

Kerr Home Care Support Service

Darluith Business Centre
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Type of inspection:
Announced (short notice)

Completed on:
16 March 2026

Service provided by:
Anne Kerr trading as Kerr Home Care

Service provider number:
SP2015986657

Service no:
CS2015334913

About the service

Kerr Home Care is a registered care service providing care at home support. The service is a family run organisation providing support to adults living in Erskine, Houston, Bridge of Weir and Kilbarchan areas of Renfrewshire.

The service operates from their office in Linwood where the management team are based.

At the time of the inspection 14 people were being supported. The registered manager was supported by a depute manager and six care staff.

About the inspection

This was a short notice inspection which took place within the service on 10 and 11 March and remotely on 12 and 16 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, 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 four relatives
- spoke with six staff and management
- explored electronic questionnaires returned from two people supported, and four staff
- observed practice and daily life
- reviewed documents
- had contact with professionals linked to the service.

Key messages

- People experienced warm, reliable and person-centred support, delivered by a stable team who knew them well, and responded quickly to changes in health and wellbeing.
- Care felt unhurried and respectful, with staff preserving routines that reduced anxiety, and helped people feel safe, valued and confident.
- Support was generally on time and consistent, where short notice changes were unavoidable, clearer advance communication would reduce worry for people and families.
- Medication support was safe, overall practice would be strengthened by clarifying levels of support in care plans and updating policy, training and recording.
- Some care plans needed further work to add detail to improve consistency, and evidence the full impact of support.
- Staffing arrangements were supportive and well led although, recruitment pressures meant, at times there was not sufficient numbers of care staff to cover assessed support hours.

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

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's care and support should meet their needs and be right for them. People experienced support from a stable and consistent staff team, which helped them feel safe, comfortable and understood. Staff knew people well and provided care in ways that reflected their routines, preferences and what mattered to them. A relative shared, "I can actually spend time with 'X' now, instead of having to come in and do care tasks as I used to do before, which is really nice for us." Staff understood the importance of routine for those who might become confused or anxious, and they worked hard to preserve this whenever possible.

We observed caring, compassionate interactions, with warmth, humour and genuine interest. This helped people build trusting relationships and feel emotionally supported. A relative told us, "X let the staff support her, which is great. The atmosphere is great in the house when the girls are in. They get on with the job and work hard while they are here but have a laugh and joke along the way."

Because staff knew people well, they could identify changes in their health or wellbeing quickly. A person supported shared, "They all know me well and can pick up, even before me sometimes, if I have an infection starting." Relatives felt confident that concerns would be shared with them promptly. Other professionals described the service as proactive in raising issues and following up on guidance. This meant people received timely, coordinated support that helped maintain their safety and wellbeing.

If help is needed with medication, people should have as much control as possible. Medication support was generally safe, but not all staff were fully confident in the different levels of support required. This led to some inconsistency in practice. Care plans did not always clearly describe what medication support should be provided. Reviewing the medication policy and ensuring staff understand training, observation and legal requirements would make practice more consistent and robust.

Daily notes detailed what tasks had been completed, but often lacked detail about how the person was, how they responded to support, or any complexities in their health and wellbeing needs. This meant the written record did not fully reflect the positive, person-centred support we observed. Strengthening recording would ensure people's experiences and changing needs were fully understood and consistently recorded.

How good is our staff team?

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's care and support should be consistent and stable because people work together well. Staff told us they worked well together as a supportive team, sharing information and helping each other when needed. Generally, people received calm, consistent and reassuring support, which meant care felt unhurried, respectful and aligned to people's routines and preferences. This helped people feel safe, valued and confident in the service.

The management team were described as approachable and responsive, and staff felt comfortable raising concerns or seeking guidance. This helped create an open culture where staff felt listened to and able to contribute to improvements.

People and their families told us that support was reliable and generally on time, with staff making contact if they were delayed. A small number of people had experienced short notice cancellations due to staff shortages, and while they were understanding, they expressed that more notice would reduce worry and uncertainty.

The management team demonstrated a clear understanding of people's assessed support hours and worked hard to match staff availability with people's preferred visit times. However, due to ongoing recruitment challenges, there were periods when staffing levels did not fully meet the needs of the service. This resulted in some staff feeling under pressure, particularly when covering additional visits. At times, the manager stepped in to provide care to prevent gaps in support. While this has ensured people's immediate needs were met, this was not sustainable long term and posed risks to service resilience. Please see area for improvement one.

Areas for improvement

1.

To ensure people receive the right support at the right time, even during staff shortages, or unforeseen events, the provider should develop, implement and communicate a robust contingency plan that maintains safe, person-centred care and minimises disruption.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14).

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 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. 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 17 December 2024.

Action taken since then

The manager knows the service well and has an overview of day to day operations and key areas of service delivery. Due to prioritising support for people, there has not been the capacity to develop the quality assurance system further since the previous inspection.

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

Previous area for improvement 2

The provider should ensure all staff receive training appropriate to their role, and particular to the needs of people supported. 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. This should include 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 17 December 2024.

Action taken since then

Team meetings had been sporadic, with limited discussions regarding the service, practice or people supported.

Formal one to one supervision had been more regular, however, notes were very brief, with not much discussion and reflection detailed.

Whilst we appreciate that there may be more discussion, that is not evident from the notes, given the nature of people supporting mainly on their own, supervision is an important opportunity for reflective discussions.

We were not able to see clear information regarding regular and ongoing formal observation of staff practice, although, this may be happening informally when senior staff were working alongside staff. Staff shared that they were expected to regularly complete online training, however, we did not see oversight of this.

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

Previous area for improvement 3

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 strengths-based, person-centred, directing staff on how to meet people's care and support needs.

To ensure care and support continues to be appropriate to meet people's needs, support requirements and planning should be discussed at reviews. This should include 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 17 December 2024.

Action taken since then

The content of care plans were variable. For some there was strengths-based information detailed, as well as descriptions of the support required. To ensure all staff provide support linked to people's needs, plans should consistently detail how support should be provided. Where there are significant changes in relation to support being provided, the care plan should be updated promptly.

Reviews were being carried out, however, these tended to focus on quality and satisfaction questions, rather than exploring care and support being provided, and how this linked to the care plan and planning support going forward.

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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