and distress, require a more structured approach, to ensure staff have a good understanding and knowledge base, to provide safe and effective support.

Medication training and observations were in place and being rolled out across the staff team.

Supervision records were inconsistent and infrequent, with limited evidence of reflective or developmental discussions. The management team shared they are exploring the format of supervision, and planned to launch this over the coming month.

This area for improvement is not met and will be re-instated.

Previous area for improvement 4

To ensure that people receive the right support at the right time, the provider should ensure care plans are current, up to date and reviewed on a regular basis.

Care plans should be person-centred, directing staff on how to meet people's care and support needs. Future care plans should be developed and agreed with people and their loved ones, to ensure the service is fully informed of people's wishes.

To ensure care and support continues to be appropriate to meet people's needs, regular reviews should be carried out for all people supported, with involvement from all relevant parties.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 22 November 2024.

Action taken since then

The service had made progress in developing care plans, with some clearly describing people's preferences, likes and dislikes, which supported staff to build relationships and tailor their care.

The updated care plan format made people's intended outcomes easier to identify however, plans would be strengthened by adding a short review section to record updates and track progress over time.

All care plans were in date with reviews scheduled, but a number still required more detailed and specific guidance, to ensure staff could deliver support consistently. This included clearer descriptions of how support should be provided, more robust recording of identified risks and more detailed approaches for supporting stress and distress.

Relatives valued being involved in care plan development, and formal reviews must continue routinely with people and those important to them.

Daily notes generally described the support provided, but they did not always clearly link back to the care plan. Strengthening this alignment, and ensuring written language remains respectful and compassionate should form part of ongoing care planning audits.

This area for improvement is not met and will be re-instated.

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 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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