

## My Homecare (Dundee) Ltd Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
21 May 2025

**Service provided by:**  
My Homecare (Dundee) Ltd

**Service provider number:**  
SP2016012723

**Service no:**  
CS2016347323

## About the service

My Homecare (Dundee) Ltd has been registered by the Care Inspectorate, since October 2016, to provide a care at home service. The service is provided by My Homecare (Dundee) Ltd, a private company. The provider uses the policies and procedures of a franchising company called My Homecare.

At the time of the inspection the service was operating in Dundee City, Perth and Kinross and Angus.

The service's aim and objectives included: 'We help people who either through illness or injury, require assistance to maintain their well-being, whilst continuing to live in their own home and neighbourhood'.

## About the inspection

This was an unannounced inspection which took place between 15 May 2025 and 21 May 2025. 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, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 10 people using the service and five of their family
- we received more feedback through care surveys from six people who used the service and their families
- spoke with 11 staff and management
- we received more feedback from staff through care surveys from 19 returned surveys.
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People were mostly happy with the quality of care they received from staff.
- The consistency and number of different staff supporting people could improve.
- Medication support must improve to ensure people received the right level of support to manage their medication.
- Recruitment processes must improve and reflect best practice and current legislation in Scotland.
- Care plans and reviews had improved and provided good information to direct care and support.
- Staff support processes could improve.

## 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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
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?

## 3 - Adequate

We evaluated this key question as adequate following this inspection. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Most people were happy with their care. The support provided was meeting their needs. One family member told us, 'I was amazed at everything they could do as part of the package', 'The care is working well and we are happy with it'. Feedback from people who received support included, 'I think they are very good - they give me confidence'.

Staff were described as compassionate and respectful. 'All the girls are very, very pleasant people and make me feel very comfortable', 'Staff are respectful but there is usually a friendly atmosphere' and 'Staff themselves are quite conscientious but there is a terrible turnover'.

People should know who is coming to provide their support. This was not always the case. Whilst one person told us, 'There is a great effort to make it regular staff' others said, 'It is very erratic', 'You can't rely on them'. Some people had received rotas but sometimes there were no names on the rota and whilst some people didn't mind this, other people would prefer to have knowledge of who to expect. We acknowledge that the provider was actively recruiting staff at the time of our inspection so this should provide more stability within the staff teams that will enable people to have better information about who is coming to support them if this is important to them.

Timings of support were described as unreliable and inconsistent. Most people told us they would usually receive a call if staff were running late but this was not the case for everyone and could disrupt their day. Staff told us they often felt rushed to get to people on time and this impacted on the quality of contact they had with people. The management team responded to this feedback and were reviewing 'runs' to try and provide greater consistency and reliability. **See area for improvement 1.**

Staff did however work hard to meet people's needs. People received a range of help - from assistance with personal care and getting ready for the day, meal preparation, medication support and some social support. One person told us, 'I'm looking forward to getting out to the shop'. This was important for them and they looked forward to getting out regularly.

Most people told us they felt involved in their care and support and were encouraged to maintain their independence. One person however told us that staff didn't always know what they needed support with and what they could do themselves. This was demoralising for the individual and highlights a training need for staff. We highlighted this to the manager and the training officer to consider through induction and ongoing training and support.

Staff in the service understood their role in supporting people's access to healthcare and they recognised changing health needs and shared this information quickly with the right people - there was some concern raised by visiting professionals about sharing information internally - from office to field staff which could cause delays or issues in people receiving the right support or the right information.

We were concerned to see that there had been a significant number of medication incidents reported. These had been identified by staff and reported to the management team. There was evidence of thorough investigation and outcomes to help improve in this area, however errors continued to happen resulting in people not receiving their medication as prescribed. Whilst it is positive that oversight and staff checks had identified errors, it was not good enough that people could not be confident that they would receive their prescribed medication consistently and safely. The management team must take action to analyse the errors, identify possible causes for errors and agree with staff what actions are required to improve this area. **See requirement 1.**

## Requirements

1. By 31 August 2025, the provider must demonstrate that safe systems are in place for the management and administration of medication. In particular:

- where support is required, the provider must ensure medication is administered at regular intervals as instructed by the prescriber and in line with the residents' lifestyle and daily routine.
- the provider must ensure staff are appropriately trained and supported in medication management.
- the provider must ensure that in the event of errors, staff seek advice and guidance from the prescriber or other appropriately qualified practitioner.
- the provider must ensure that there is robust oversight of medication errors that highlight what improvements are required.

This is to comply with Regulation 4 (1)(a) welfare of users of the Social Work and Social Care 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: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## Areas for improvement

1. In order to ensure people using the care service are confident that potential late or missed visits are effectively and timeously communicated, and that records of care fully reflect the care and support provided, the service should;

- a) Ensure visit times are fully agreed and visits are as far as practically possible in accordance with the agreement.
- b) Ensure people using the service know who is to provide their care and support and when on a day to day basis.

This is to ensure that 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).

## How good is our leadership?

### 4 - Good

We evaluated this key question as good. An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

A range of spreadsheets provided managers with an at a glance view of key processes. For example, staff supervision, training and care plan reviews which helped to ensure these events happened regularly. Following our inspection, a medication audit was being introduced to help evaluate practice in this area with a view to contributing to improvements. It was positive to hear that the wider staff team were involved in these activities. This would help to promote responsibility and accountability and help bring about improvements.

Learning from complaints is central to quality assurance processes and fully inform the dynamic approach to quality improvement in all areas. The manager maintained a log of all concerns and complaints and any actions resulting.

A service action plan had been developed recently. This was largely a management tool at the time of this inspection. This would benefit from being developed to reflect involvement and input from the people who use the service, families, staff, and stakeholders. The management team had started to gather feedback from stakeholders through evaluation forms and this would be developed further in order to provide opportunities for people to contribute to improvements and be updated regularly. This would ensure that people benefit from a culture of continuous improvement. We have made an area for improvement in relation to this. **See area for improvement 1.**

Accidents and incidents were well recorded and organised monthly. In order to help analyse information from reports across the board, we suggested the manager create an overall register of all accidents and incidents that clearly identifies the type of accident or incident, who was involved and any actions taken. This would help to establish if there are any trends that require further investigation or support leading to better outcomes for people.

During this inspection, people raised concerns about visit times and the number of different staff visiting people. This was indicative of a period of staff instability and increased absences. This was being addressed. The management team were in the process of collecting information and considering where changes could be made to help bring about improvements. There is an outstanding area for improvement that we have restated under key question 3.

Team meetings demonstrated oversight of the service and where improvements were required. Whilst this inspection has highlighted where improvements could be made, we could see that the management team were aware of most of these and had a plan to address them.

### Areas for improvement

1. To ensure people benefit from a culture of continuous improvement, the provider should develop the existing service improvement plan. This should include areas identified through quality assurance processes and input from the people who use the service, families, staff, and stakeholders.

This is to ensure that 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).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should be confident that staff are recruited in a way that has been informed by all aspects of safer recruitment guidance, including a strong emphasis on values-based recruitment. Some staff had commenced in post prior to all recruitment checks being completed and assessed as satisfactory. For example, PVG checks were sometimes not completed until after a person had commenced in post. Whilst we recognise that there may be exceptional circumstances where this process may be difficult, we found that this was seen as accepted regular practice. This potentially places people at risk. We have made a requirement. **See requirement 1.**

Staff had received an induction during which core training was provided. The recording of the induction could improve to include confirmation of observations of practice and competency assessments associated. The manager told us the record of recruitment and induction was being reviewed and updated during this inspection.

We highlighted the launch of the National Induction Framework which provides further information and resources for staff that they may find useful.

During their induction, staff had a period of shadowing more experienced staff. We discussed the reintroduction of a system for mentoring or coaching new staff. This would help to develop staff skills and knowledge in a supportive arrangement.

People told us the staffing group was inconsistent, 'There seems to be a high turnover' and 'The turnover of staff is terrible' were some of the comments we received. One person told us that the 'Main problem is holding on to staff'. Staff told us that they often felt rushed and worried this impacted on the quality of care and support they could provide. The manager told us they were reviewing 'runs' and staffing arrangements at the time of the inspection which should help to reduce the pressure felt by staff and improve consistency and reliability for people who use the service. **See area for improvement 1.**

Staff told us that they mostly felt supported. 'I know I can call the office' other staff told us that 'Communication could be better' and they didn't always get an answer through the current communication channels. The manager agreed to consider how feedback is provided to staff to ensure they are fully aware of any actions taken to their queries or questions.

At our last inspection, we made an area for improvement about regular team meetings for staff. This had progressed and we saw that office staff and senior carers and 'run leads' had regular meetings. We would recommend that those goes further and that all staff should have the opportunity to contribute to regular team meetings where they can share experiences and ideas. This would provide a support forum for staff and their development as well as an opportunity to contribute to service improvements. We have restated the previous area for improvement. **See area for improvement 1.**

## Requirements

1. By 31 August 2025, the provider, must ensure that people are kept safe by ensuring people are supported by staff who have been recruited in line with 'Safer Recruitment Through Better Recruitment' 2023 guidance and current legislation in Scotland.

In order to achieve this, the provider, must at a minimum:

- demonstrate that all staff are being recruited in line with best practice guidance in order to meet legal and regulatory requirements.

This is in order to comply with Regulation 9 (SSI 2011/210) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011).

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## Areas for improvement

1. In order to ensure people using the service experience a stable and consistent package of care, the service should ensure sufficient staffing arrangements to provide care and support in accordance with people's needs.

This is to ensure care and support is consistent with Health and Social Care Standards, which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

2. The service provider should ensure staff attend regular team meetings to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support. This will also provide a forum for staff to contribute to the improvement of the service.

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).

Also the Code of Practice for Employers of Social Service Workers which state you will: 'Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practise' (2.2).



**How well is our care and support planned?****4 - Good**

We evaluated this key question as good. An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

People should benefit from personal plans that are regularly reviewed, evaluated and updated involving relevant professionals. There had been an improvement in the quality of care plans. The information gathered through the referral and initial assessment meetings was used to inform plans and these were being reviewed and updated as staff got to know people and as people's needs changed. The review document was comprehensive and described good detail including how people had been involved and consulted.

We particularly liked the information recorded about the person's life and their family contact. This gave a sense of what was important to the person and their experiences which could inform their care and support. There was still some work to do to ensure plans consistently included good information for example around support with medication, but the work done so far was of good quality.

The frequency of reviews had also improved. The introduction of a spreadsheet tracker had helped staff to prioritise and plan for formal review meetings and most reviews had been held within regulatory timescales.

People should have copies or access to copies of their personal plans. Some people told us they had a care plan, other people did not know if they had a care plan. Since the care plans went electronic, they told us that they could no longer see the information held about them. The manager should ensure that people are regularly offered access to their information either electronically or be given up to date paper copies.

Whilst there was good information about people's needs available, it wasn't all stored consistently which did mean staff would have to access different files to ensure they had a complete picture. This was being addressed as the electronic system 'Nourish' was becoming established.

Daily running notes were at times brief and lacked evaluation of the support that had been provided. Again, this was already being addressed with managers checking detail and asking for more where it was needed.

## 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 provider should ensure that when a support plan is reviewed, dates are recorded (to observe legislative timescales) and the consultation process is clearly documented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, as a supported person, 'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17)

**This area for improvement was made on 27 June 2022.**

#### Action taken since then

Support plans had been reviewed. There was a tracker in place that helped to ensure that managers could plan and prioritise future reviews. Some recent reviews were outstanding but these were planned. On the whole this had improved.

This area for improvement had been met.

#### Previous area for improvement 2

The service provider should ensure staff attend regular team meetings to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support. This will also provide a forum for staff to contribute to the improvement of the service.

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 organisational codes". (HSCS 3.14)

Also the Code of Practice for Employers of Social Service Workers which state you will: 'Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practise.' (2.2)

**This area for improvement was made on 27 June 2022.**

#### Action taken since then

This had progressed in that office staff and senior carers and 'run leads' had regular meetings. Meetings with care staff had also been convened when an issue or a theme had arisen in a specific area. We would recommend however that all staff have opportunity to attend regular and planned meetings with their

peers. This would provide a forum for staff to reflect on their practice, share experiences and contribute to service development and improvement. We have restated this area for improvement under key question 3.

### Previous area for improvement 3

This area for improvement was made following a complaints investigation.

1. In order to ensure people using the care service are confident that potential late or missed visits are effectively and timeously communicated, and that records of care fully reflect the care and support provided, the service should;

- a) Ensure systems of communication are reviewed to demonstrate effective and timely communication with people using the service when visits may be late.
- b) Ensure visit times are fully agreed and visits are as far as practically possible in accordance with the agreement.
- c) Ensure people using the service know who is to provide their care and support and when on a day to day basis.

**This area for improvement was made on 4 November 2022.**

#### Action taken since then

There was a system in place to help ensure that people received notice of any changes to their visit times. People told us that they usually would get a call if carers were running late.

People told us that they didn't always know who to expect to provide their care and support on a daily basis and often it was different staff each time.

The manager agreed that this was an area that could improve further and had taken steps to address this during the inspection. We have however reinstated this area for improvement under key question 1.

### Previous area for improvement 4

In order to ensure that people using the service benefit from a culture of continuous improvement, with the organisation having a robust quality assurance process, the service should:

- a) Ensure that concerns and complaints are handled in accordance with the organisations complaints procedure.
- b) Ensure that complainants receive a response to their complaint within appropriate timescales.
- c) Ensure people using the service receive an apology where things go wrong with their care and support.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

**This area for improvement was made on 4 November 2022.**

## Action taken since then

We saw that there was a record of complaints and concerns. People received acknowledgement of their complaint and a written outcome within 28 days. Where upheld, people received an apology and notification of any planned actions to address their concern.

This area for improvement had been met.

## Previous area for improvement 5

This area for improvement was made following a complaints investigation.

In order to ensure people using the service have their needs met at the right time, the service should:

- a) Ensure visit times are appropriate to meet people's medication needs.
- b) Ensure the application of prescribed creams/ointments are fully detailed in the Personal Support Plan.
- c) Ensure the application of prescribed creams/ointments are fully recorded in the care record.

**This area for improvement was made on 7 November 2022.**

## Action taken since then

People's visits were planned to meet people's medication needs. Greater detail was required within care plans and improvements to staff practice was required to ensure people received their medication as prescribed. The support required to apply creams and ointments was described in care plans and care notes confirmed when this had taken place.

Whilst this area for improvement has been met, see key question 1 for further information about medication.

This area for improvement had been met.

## Previous area for improvement 6

In order to ensure people using the service experience safe and effective prompting of medication, the service should; ensure visits are planned in accordance with people's medication needs.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

**This area for improvement was made on 30 October 2023.**

## Action taken since then

People's visits were planned to meet people's medication needs. Greater detail was required within care plans and improvements to staff practice was required to ensure people received their medication as prescribed. Whilst this area for improvement has been met, see key question 1 for further information about medication.

## Previous area for improvement 7

In order to ensure people using the service experience effective communication in relation to the provision of the service, the service should; ensure timely communications to alert those service users to afford them the opportunity to make alternative arrangements.

This is to ensure care and support is consistent with Health and Social Care Standard 4.22: If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative.

**This area for improvement was made on 30 October 2023.**

#### Action taken since then

There was system in place to help ensure that people were informed in advance of any changes to the times of their support visits. People told us that they usually received a call to tell them when staff were running late or early.

This area for improvement was met.

#### Previous area for improvement 8

In order to ensure people using the service experience a stable and consistent package of care, the service should ensure sufficient staffing arrangements to provide care and support in accordance with peoples needs.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well.

**This area for improvement was made on 30 October 2023.**

#### Action taken since then

There had been staffing challenges within the service with a significant turnover of staff being described both by staff and by people who used the service. People told us that they saw different staff all the time and there was no consistency. The manager acknowledged this and was actively recruiting and inducting new staff to help strengthen the current team and with a view of providing better consistency and reliability to the team of staff supporting an individual.

This area for improvement had not been met and we have restated a similar area for improvement under key question 1.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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