

# West Dunbartonshire Council Home Care Service Housing Support Service

Clydebank Health & Care Centre  
Queens Quay Main Avenue  
Clydebank  
G81 1BS

Telephone: 01412322317

**Type of inspection:**  
Unannounced

**Completed on:**  
21 January 2025

**Service provided by:**  
West Dunbartonshire Council

**Service provider number:**  
SP2003003383

**Service no:**  
CS2004077075

## About the service

West Dunbartonshire Council Home Care Services provide support to clients of all ages and ethnic groups, assisting them to live as independently as possible in their own home whilst respecting their right to dignity, privacy, choice, safety, realising potential, equality and diversity.

The service operates throughout the West Dunbartonshire area from two office bases, in Clydebank and Dumbarton.

At the time of our inspection, the service was supporting around 1229 people.

## About the inspection

This was an unannounced follow up inspection which took place on 14, 15, 16 and 17 January 2025. This report should be read in conjunction with our previously published reports of April and July 2024. The inspection was carried out by three inspectors from the Care Inspectorate and with the support of an inspection volunteer.

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 24 people using the service and 18 of their family members
- spoke with nine staff and management
- reviewed documents.

## Key messages

The service had made some progress towards the requirement to improve personal plans.

People we spoke with were positive about support from their regular staff teams.

Current and detailed care plans could have improved outcomes for people in general, and particularly when being supported by less familiar staff, such as agency.

Further improvement is needed in how the service manages complaints and notifies stakeholders of significant events.

Due to the timeframes to make improvements at our next inspection we will look at progress made to improve staff training, as well as medication risk assessments and staff infection prevention control practices.

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

## Requirements

### Requirement 1

By 21 December 2024, the provider must ensure that people's care plans are reflective of care and support that is right for them. To do this the provider must, at a minimum, ensure:

- a) People have access to current detailed information about their service which details their support needs including any highlighted risks and how the provider will meet these.
- b) Information about how to complain is updated.
- c) Information within care plans is person centred including how to promote people's independence where possible with personal care.
- d) Person centred strategies that describe how people living with dementia like their support to be provided. This should include information about their likes, dislikes and how staff should introduce care tasks and what they should do if the person declines support.
- e) Oral care is highlighted within care plans where appropriate.
- f) Records and reports are included within care plans about people's wellbeing.
- g) Managers are involved in the monitoring and the audit of people's needs and records.
- h) Update the improvement work that has happened on care plans with lead inspector bi-monthly.

This is to comply with Regulation 4(1) (a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).

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 requirement was made on 27 March 2023.

## Action taken on previous requirement

Parts b), e) and h) had been met by the service during previous inspection visits.

We could see the service had introduced a new online system which was holistic and had improved management oversight. However, not all care plans had moved over to this new system and some had still not been reviewed. We sampled some care plans which lacked detail about people's support needs and their highlighted risks. Positive steps had been put in place meaning necessary increases in support were progressed immediately. Also, it was positive to see that any decreases or cancellations in supports which required approval from senior staff meant this lessened the chance of poor outcomes for people. However, further improvement is required to ensure information is detailed and current. This part of the requirement was not met.

Care plans we sampled were brief and did not always contain sufficient detailed information. For example, plans did capture if a person had poor mobility but without being clear about what support was required. People we spoke to were positive about support from familiar staff members who knew their needs but plans require to be clearer to inform unfamiliar or agency staff who may be providing care. This part of the requirement was not met.

We spoke to relatives of people who were living with dementia and they were very positive about regular staff who were familiar with routines and preferences. Relatives reported that they were not confident when support was provided by less familiar staff. Care plans we sampled did record if a person had a dementia diagnosis but had not always included how this impacted on the support that was required. Detailed care plans could have lessened the impact on people, but the level of detail varied across the different area teams. The service had plans to progress dementia training amongst the staff team. This part of the requirement was not met.

Some work had taken place to improve how people's wellbeing was captured in care recordings. This had not yet been embedded into practice and organisers told us that many care recordings still centred around tasks that had been completed and had not recorded how the supported person was. This part of the requirement was not met.

Not all information had yet been moved over onto the new online platform and not all newer records had yet been signed off by managers. The service had plans for checks and audits but these had not yet been embedded into practice and some data provided had been difficult for us to interpret. This part of the requirement was not met.

This requirement had previously been given extended dates and will be extended further to 31 March 2025.

## Not met

### Requirement 2

By 21 March 2025, the provider must ensure people and staff are kept safe by ensuring the workforce is appropriately trained. To do this, the provider must, at a minimum, ensure:

- a) All staff have completed core mandatory training particularly adult support and protection training.
- b) All staff have the appropriate levels of training for their role including dementia skilled, skin integrity, record keeping and confidentiality training.

- c) All staff have clear and SMART (specific, measurable, achievable, realistic, time specific) learning objectives to evaluate their practice and professional development.
- d) All staff are aware of their responsibility in maintaining accurate records and retaining records.
- e) Managers are involved in the monitoring and the audit of staff training.

This is to comply with Regulation 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisations codes' (HSCS 3.14).

**This requirement was made on 27 March 2023.**

#### Action taken on previous requirement

This requirement will be assessed at the next inspection due to the associated timescale.

#### Not assessed at this inspection

### Requirement 3

By 21 March 2025, the provider must ensure that people's health, welfare and safety is supported by the effective delivery of visit schedules.

To do this the provider must at a minimum:

- a) Plan visit schedules in advance and review these regularly to ensure they reflect people's care and support needs.
- b) Any changes to agreed schedules are to be communicated with people receiving care or their representative.
- c) Accurate records are to be maintained when changes are made to visit schedules.
- b) Visit schedules and records should be regularly quality assured.

This is to comply with Regulation 3 and 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 Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

**This requirement was made on 28 November 2024.**

#### Action taken on previous requirement

This requirement will be assessed at the next inspection due to the associated timescale.

#### Not assessed at this inspection

## 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 service should comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. The provider must notify the Care Inspectorate of all relevant events under the correct notification heading, within the required timeframe, include detail of their handling of the event and provide updates if applicable.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

**This area for improvement was made on 8 April 2024.**

#### Action taken since then

We had ongoing concerns about how and when the service were providing us with information in relation to significant events. The information received from the service was not always sufficiently detailed with regards to the notifiable event or the actions that had been taken. The notifications that we received were often significantly later than our guidance identifies and the service was not always responsive to requests for further information. This meant we could not be assured that appropriate and timeous actions had been taken by the service. We suggested the service look at who is responsible in making notifications as due to the size and demographics it may be beneficial to have additional staff identified.

This area for improvement has not been met and will be repeated.

#### Previous area for improvement 2

The provider should ensure that medication risk assessment processes are reviewed to include the time required between medication doses. People's care visits should be scheduled to allow them to take their medication safely and in accordance with prescribing instructions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

**This area for improvement was made on 27 March 2023.**

#### Action taken since then

Progress on this area for improvement was not assessed at this inspection.

#### Previous area for improvement 3

To ensure complaints are managed effectively and in accordance with their own policy and procedure, the care service should ensure that all who raise complaints or concerns are treated with courtesy, any information requests, concerns and complaints are recorded accurately and responded to promptly, ensuring that follow up actions are met in line with the policy or in an agreed manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20).

**This area for improvement was made on 27 March 2023.**

#### Action taken since then

The service had undertaken some work on complaints management and this had led to some improvements. There had been some reduction in the amounts of complaints received and we were able to sample some responses that the service had made to complainants. Further work on how the service reflects the outcomes of complaints would raise confidence of people accessing the service. We could see that some complaints had been managed well at initial stages and resolved. General systems to track progress of complaints could also be improved to evidence that expected timescales were being met.

This area for improvement has not been met and will be repeated.

#### Previous area for improvement 4

To improve outcomes for people, the provider should ensure that they continually monitor, evaluate and complete all actions that they have identified within their improvement plan.

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).

**This area for improvement was made on 27 March 2023.**

#### Action taken since then

The improvement plan that had been provided at time of inspection had not been based on current information. The plan had contained actions that were vague and did not identify who should complete the actions and by when. We could not see up-to-date progress within the plan. An improvement plan that captures all areas of the service was in place, but we could not see this during the inspection.

This area for improvement has not been met and will be repeated.

#### Previous area for improvement 5

To support people's health and wellbeing, the provider should ensure that staff are competent with promoting good infection prevention and control practices. This should include but not limited to observing staff in training and in practice.

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 27 March 2023.**

#### Action taken since then

Progress on this area for improvement was not assessed at this inspection.

## Complaints

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



## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.