

# CRC Care Ltd Support Service

CRC Care Ltd  
Fleming Suite, Gatehouse Building, Westway Business Park  
35 Porterfield Road  
Renfrew  
PA4 8DJ

Telephone: 0141 251 0138

**Type of inspection:**  
Unannounced

**Completed on:**  
6 March 2026

**Service provided by:**  
CRC Care Ltd

**Service provider number:**  
SP2013012138

**Service no:**  
CS2013319689

## About the service

CRC Care Ltd is a privately owned company currently registered as a care at home service with the Care Inspectorate. The service provides support to adults with physical and sensory impairment living in their own homes and in the community. Support provided by the service includes personal care and support with medication to help people live independently.

CRC Care LTD operates from an office base in Renfrew and provides assistance to people across Renfrewshire and West Dunbartonshire.

At the time of our inspection, the service supported approximately 264 people.

## About the inspection

This was an unannounced follow up inspection which took place on 4, 5 and 6 March 2026 between the hours of 09:00 and 18:30. 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 information, complaints, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we spoke with:

- eleven people who used the service
- six family members
- fourteen staff

## Key messages

- We followed up on four requirements at this inspection, two have been met and two were not met.
- We also followed up on four areas for improvement, one has been met and three were not met.
- Leadership arrangements had improved and were more stable.
- Accident, incident and protection processes remain ineffective and require improvement.
- People did not consistently receive their full assessed visit times.
- Catheter care has improved and was delivered safely.
- Medication support assessments were not always accurate or well evidenced.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 21 December 2025, the provider must ensure that all accidents, incidents, and adverse events are consistently recorded, stored centrally, and notified to the appropriate authorities in line with regulatory requirements. This is to ensure people are protected from harm and that the service can learn from events to improve outcomes. To do this, the provider must, at a minimum:

- a) Implement a centralised and accessible system for recording all incidents, including deaths, falls, medication errors, and other adverse events.
- b) Ensure staff are trained and supported to recognise and report incidents accurately and promptly.
- c) Establish a process for reviewing incidents to identify learning, support staff, and improve practice.
- d) Ensure all notifiable events are submitted to the Care Inspectorate in line with "Guidance on records you must keep and notifications you must make, 2025".

This is to comply with SSI 2011/210 Regulation 4(1)(a) (Welfare of users) 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: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

This requirement was made on 24 October 2025.

## Action taken on previous requirement

The provider had taken some steps to improve how accidents, incidents and adverse events were recorded and reviewed. A central filing system was in place, staff had received some training on reporting incidents, and the registered manager completed three-monthly incident analysis. Updated guidance on responding to falls had been shared with staff, including expectations that staff remain with people until appropriate support arrives. However, accident and incident recording remained inconsistent and, in some cases, absent. We found examples where incidents had been notified externally, including to the Care Inspectorate and safeguarding partners, but there was no corresponding internal record. Where internal records existed, they often lacked sufficient detail about what had happened, what action was taken, or what learning had been identified. Although there was a section to record outcomes and learning, this was not being used effectively.

There was limited evidence of investigation or reflective review following serious incidents that were not responded to appropriately; such as where a fall had occurred resulting in serious injuries being sustained. While managers were aware of the incident, there was no completed internal incident record to evidence investigation, management oversight or learning to prevent recurrence. In another case, a protection concern was raised alleging poor care, this had not been robustly investigated, and the internal complaints process had not been followed.

We also identified failures to notify the Scottish Social Services Council (SSSC) when concerns about staff conduct met the threshold for referral. Although disciplinary action had been taken, the lack of timely notification demonstrated gaps in management understanding of regulatory responsibilities and professional accountability.

These weaknesses meant that people who experienced harm, or were at risk of harm, were not always protected through robust investigation and learning. Failures in safeguarding processes and regulatory notifications reduced assurance that unsafe practice was identified promptly and prevented from happening again.

**This requirement has not been met and we have agreed to extend the timescale to 3 May 2026.**

**Not met**

## Requirement 2

By 21 December 2025, the provider must ensure that leadership roles and responsibilities are clearly defined, documented, and communicated to support effective governance and safe service delivery. To do this, the provider must, at a minimum:

- a) Update and maintain accurate job descriptions for all senior roles, including the registered manager, director, coordinators, and business manager.
- b) Ensure clarity on who holds overall responsibility for the management and quality assurance of the service.

- c) Ensure all individuals in leadership roles are appropriately registered with the Scottish Social Services Council (SSSC) or The Nursing and Midwifery Council (NMC).
- d) Review and update the service's registration conditions to reflect current service size and structure.

This is to comply with: Regulation 4(1)(a) 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: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

**This requirement was made on 24 October 2025.**

#### Action taken on previous requirement

We found clear improvement in leadership arrangements and governance. Roles and responsibilities within the management team were clearly defined, documented and understood. Up-to-date job descriptions were in place and reflected current responsibilities across senior roles.

Staff consistently told us they knew who to approach for support and decision-making. The registered manager had a visible presence and was supported by the deputy manager and coordinators. Directors had stepped back from day-to-day operations, which helped provide stability and consistency in leadership.

Staff described managers as approachable and responsive, and said they felt confident raising concerns. This had contributed to improved morale and confidence across the staff team.

Clear leadership roles and responsibilities helped to enable consistent decision-making and oversight, promoting a more responsive service for people.

**Met - within timescales**

### Requirement 3

By 21 December 2025, the provider must ensure that people receive care and support for the duration of their assessed visit times to meet their individual support needs. To do this, the provider must, at a minimum:

- a) Implement a robust system to monitor actual versus planned visit durations.
- b) Ensure staff consistently record visit times.
- c) Audit discrepancies and take corrective action where visits fall short.
- d) Improve communication between care staff and the office ensuring timely updates on visit changes are made, as well as informing people and their families of any changes to their support.

This is to comply with: Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I am confident people respond promptly, including when I ask for help" (HSCS 3.17).

**This requirement was made on 24 October 2025.**

## Action taken on previous requirement

We found that systems to monitor whether people received their full assessed visit times were not fully effective. The electronic scheduling system allowed staff to end visits once 50% of the planned time had elapsed, which resulted in a high number of shortened visits. For example; records showed many 30-minute visits routinely lasted around 15 minutes.

From the data reviewed for visits that had taken place in one week, a significant number of these lasted 60% of their planned duration or less. Care notes linked to these visits were often brief and task-focused, and did not explain why visits ended early or whether people's needs had been fully met. There was limited quality assurance to analyse these shortfalls or take corrective action.

We identified strengths in continuity of care, with small teams supporting people consistently. People and relatives also told us communication had improved when staff were running late, which helped reduce anxiety. However, these improvements did not reduce the risks associated with shortened visits.

Shortened visits increased the risk that care became rushed and task-focused, limiting meaningful interaction, observation of people's wellbeing, and emotional support. This was particularly significant for people who were socially isolated or relied on staff for reassurance.

We met with the provider and Renfrewshire Health and Social Care Partnership, where expectations about planned support and visit durations were clarified. Going forward, the provider must consistently meet these expectations to ensure people receive safe, reliable care that supports positive outcomes and experiences.

**This requirement has not been met and we have agreed to extend the timescale to 3 May 2026.**

**Not met**

## Requirement 4

By 21st December 2025, the provider must ensure that catheter care is delivered safely and in line with best practice, with clear assessment and input from relevant health professionals. To do this, the provider must, at a minimum:

- a) Ensure catheter care plans are in place for all individuals receiving catheter support.
- b) Update catheter care plans promptly when needs change.
- c) Seek and evidence input from relevant health professionals for all catheter-related decisions.
- d) Ensure staff follow safe practice and escalate concerns appropriately.

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 care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15).

**This requirement was made on 24 October 2025.**

#### Action taken on previous requirement

We found significant improvement in how catheter care was delivered. Care plans were clear, personalised and included guidance on signs of infection, escalation and equipment use. Staff had received refresher training, and competency assessments included observation of practice to ensure learning was embedded in practice.

We met with people using the service and staff during planned support visits, staff demonstrated good knowledge of catheter care and safe practice, including appropriate use of personal protective equipment. Where changes to catheter care were needed, there was evidence of timely consultation with health professionals and care plans were updated accordingly.

Improved catheter care reduced the risk of potential of infections and discomfort and supported people to receive safe, confident care from knowledgeable staff.

**Met - within timescales**

## 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 support effective monitoring and evaluation of people's needs, the provider should ensure staff record care in a descriptive and consistent manner.

This is in accordance with Health and Social Care Standards "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

**This area for improvement was made on 24 October 2025.**

#### Action taken since then

Although we were told that staff had completed training on daily recording, the provider was unable to evidence what this training involved. Daily records were consistently completed but remained largely task-focused. They lacked meaningful information about people's mood, engagement and wellbeing. This was particularly concerning given links to incidents where people had fallen and concerns were not escalated appropriately.

Poor-quality recording limited the service's ability to identify changes in people's health or wellbeing and reduced opportunities for early intervention.

**This area for improvement has not been met.**

## Previous area for improvement 2

To ensure safe and consistent support, the provider should improve systems for recording medication support so this is easily trackable and monitored.

This is in accordance with Health and Social Care Standards "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

**This area for improvement was made on 24 October 2025.**

### Action taken since then

We found that medication support assessments were not always clear or complete. In some cases, people appeared to require a higher level of support than was recorded. For example, medication was stored in locked boxes without this being reflected in risk assessments or care plans. This raised concerns that some people's medication needs had not been appropriately reviewed, recorded and did not include input from relevant professionals.

Inaccurate or unclear medication assessments increased the risk that people did not receive the right level of support to manage their medicines safely.

**This area for improvement has not been met.**

## Previous area for improvement 3

To promote the safety and wellbeing of staff, the provider should ensure that staff are supported to manage the demands of their role and feel listened to when raising concerns. This should include, but not be limited to, reviewing transport arrangements, ensuring access to rest breaks, and promoting a culture of respectful and supportive communication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My care and support is consistent and stable because people work together well" (HSCS 3.19).

**This area for improvement was made on 24 October 2025.**

### Action taken since then

Staff told us communication had improved between senior staff and front line care staff, and transport arrangements and shift flexibility had supported improved work life balance. A staff wellbeing group had been established and feedback from staff surveys was being acted upon by managers, including exploring staff recognition initiatives. Staff we spoke with told us they felt supported by senior staff and they could speak openly and honestly about any concerns they may have, which would be listened to.

Improved staff wellbeing supported continuity of care and more positive relationships between staff and people.

**This area for improvement has been met.**

### Previous area for improvement 4

To support person-centred care, the provider should ensure that care plans include meaningful personalised information about the people being supported. This should include, but not be limited to, details about people's interests, relationships, preferences, and what matters most to them. This should help staff deliver care that promotes dignity, emotional wellbeing, and individual identity.

**This area for improvement was made on 24 October 2025.**

#### Action taken since then

We found some progress in the introduction of one-page profiles which people or their families were encouraged to complete to identify what mattered to them. Further time was needed to continue to capture meaningful and person centred information for all of the people using the service. Some care plans sampled did not include, important information about people's preferences, routines and what mattered to them.

Incomplete personalised information limited staff's ability to consistently deliver person-centred care that supported people's dignity and emotional wellbeing.

**This area for improvement has not been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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