

My Homecare Glasgow Support Service

My Homecare Glasgow
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Type of inspection:
Unannounced

Completed on:
9 March 2026

Service provided by:
Precious Care Services Ltd

Service provider number:
SP2022000135

Service no:
CS2022000190

About the service

My Homecare Glasgow is registered to provide a care at home service to older people, and adults with physical disabilities (aged 25+), in their home and in the community.

The service operates across the area of South Lanarkshire, with an office base located in Glasgow. The registered manager is supported by care co-ordinators and a team of support workers who provide direct support to people using the service. The hours and type of support a person receives is determined by assessment.

At the time of inspection 203 people were being supported by the service.

About the inspection

This was an unannounced inspection which took place between 3 and 6 March 2026, between 08:30 and 21:30 hours. Three inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with 24 people experiencing care and 18 of their relatives
- spoke with seven staff and management
- spoke with one external professional and reviewed email feedback from two others
- obtained email feedback from 15 staff
- obtained feedback from two people experiencing care, three relatives, and eight staff members, from pre-inspection questionnaires
- observed practice and daily life
- reviewed documents.

Key messages

- People experiencing care had positive relationships with staff.
- Medication practice was supportive and well managed.
- Staff were supported by a management team who were responsive, approachable and supportive.
- Personal plans were person-centred and described people's needs, likes and dislikes. Availability of review documentation on digital system should be improved.
- Some policies needed to be brought up-to-date.
- Feedback from people and families should be considered as part of quality assurance systems.

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 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, with several important strengths that clearly outweighed areas for improvement.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People were relaxed and happy in the company of staff and there was warmth, kindness and familiarity. This meant people had confidence in their support workers and had positive relationships that made them feel valued. People told us they were well cared for, sharing comments such as "I'm very well looked after" and "couldn't ask for better." Relatives told us they valued staff's positive approaches, including singing with their loved ones which provided reassurance and comfort.

The service worked in partnership with other professionals for the benefit of people experiencing care. People could be confident that their health needs were regularly monitored. Staff demonstrated they could report concerns about changes in someone's health or physical presentation. However, some staff were unclear about the correct procedures for accessing assistance using community alarms. At times they waited for external agencies to support and make an assessment, rather than staff feeling confident in their own decision making. This had potential to delay the provision of timely support for people. (See Area for Improvement 1).

Medications were managed effectively with safe systems in place for storage, administration and recording. We were reassured people received medication that was right for them, and at the right time, and this promoted health and wellbeing.

Most staff used personal protective equipment (PPE) appropriately, which staff confirmed was readily available. Staff would benefit from refresher training for Infection Prevention and Control. This would ensure they are kept up-to-date on current practice. This will support staff to consistently follow the correct procedures, and people's health benefits from safe practices. Some staff had received an observation of practice and the management team were involved in completing these.

People were meaningfully involved in planning their care, which helped ensure support reflected what mattered to them. Care plans contained clear information about health and support needs, preferences and risks, enabling staff to deliver safe, consistent care. This contributed to positive outcomes and supported people's wellbeing. People spoke positively about being supported with meals and people's choices and wishes were respected.

Areas for improvement

1. To support people's health and wellbeing the provider should ensure people receive responsive care and support.

This should include but not be limited to: ensuring all staff receive training on how to assess situations that require assistance from other services, including the correct use of community alarms.

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 because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21) and "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." (HSCS 3.14).

How good is our leadership?

4 - Good

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

Quality Indicator: 2.2 Quality assurance and improvement is led well

People should expect a service that is well led and effectively managed. Staff spoke positively about the management team who were seen as being responsive, approachable and supportive. One member of staff stated "I have always had the support of my coordinator." There was regular communication between management and staff with regular team meetings and supervisions. Staff told us supervision was effective and they had opportunities to reflect and develop on their learning needs. Staff shared that they were, "given a safe and supportive space to have an open and honest discussion about performance." This meant staff felt supported to carry out their roles to a high standard and enjoyed good team work.

Services should have effective systems to assess and monitor the quality of service provision. This helps to improve the service which results in better outcomes for people experiencing care. Quality assurance processes were in place, however, some audits were not kept up-to-date or uploaded to digital systems promptly. This meant key points were not always timeously addressed. Increased managerial oversight was needed to make sure all processes were effective and purposeful.

Observations of staff practice were carried out to ensure procedures were followed and safe practice was maintained. Areas of development were identified, however follow up actions were not always recorded. As a result, opportunities for continuous improvement were limited. This could be strengthened by how observations are recorded and ensuring they consistently inform supervision and improvement planning.

Policies and procedures needed to be updated to include recent changes to the Care Inspectorate 'Guidance on records you must keep and notifications you must make.' Some improvements were needed to align policies, such as the medication policy to Scottish legislation and ensure a detailed training policy was in place. This would ensure compliance, clarity, and consistency in practice. Notifying stakeholders including the Care Inspectorate is a statutory duty and clear policies would ensure these were completed within expected timescales. Embedding clear procedures will support improved accountability, compliance, and assurance of safe practice. (See Area for Improvement 1).

There was a service development plan in place however, the document should include feedback from people who use the service, their families, and external professionals to inform service improvement. We have made an Area for improvement - see section, 'How well is our care and support planned?'

Areas for improvement

1. To support positive outcomes for people's health and wellbeing the provider should ensure that quality assurance is continuous and effective.

This should include, but not be limited to, reviewing and updating organisational policies to include statutory requirements in policies align with national guidance and Scottish legislation.

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 based on relevant evidence, guidance and best practice." (HSCS 4.11)

How well is our care and support planned?

4 - Good

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

Quality Indicator: 5.2 Carers, friends and family members are encouraged to be involved

This quality indicator focused on how carers, friends and family members are encouraged to be involved. Personal plans were person-centred and clearly described people's needs, likes and dislikes. Plans were available digitally, by email or as paper copies, which helped support different communication needs. Whilst some people told us they participated in developing their plans, a number of families told us they did not have this opportunity. Improving awareness of how to access plans, would help family members and relevant individuals become more meaningfully involved in support.

Staff understood which legal powers were relevant and involved guardians in the decision making and delivery of care. Staff contacted families for additional support in line with risk management plans, such as when someone became distressed at bedtime. This showed staff and families worked in partnership together to support good outcomes.

Staff respected each person's rights and wishes, as well as the rights of families. They knew when family members wanted to be present during care and were aware of people's individual preferences. This meant people felt respected and their dignity was upheld. People were confident raising concerns about their experiences. This meant staff upheld people's best interests while also recognising the important role of carers, friends and family. This also gave people confidence in the service they were receiving.

Feedback from people and their families influenced some changes in how the service was delivered. Surveys were used to gather views, and the service was considering additional ways to seek feedback in line with their company values and ethos. However, there was no formal process to collect, record and use feedback to drive improvement. Strengthening policies and procedures for involvement, personal planning and quality assurance would help ensure carers' and families' views are heard and acted on. (See Area for Improvement 1)

Whilst improvements have been made on care plans, review documents were brief and did not clearly capture changes in people's needs. The oversight of when care plan reviews were carried out was not consistently clearly recorded. Access to recent reviews on the digital system was not always available. This meant some staff did not have access to the most up-to-date information about people which could impact on outcomes. Some improvements were needed to ensure that review information was clearly reflected in people's care plans. (See Area for Improvement 2)

Areas for improvement

1. To promote positive outcomes and ensure carers, friends and family members are involved, the provider should gather feedback regularly and use this to drive service improvement. This will ensure their views are central to any changes implemented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8)

2. To support positive outcomes and ensure that people receive the right care and support for them, the provider should ensure both review documents and care plans, are person centred and provide comprehensive detail on people's changing needs. Review documents should be accessible on the digital system on completion.

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

The management team should ensure that anyone being interviewed for a role with the service consists of an interview panel of at least two individuals one of which has experience in providing care. This is to comply with safer recruitment through better recruitment guidelines.

This will ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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.'(HSCS 3.14)

This area for improvement was made on 6 March 2025.

Action taken since then

We reviewed documents that provided evidence to demonstrate that interview panels are now made up of a Coordinator and HR Officer.

This Area for Improvement has now been Met.

Previous area for improvement 2

To ensure that people receive the right care and support for them, the provider and manager should ensure that care plans, and associated review documents contain sufficient detail about people's abilities, preferences and routines and are stored appropriately on the digital care planning app.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 23 October 2023.

Action taken since then

During inspection there was evidence that care plans contain sufficient detail regarding abilities, preferences and routines of people. This did not extend to review documents or storing of documents on the digital app. Although some work had been done to improve this it was not sufficient to fully meet this area for improvement. To reflect recent changes in the service ways of working and to include outcomes from this inspection we have made a new Area for Improvement, see section 'How well is our care and support planned?'

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 well is our care and support planned?	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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