

Home Instead Inverclyde and North Ayrshire Support Service

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Type of inspection:

Unannounced

Completed on:

3 July 2025

Service provided by:

Ixion Consulting Ltd

Service provider number:

SP2022000048

Service no: CS2022000071



Inspection report

About the service

Home Instead Inverciyde and North Ayrshire, is a support service providing care to people living in their own homes. The service is a franchise of the Home Instead group. The provider is Ixion Consulting Ltd.

The service is based in Greenock, Inverclyde and provides support to people living in Inverclyde and North Ayrshire. Services include companionship, support with personal care, medication administration, meal preparation, domestic support, and getting out in the community.

The manager of the service is supported by a co-ordinator, field care supervisor, a business support team and a team of senior carers and carers, known as Care Professionals.

The service was supporting 48 people at the time of the inspection.

About the inspection

This was an unannounced inspection, which took place on 30 June, 1 and 2 July 2025 between the hours of 09:30 and 18:00. 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 five people using the service and five of their family.
- Spoke with seven staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with one visiting professional.

Key messages

Staff provided person-centred care and understood people's health needs.

Medication management was robust, with effective training and quality assurance.

People were fully involved in care planning and reviews, supporting positive outcomes.

The service demonstrated a culture of continuous improvement and reflective practice.

Staff continuity and matching processes contributed to high-quality, relationship-based care.

Leaders were open, supportive, and responsive to feedback.

Staff induction was effective and staff had access to regular supervision to support their development.

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?	5 - Very 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 how the service supported people's health and wellbeing. We therefore evaluated this key question as very good.

Staff had a good understanding of their roles, particularly in identifying changes in people's health and ensuring information was shared appropriately. Staff told us that managers were accessible and supportive which helped them to feel confident about sharing information. People told us that they were supported by regular staff who were familiar to them. Families told us that staff and leaders communicated well and kept them informed about any changes in their loved one's needs. All of the people using the service had an up to date personal plan, which contained relevant information about their health needs. This meant that people could be assured that staff had the right knowledge and guidance to help manage their health and wellbeing.

People and their families were fully involved in care planning, with regular reviews ensuring plans remained relevant and effective. We sampled personal plans and review minutes, which provided clear details about people's wellbeing needs and how the service would support them to meet their outcomes. Review notes demonstrated open discussions and involvement of people. This meant that people were enabled to have control over their own health and wellbeing. Staff spoke about people in a very person-centred way, demonstrating a very good understanding of people's preferences and what they wanted the service to do for them. While personal plans contained good quality information, we asked the provider to continue to develop them, to ensure they fully reflect the person-centred approach of the service.

Medication management was robust, supported by clear policies, staff training, and regular competency checks. The service used an eMar (electronic medication administration record) when people needed to have their medication administered. This meant the service could track, in real time, that people's medication had been administered in line with their personal plan. Regular audits took place which supported leaders to identify any errors. Where minor errors had happened, staff had been supported with further training and competency assessments. This assured us that people's medication was managed safely and in line with best practice guidance.

Staff supported people with meals in a way that respected their preferences and cultural needs. When people's dietary needs changed, staff monitored this closely and shared updates with senior staff. They understood the importance of good nutrition and hydration for maintaining health and wellbeing. Personal plans clearly described the service's role in supporting each person's nutrition, which meant that any significant changes in dietary intake were shared appropriately and in line with people's wishes.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. Significant strengths in staffing arrangements contributed to positive outcomes and experiences for people.

The service had effective systems for assessing needs and matching staff with the right skills and personality to people. People valued the continuity of care and felt supported by familiar staff. Staff were flexible, team-oriented, and focused on delivering the best outcomes for people. This meant that people could be assured that the service managed staffing arrangements well, in order to promote positive outcomes for them.

Effective systems were in place to monitor staff practice and obtain feedback from people about their care and support. People had regular service reviews which provided opportunities to discuss their support and any changes required. This meant that staff had access to up to date information about people's needs and preferences. Regular support visits from leaders meant that staff had access to guidance and support to develop their skills. These visits provided further opportunities for people to provide feedback. People and families told us that leaders were accessible and responsive to any requests for changes to their support. The provider had a comprehensive complaints policy and sought to resolve concerns at an early stage. This assured us that the provider was open to learning from people's feedback in order to provide good quality care.

Training and induction was of a high standard. All new staff were required to complete a comprehensive induction programme which included classroom learning, online learning, observations of practice and competency assessments. The service had effective systems in place to monitor staff training, to ensure all staff kept their mandatory training up to date. Where people had particular support needs, the service provided condition-specific training to the staff delivering their care. This helped to ensure that staff had a good understanding of people's individual support needs. The staff members we spoke to had the right values and attitude to support people well. Some staff had difficulty relating their values to the Health and Social Care Standards (HSCS). We asked the provider to consider ways to strengthen staff knowledge, to ensure the principles of the HSCS continue to guide their practice.

Staff should have access to regular supervision to support their learning and development needs. The service had a tracker in place to ensure all staff had regular supervision and competency checks. Staff told us that supervision discussions were supportive and helpful, encouraging them to develop their knowledge and practice. We asked the provider to ensure that supervision notes fully reflected these discussions, particularly with a focus on training and development goals and how these will be progressed. This is to ensure staff have opportunities to develop their skills which will contribute to positive outcomes for people. There was a very positive and proactive culture in the service, and it was clear that all staff had a contribution to make which was recognised and encouraged by leaders.

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?	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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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