

Shona Care Ltd Support Service

Shona Care Ltd
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Type of inspection:
Unannounced

Completed on:
21 April 2026

Service provided by:
SHONA CARE LTD

Service provider number:
SP2020013481

Service no:
CS2020379168

About the service

Shona Care Ltd is registered to provide a care at home service to adults and older people in their home and within the community. Services were being provided to people in the areas of Glasgow, East Renfrewshire and Renfrewshire. The service offers individually tailored support ranging from check-in visits to full live-in support.

The office base is located within the Barrhead area of East Renfrewshire. At the time of this inspection there were 64 people receiving support from the service.

About the inspection

This was an unannounced inspection which took place on 14, 15, 16 and 21 April 2026 between 07.00 hours and 19.00 hours. The inspection was carried out by five 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 28 people using the service and eight of their relatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents

Key messages

- People experience compassionate care from staff who are familiar with their needs.
- People experience positive health and wellbeing outcomes because of the support they receive.
- Quality assurance and monitoring systems help ensure that people experience safe, effective, and person-centred care.
- Personal plans provide detailed information about how people wish to be supported, reflecting their individual needs, preferences, and desired outcomes.
- The provider must ensure accident and incident notifications to the Care Inspectorate are sufficiently detailed.
- The provider must ensure that adult protection concerns are identified and escalated in a timely manner to the relevant agencies.

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?	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?

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 being supported and their relatives we spoke with consistently provided positive feedback about the service they received. They described feeling well supported by staff who understood their preferences and needs. "Girls are mindful of my dignity and that's important to me" was a comment made by one person and a relative told us "the girls do everything for mum, they are so caring and compassionate, we couldn't be happier".

There was evidence of flexibility, staff matching and accommodating preferences, which contributed to positive relationships, increased confidence, and improved outcomes. Staff demonstrated effective time management and completed all assessed support tasks within the allocated timescales, supporting continuity and quality of care. On occasions where additional support was needed staff stayed beyond their allocated time to ensure people received the support they needed. There were no concerns identified about punctuality or visit duration during this inspection. "Never feels rushed and nothing is too much bother for them, in fact they often go above and beyond" was a comment made by a relative.

People described a range of meaningful outcomes achieved attributed to the support they received. This included participation and activity within their local communities and the support people needed to promote their independence and support them to remain within their homes.

Records and discussions confirmed that the service actively sought appropriate advice and input from relevant health professionals when required, supporting a coordinated and responsive approach to people's health and wellbeing.

Medication support was observed to be managed appropriately, with systems in place to promote safe practice. To promote people's rights in accordance with legislation, the authority to administer medication to individuals who lack capacity to make decisions that relate to the management of their medication should be sought from their GP.

During visits, staff were observed using personal protective equipment appropriately and in line with current guidance, helping to minimise risks and promote people's safety.

Information about the support people required was accessible to staff and personal plans we sampled were detailed, ensuring people were supported consistently in accordance with their needs and wishes. Personal planning provided in a digital format meant that people and their relatives could access this information. Where people required their personal plan in a different format the provider advised that this was accommodated.

Whilst we acknowledged the progress made, a further period of consolidation would support the provider to demonstrate that improvements are fully embedded and sustained.

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate because while there were some strengths these just outweighed areas for improvement.

People could be confident that systems were in place to help ensure quality and drive improvement. There were noted improvements in systems to monitor visit duration and punctuality. This meant that there was better management oversight helping ensure that people experienced visits that were delivered on time and met their assessed needs.

The service improvement plan outlined improvement priorities and was linked to the Care Inspectorate's quality framework. This meant that improvements were guided by the same standards used during inspection, underpinned by human rights and had a focus on improving outcomes for people.

Audits were being used to monitor practice areas and drive improvement, supporting stronger management oversight. Systems used to track key performance areas, including care reviews, staff supervision and staff training compliance rates provided reassurance that appropriate monitoring arrangements were in place to support effective governance.

Whilst the frequency of observations of staff practice could be improved, it was evident that this approach could help ensure good practice was being embedded and maintained across the service. The manager had plans to develop senior staff roles. As well as strengthening day-to-day leadership and support, this will provide career development opportunities for staff.

Notifications submitted to the Care Inspectorate did not consistently include sufficient detail. As a result, we could not be assured that comprehensive information was provided to support effective regulatory oversight of people's safety and wellbeing. (See Requirement 1).

Although a system was in place to record accidents, incidents and complaints, we were not assured that all events requiring escalation as adult protection concerns were appropriately reported to relevant agencies. (See Requirement 1).

Requirements

1. By 26 June 2026, the provider must, in line with legislation and guidance, ensure a consistent and effective approach to identifying and reporting adult protection concerns to protect adults from harm.

To do this the provider must at a minimum:

- a) ensure that all events that require to be reported as an adult protection concern are appropriately identified and escalated to the appropriate agencies in a timely manner.
- b) ensure staff understand their responsibilities in relation to adult protection concern reporting.
- c) ensure that information contained within notifications to the Care Inspectorate is sufficiently detailed to support effective regulatory oversight.

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 that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities".
(HSCS 3.21).

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 people's wellbeing, the provider should ensure the service continue to promote accurate time keeping and transparent recording of this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported and cared for by people I know so that I experience consistency and continuity."(HSCS 4.16).

This area for improvement was made on 3 October 2025.

Action taken since then

Improved monitoring systems were now in place, with no significant time-keeping concerns identified. Feedback from people during visits did not raise any issues in respect of punctuality and visit duration. Regular analysis of system data, including GPS log-in and log-out information, had strengthened management oversight and governance.

This area for improvement has been met.

Previous area for improvement 2

Observations of practice should include more detailed descriptions of staff actions, with opportunities for reflective input from managers, staff, and people experiencing care.

This is to 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 3 October 2025.

Action taken since then

A more detailed proforma for the observation of staff practice had been developed and was currently being trialled. Reflective input from people being supported was included in the document meaning that people's experiences and views can help inform staff development, leading to care that is more responsive to individual needs and outcomes.

This area for improvement has 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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