

Invercare Services - Renfrewshire Branch Housing Support Service

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Unannounced

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Service provided by:
Invercare Services Ltd

Service provider number:
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Service no:
CS2024000202

About the service

Invercare Services - Renfrewshire Branch is registered to provide both housing support and care at home to older people living in the local authority area of Renfrewshire.

The service operates from an office base in Paisley. Staff support people with a range of needs, including those living with dementia, adults with physical disabilities, and adults with palliative care needs living in their own home.

The service was supporting approximately 200 people at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 10, 11, 12, and 13 March 2026 between 08:30 and 18:00. 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, complaint and registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we :

- spoke with 20 people using the service
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- considered the returned Care Inspectorate survey questionnaires completed by 16 people using the service, five relatives, 16 staff, and one visiting professional.

Key messages

- People experienced warm, respectful care that supported their wellbeing, although continuity was not always reliable.
- Processes for auditing medication required improvement.
- Staffing levels and scheduling were not always effective, resulting in disrupted routines and visit times that did not meet people's needs.
- Personal plans were good and reflected what mattered to 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
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?

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 experienced thoughtful and respectful care that supported their physical and emotional wellbeing. People spoke warmly about the care they received. One person described staff as "kind and cheery... they really brighten up my day," while another shared "they know me well, and I feel listened to." During observations, staff communicated gently, involved people in decisions, and adjusted their approach sensitively where people showed distress. As a result, people felt valued, safe, and emotionally settled.

Personal care was delivered with dignity. Staff supported people at a comfortable pace, encouraged independence, and checked that they were at ease. This meant people felt respected and safe during personal care, were able to maintain as much independence as possible, and experienced a greater sense of comfort and control over their daily routines.

The service worked well with visiting professionals, which ensured people coming home from hospital were well supported. This helped people feel care was more 'joined up'.

Many people benefitted from having familiar carers, especially where a small regular team was in place. Staff were quick to notice early changes in people's health such as reduced mobility or increased confusion and passed concerns to the office or relevant professionals. Family members told us that issues were identified early and responded to appropriately, helping avoid deterioration in their loved ones' health.

Some people, however, experienced frequent changes of carer. Those living with dementia or sensory impairment found this especially unsettling, as it made visits feel less predictable and increased people's anxiety. The provider should take steps to maintain continuity of care as far as possible, in particular for the most vulnerable people.

How good is our leadership?

4 - Good

We evaluated this key question as good. Several important strengths in quality assurance contributed to positive outcomes for people and clearly outweighed the areas for improvement. Some aspects of quality assurance need to be applied more consistently to ensure good performance is sustained.

Managers provided supportive and approachable leadership. They had a clear vision for the service and maintained effective oversight of day-to-day practice. Their presence in the service and involvement in monitoring activities helped ensure that people's needs were understood and met. People were encouraged to share their views through reviews and ongoing conversations. This meant they had influence over their care, and staff were better able to understand what mattered most to them.

The service responded to complaints in an open and transparent way. Written responses clearly explained the outcomes of any investigations and included apologies when things went wrong. People and relatives told us their concerns were taken seriously. One relative described how the team responded to her concerns following her husband's discharge from hospital: "The team handled it very well. A manager contacted me the same day and I felt reassured that they took it seriously". This open approach helped people feel valued and confident in the service.

Quality assurance systems covered key areas such as medication, support plans, reviews, accidents, incidents, and staff learning. Regular meetings supported operational oversight and enabled staff to share information effectively. These systems helped managers identify risks early and take action before these affected people's outcomes. Managers had also strengthened recruitment checks and enhanced the induction programme. These improvements supported safer and more reliable care.

Medication audits were in place, but were not robust. We found that the service did not audit the medication administered against the Medication Administration Records (MARs). The lack of a full audit process increased the risk of inconsistencies remaining undetected. (See area for improvement 1).

Communication between the office and frontline staff needed improvement. People, relatives, and staff gave examples where instructions or changes to visits were not shared quickly enough. This caused avoidable confusion.

Areas for improvement

1. To ensure safe and effective medication management, the service should introduce and routinely carry out full medication audits that compare the MAR charts with the medication administered.

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 resources' (HSCS 4.27).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. Staff delivered caring support, but the way visits were scheduled caused disruption to people's routines.

People consistently spoke highly of the quality of care provided. They valued their carers, and told us that they felt understood and at ease with the care they received. However, insufficient care staff were employed to deliver the number of care hours commissioned. Travel time was not always built into rotas, and several rotas showed carers scheduled to undertake multiple visits at the same time. This meant that people's needs were not being fully met.

The shortage of care staff and increase in business had been impacting on scheduling. Only a minority of visits took place within 30 minutes of the planned time. Many were much earlier than expected, sometimes before people were awake or ready. Others were delayed. This affected people's comfort, routines and dignity. People described being woken unexpectedly, waiting longer than they felt comfortable for personal care, or receiving meals at unsuitable times, which had a direct impact on their wellbeing. Staff also reported feeling rushed, especially when rotas changed suddenly or when they had long distances to travel between visits, making it harder for them to deliver care to the standard they wanted to.

We discussed our findings with the manager who reviewed the scheduling arrangements and increased the number of staff available so that rotas were more realistic, and visits were not scheduled concurrently. Recruitment had been carried out, and a number of new staff were being inducted.

Improving rota planning and ensuring there are sufficient care staff to deliver care hours to meet people's needs is necessary. (See requirement 1).

Requirements

1. By 25 May 2026, the provider must ensure that people receive care that meets their individual support needs. To do this, the provider must, at a minimum:

- a) ensure sufficient staff are in place to provide visits at the agreed times, supported by effective scheduling arrangements that prevent overlap, conflict, or double booking of visits
- b) ensure that people receive care and support for the duration of their assessed visit times
- c) implement a robust system to monitor actual versus planned visit durations
- d) audit discrepancies and take corrective action where visits fall short.

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).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Support plans were up to date. They were detailed, outcome focused and clearly outlined people's needs and preferences. People and relatives said they had been involved in the initial planning, and staff used plans effectively during daily support. This helped ensure care aligned with people's choices.

Risk assessments were used to support people to take part safely in the activities that mattered to them, rather than limiting their choices. This meant people were able to remain active and independent, with staff providing guidance that helped them understand any necessary restrictions and how to follow them.

The provider had identified a lack of detail in the daily care notes completed by staff, and had recently delivered training, which included sharing examples to show the level of detail expected. We asked the provider to continue working with staff to ensure detailed notes of each person's care were consistently recorded. This will support effective communication between carers and enable them to deliver care that is consistent, safe and based on people's needs.

Reviews of people's care were regularly carried out. These reviews resulted in meaningful improvements to people's daily lives, for example by reinstating activities that were important to them. These changes helped people feel supported and ensured their care was aligned with their preferences. Some reviews were carried out by phone only. This limited the depth of assessment for people with more complex needs and created a risk that important changes could be missed. We suggested that the provider consider adopting a face-to-face approach for all people.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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