

# My Homecare Glasgow Support Service

My Homecare Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
6 March 2025

**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 in their home and in the community.

The service has been registered with the Care Inspectorate since July 2022 and has an office base located in Glasgow. The service operates across the area of South Lanarkshire. 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 a needs assessment. There were 65 care staff employed by the service at the time of inspection and 180 people being supported by the service.

## About the inspection

This was an unannounced inspection which took place on 3 to 6 March 2025. 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.

To inform our evaluation we:

- spoke with 18 people using the service
- spoke with 14 relatives of people using the service
- spoke with 24 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People received support which was meeting their expectations and enabled them to remain living in their own home.
- People and families gave positive feedback about their service.
- People were supported by the right number of staff at times that were convenient to them.
- The service should follow safer recruitment through better recruitment guidelines to ensure staff are recruited well.
- The service should improve the recording of people's digital care plans, outcomes and achievements.

## 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
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

My Homecare Glasgow demonstrated the Health and Social Care Standards in their everyday practice. This encouraged a climate of warmth, respect, and dedication to giving people a good quality service.

We received feedback from relatives and people using the service and the positive difference it has made to their lives. One person told us "They are great, we can have a laugh, they understand my needs and nothing is a bother". The service has recently went through a period of growth and now covers a large area of South Lanarkshire.

The service supported people to improve their health and wellbeing. Staff were experienced and continuity within teams meant that the service understood people's needs. When accidents or incidents happened, the service followed a methodical approach to understand and learn from the experience to promote people's safety.

The service also supported people effectively with their medication. We observed clear communication, appropriate support, and robust recordings. This assisted people being supported by the service to improve their health and wellbeing.

People felt safe with the staff who provided care and there was evidence of staff reporting any concerns to the office, next of kin, and working with health professionals to address these concerns. The service evidenced good communication and responded well to advice ensuring that people received high quality care and support. People told us about the improvements in their health and wellbeing as a result of the care and support provided.

People had six-monthly person-centred reviews which highlighted the views of people and their families. People and their loved ones had the opportunity to regularly feedback to management and also through surveys. To further enhance this, we asked the service to include people's feedback in the service's improvement plan. Having this approach will create more inclusivity and help the service to further develop in the future.

Each person using the service had their own care plan. All care plans were stored in paper format within head office and also digitally. Through a sampling of care plans from the newly developed areas we found that some digital care plans were missing. The service were in agreement that further training for management was needed to ensure digital care plans were populated across all areas. Sampling of paper care plans included details about a person's interests and needs. We felt that plans could better evidence people's outcomes. For example, the service recorded activities daily which was good practice but it would be beneficial to record the outcomes such as better health and wellbeing and community connections. The service acknowledged that it would record people's outcomes and the benefits these have for quality of life which will make the service even more outcome-focused.

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was positive morale across the service and people described it as being a pleasure being able to help people remain at home for as long as possible. A staff member shared "my job means a lot to me and I am learning new skills." Staff shared that management were accessible and promoted an open-door policy. We observed good communication between management, staff, and relatives throughout the inspection. Having leaders who were visible and supportive empowered staff to provide high quality care for both people and families.

Appropriate recruitment checks were carried out which included references, and professional registrations. However when overseas workers were recruited the interview panel consisted of one. This does not follow the Safer Recruitment Through Better Recruitment guidelines and did not promote equity. (See Area for improvement 1.)

Training provided by the service was thorough and promoted in person courses, e-learning, and self-development. The service were proactive in designing training for staff needs for example around communication skills, staff shared that this boosted their confidence when supporting people in their homes. Frequent refresher courses allowed staff to continuously build on their knowledge and skills. The service had good compliance with training and had an action plan in place when staff did not comply. Regular observations of practice, and support and supervision, ensured staff were performing their duties well and helped identify any further training needs. The service have undergone a period of growth which has allowed for staff development and career progression. Whilst this further develops staff and their responsibility it is important that staff have the necessary skills and training when moving into more senior roles. To do this, the service agreed that all senior staff would benefit from leadership training.

Staffing arrangements were appropriate to meet people's varied needs and wishes. Prior to someone joining the service, the co-ordinator and a senior carer would carry out a home visit to complete the initial assessment, to gain a better understating of the persons needs and if the service would be suitable for ensuring responsive care and support.

A review of rotas evidenced that people were supported by staff who were familiar to them. There was consistency in staffing and people were cared for by the right number of people at the right time, promoting effective care and meaningful relationships. Rotas were planned in advance taking into consideration staff and people using the service. We recognised the pressure upon the service with staff shortages or absences but management were proactive around arranging cover and staff were quick to offer support and provide additional cover where needed. This meant that care was not interrupted for people who continued to have ongoing activities and positive outcomes.

Staff wellbeing was valued by management and staff. The service operated an employee of the month and celebrated staff achievements which reflected an appreciation of the work staff carried out. Each region also had their own digital communication group where they had direct contact with their team and management. By promoting a positive working environment where staff feel supported, and their achievements were recognised, there were high levels of morale and performance. Investing in staff wellbeing ensured that people were supported by a motivated and dynamic staff team to meet their needs, wishes and outcomes.

## Areas 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)

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans were completed in paper format and on a digital care planning system. Through sampling care plans we found more established areas had the necessary paperwork stored digitally including medication support which reflected the level of assessed support required. In newer developed areas paper care plans were not transferred to the digital system, meaning care staff did not have direct access to people's plans. People's support plans should give clear direction about how to deliver care and support. The service agreed there was a training need for management, and more robust quality checks will be put in place to ensure that all necessary information relating to people's care is captured. Care plans should be person-centred, detailing people's specific abilities, preferences and routines. This would help to ensure that people got the right care for them. (See area for improvement 1)

We found that some care plans contained a great deal more information about people's life story and preferences whereas other care plans had basic information. We asked the service to ensure that all plans were completed to the same high standard. This promotes understanding and, in the event of an unknown member of staff having to provide care, workers would have the same information required to provide quality and consistent care to the person as their regular staff.

Staff had access to the tasks and daily notes for people on portable mobile devices. Notes, completed by staff after each visit, were found to be up to date. People using the service and their agreed representatives had access to their own plans and notes, in a format which suited them but not everyone was aware that agreed representatives could access the digital care planning app. The service have agreed to relaunch this across the service and ensuring that all areas have the correct care plan documentation stored digitally. By utilising the digital care planning app more efficiently ensures individual's needs, as agreed in their personal plan, are fully met, and their wishes and choices are respected.

Six monthly reviews of care were seen to be up to date and carried out with people using the service and their relatives. To further enhance this management agreed to refresh review paperwork to allow for a more person centred approach where people are fully involved in developing and reviewing their personal plan. This promotes responsive care and support.

## Areas for improvement

1. 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 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).

## 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 ensure that people receive the right care and support for them, the provider and manager should ensure that personal plans, and associated review documents, contain sufficient detail about people's abilities, preferences and routines, making them person-centred and outcome focused.

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

AFI remains with additional context around improving digital care plans

## Complaints

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

## 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
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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