

HolmCare Support Service

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Type of inspection:
Unannounced

Completed on:
11 March 2026

Service provided by:
HolmCare Limited

Service provider number:
SP2017012950

Service no:
CS2017358590

About the service

HolmCare is based in the village of Newcastleton and provides care at home support to people who live primarily in Newcastleton in the Scottish Borders.

The service is provided to people with a variety of needs, including older people and people with dementia, mental health problems and physical disabilities.

At the time of the inspection there were 23 people using the service.

About the inspection

This was an unannounced inspection of the service which took place on 10 March 2026 between 09.30 and 16.30 and on 11 March 2026 between 10.30 and 15.30. 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, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 11 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire of which we received eight responses.
- talked with six members of staff and the management teams.
- observed staff practice and daily life.
- reviewed a range of documents.

Key messages

- People experienced positive, person-centred support that enhanced their wellbeing.
- Leadership was supportive however, quality assurance processes required significant strengthening.
- Staffing arrangements were effective, but recruitment and training systems needed further development.
- Care Planning had improved, however further embedding was required to ensure consistently high-quality outcomes.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

We visited people at their home address and observed positive, respectful, and natural interactions between staff and those being supported. This contributed to the development of effective and supportive working relationships, helped people feel safe and secure and enhanced engagement.

People were supported by a small group of staff that they knew well. People and families found this reassuring and meant they developed trusting relationships with the staff. One person said 'I like that I know who is coming in'.

Staff demonstrated a good knowledge of people's needs. This meant that people could be confident that staff supporting them were well informed and worked consistently to help them achieve the outcomes that they had identified.

Support records we sampled contained adequate information to guide staff, daily notes were descriptive and linked to identified outcomes. People had access to their individual support plans which promoted their rights in relation to information held about them. Further details can be found under key question five.

It was evident that the service people received had a positive impact on their mental and physical wellbeing. This included practical support and assistance to access health appointments and prompts with medication. People were being supported at their own pace, helping them to feel in control.

The provider had made clear progress in meeting the requirement set on 16 October 2025 to ensure medication was administered safely and according to prescribed instructions. Medication and topical administration records now included the necessary information to support safe practice, and staff training had been strengthened to reflect current best practice models. Evidence showed that staff were increasingly following correct procedures to verify the right medication, dose, route, and person. Records were being completed more accurately, and quality assurance systems had been improved to monitor compliance and identify areas for further development. These developments demonstrated positive steps, and the manager should continue embedding current systems and oversight to sustain improvement.

During discussions with the manager, we highlighted the importance of separating medication competency checks from the broader spot check documentation to ensure clearer oversight and more robust monitoring of staff practice. The manager agreed to implement this distinction to strengthen the reliability of competency assessments, supporting continued improvement in safe medication administration.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

People felt confident contacting the manager if they needed to and felt if they had an issue, it would be appropriately actioned. Feedback from those using the service via questionnaires was positive. There was a

log of compliments received from supported people which demonstrated they were happy with the service they received.

The manager and staff continued to deliver quality care; however, quality assurance processes were not sufficiently detailed to demonstrate their impact. The previous requirement, issued on 16 October 2025, had not been met and will be extended.

The manager needed to further develop quality assurance processes across all areas of the service, analyse the information gathered, and complete action plans accordingly. This should support the development of a continuous improvement plan for the service in line with the quality framework and help ensure sustained improvements going forward.

The manager should ensure staff involved in, and who are responsible for quality assurance processes are supported with appropriate training, skills development, and the knowledge required to undertake their role effectively.

To aid further improvements we discussed with the manager developing a continuous self-evaluation process which would highlight strengths, correct performance weaknesses, and develop unused skills and abilities. Self-evaluation enables care settings to reflect on what they are doing so they can get to know what they do well and identify what they need to do better.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

Staff had been recruited in a way that made sure they were safe to care for people. The recruitment files sampled show that the service was committed to safer recruitment and compliant with best practice guidance, however, consistency remained an area for development. Strengthening documentation processes, improving follow up recording, and embedding a structured file checking system would support full compliance and reduce risk.

Management had developed an induction process for all new staff which included opportunities to shadow experienced staff until they felt competent to work on their own. This ensures that the people they support experience care that is provided by staff who are competent and knowledgeable about the needs and risk of each person.

There was a formal end of probation period review for new staff. Managers completed a comprehensive review of staff's abilities, competencies, skills and knowledge, seeking views from supported people and their families. This ensured people experienced quality care, from a competent and reliable workforce.

The provider has taken meaningful steps toward meeting the previous requirement made on 16 October 2025 to ensure people experience care from well trained and well informed staff. A training needs analysis has been undertaken to identify the knowledge and skills required for staff to safely meet the assessed needs of people using the service. This analysis informed the introduction of a new eLearning platform, providing staff with improved access to up to date training and best practice guidance, as well as clearer timescales for refresher learning.

Regular staff supervision was becoming more consistent, offering structured opportunities to review learning needs and support ongoing development. Team meetings were being used more effectively to share current guidance and reinforce good practice, ensuring staff remained informed and confident in their roles. The manager should continue to embed improvements ensuring sustained improvement moving forward.

Staffing arrangements were effective, with visit times planned to provide flexibility and consistency. People reported no concerns with punctuality and described visits as unhurried, supportive, and personable. Missed visits were rare, and any incidents prompted reflective learning to prevent recurrence.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

The provider had taken demonstrable steps toward meeting the requirement made on 16 October 2025 by ensuring that care plans were increasingly reflective of individuals' assessed health, safety, and wellbeing needs.

Care plans had been updated to reflect people's current support needs, with review cycles strengthened to ensure updates occur at least every six months or sooner when needs change. Quality assurance processes had been enhanced to monitor implementation, providing assurance that staff were following care plans consistently and that identified risks were being effectively managed and mitigated.

Care plans sampled showed relevant risk assessments such as those for medication administration, moving and handling, and falls were now being completed and used to inform personalised care planning. We discussed with the manager introducing a risk assessment checklist to support ensuring all relevant risk assessments were included within individuals plans.

The manager should continue to embed improvements to ensure sustained improvement moving forward.

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

Requirements

Requirement 1

By the 28 November 2025, the provider must ensure people's care plans are reflective of their assessed support needs regarding their health, safety and wellbeing. To do this, the provider must, at a minimum, ensure:

- a) Relevant risk assessments are completed and used to inform the care plan. This should include, but is not limited to, risk assessments for medication administration, moving and handling needs, and risk of falls;
- b) Care plans reflect people's current care and support needs;

c) Risk assessments and care plans are reviewed and updated at least six monthly, or more frequently when people's needs change;

d) Demonstrate through effective quality assurance systems and monitoring that people's care plans have been fully implemented by staff and risks to their health and wellbeing have been effectively managed and mitigated.

This is in order to comply with: Regulation 5(2)(b)(ii) 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 Health and Social Care Standard 1.15: 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.

This requirement was made on 16 October 2025.

Extended to 09 February 2026

This requirement was made on 16 October 2025.

Action taken on previous requirement

Please see details under key question five of the report - How well is our care and support planned?

Met - within timescales

Requirement 2

By 28 November 2025, the provider must ensure the service is well led and managed with quality assurance processes in place to ensure that people receive support that meets their needs or to ensure people's health, safety and welfare. This must include but is not limited to:

a) Ensure staff undertaking quality assurance have the right knowledge and skills to quality assure all aspects of care and support delivery;

b) Developing a robust action plan to show how the service will implement, monitor and review quality assurance systems that effectively identified issues/areas which may impact on the health, welfare and safety of people supported.

This is in order to comply with: Regulation 3 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 Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This requirement was made on 16 October 2025.

Extended to 09 February 2026

This requirement was made on 16 October 2025.

Action taken on previous requirement

Please see detail under key question two of the report - How good is our leadership?

This requirement has not been met. We have extended the timeframe for this requirement to 15 June 2026.

Not met

Requirement 3

By 28 November 2025, the provider must ensure medication is given as prescribed to support people's health and wellbeing. To do this the provider must, as a minimum:

- a) Ensure medication and topical medication administration records contain all appropriate information required for the safe administration of medication;
- b) Medication training for staff must be based on current best practice models. Staff must follow processes to ensure they select the right medicines, prepare the right dose and give the medicines in the right way to the right person;
- c) Medication administration records must be accurately completed and signed by staff;
- d) Quality assurance systems must be based on current best practice models to effectively monitor compliance and identify areas for improvement;
- e) Staff competency in the administration of medication must be regularly reassessed and reviewed to ensure they can safely administer medications unsupervised.

This is in order 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 care and support is consistent with Health and Social Care Standard 1.15: 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.

This requirement was made on 16 October 2025.

Extended to 09 February 2026

This requirement was made on 16 October 2025.

Action taken on previous requirement

Please see detail under key question one of the report - How well do we support people's wellbeing?

Met - within timescales

Requirement 4

By 28 November 2025, the provider must ensure that people experience a service with well trained and informed staff.

The provider must ensure that all staff receive training appropriate to their role, in line with the support needs of the people using the service. This must include, but is not limited to:

- a) Undertake an analysis of the training staff require to safely meet the needs of people using the service. This should include identification of the timescales for refresher training to ensure staff skills and knowledge are regularly updated in line with best practice guidance;
- b) Regular quality assurance checks to demonstrate how the training received is being implemented in practice throughout the care service. This should include regular monitoring of staff practice to provide assurance that staff practice is consistent with current good practice guidance;
- c) Providing regular staff supervision to ensure their learning and development needs area assessed, reviewed and addressed;
- d) Ensuring staff have access to up-to-date knowledge and best practice guidance through access to regular team meetings.

This is in order to comply with: Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This requirement was made on 16 October 2025.

Extended to 09 February 2026.

This requirement was made on 16 October 2025.

Action taken on previous requirement

Please see detail under key question three of the report - How good is our staff team?

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 a culture of continuous improvement, the provider should ensure they have oversight of all concerns and complaints raised and that these are fully investigated and responded to in accordance with the provider's complaints policy and procedure.

This is to ensure care and support is consistent with Health and Social Care Standard

4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

This area for improvement was made on 16 October 2025.

Action taken since then

At the time of inspection, there had been no new complaints received by the service. We were unable to fully evaluate how effectively the provider investigates and responds to concerns in line with their complaints policy and procedure.

We will follow this area for improvement up at the next inspection.

This area for improvement has not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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