

Shona Care Ltd Support Service

Shona Care Ltd
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Type of inspection:
Unannounced

Completed on:
3 June 2025

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 older people living in their own homes 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 95 people receiving support from the service.

About the inspection

This was an unannounced inspection which took place between 26 May to 3 June 2025 between 7:30 and 17:30. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 14 people using the service and 19 of their friends and family members
- reviewed feedback from 11 pre-inspection questionnaires from family members
- spoke with 15 staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Most people and their families were happy with the care and support provided.
- People experienced inconsistent care and support due to lack of continuity in the timing of visits and support.
- Management oversight and quality assurance processes required significant improvement.
- The service development plan had not fully identified all necessary improvements.
- Daily notes and care plans had significant gaps which put people at risk.
- Risk assessments had not fully considered people's current health, safety and welfare needs.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. We found some strengths however, these were compromised by significant weaknesses that impacted on the health, welfare and safety of people.

Staff were often polite and respectful, with people telling us, "Staff are great and trying their best," and "Staff are friendly and helpful." We observed compassionate care but also noted some staff had limited interaction with people supported. During visits, staff often failed to introduce themselves or engage in basic conversation. People should feel at ease by staff greeting warmly and introducing themselves. These are key elements for building positive relationships and effective communication. Poor staff communication and minimal conversation can increase the risk of social isolation, negatively affecting wellbeing.

We had concern due to gaps in staff knowledge around health and safety and infection prevention and control which put people at risk. Staff needed clearer guidance and leadership to better understand their role and the people they support; particularly in areas like nutrition and reporting health concerns. We were not confident that care and support met people's individual needs or reflected a person-centred approach. Care appeared task-focused, with limited understanding of individual needs, choices and wishes. (See Requirement 1).

Some people did not receive their full allocated visit times, with late or missed visits occurring regularly. This sometimes led to vital care and support being missed but also delayed or missed medication. The service is currently working on making improvements around medication management in relation to a recent complaint which is published on our website (see section 'What the service has done to meet any requirements we made at or since the last inspection'). People also told us visits felt rushed, and they often had to explain to carers what support they needed as personal plans were not available to support staff. These issues can negatively impact both health and wellbeing. (See Requirement 1).

Daily notes often lacked detail and had not captured people's current experience during the visit. Daily notes were recorded in diaries which had inconsistent visiting times, brief or missing entries. Some records missed key information like names and addresses, as well as not being signed by staff. It was difficult to know when records had been completed or by whom. This raised concerns about the effectiveness of communication between staff and management. Inconsistent documentation and also care and support put people at potential risk of not achieving their outcomes. We shared these concerns with the provider, who took steps during the inspection to start to address these. (See Requirement 1).

Requirements

1. By 26 September 2025, the provider must ensure that people experience a service which is responsive to their health and wellbeing and promotes best practice. To do this the provider must, at a minimum.
 - a. Improve the consistency of staff and timings of visits.
 - b. Ensure daily notes are detailed and an accurate reflection of the care and support provided.
 - c. Staff are knowledgeable and follow the service's health and safety, and infection prevention and control policies.

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 the Health and Social Care Standards (HSCS) which state: '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?

2 - Weak

We made an evaluation of weak for this key question. We found some strengths, but these were compromised by significant weaknesses.

People should have confidence that the service is well led and managed. There has been a significant period of growth within the service since the last inspection which has had an impact on the care delivered and the service's quality assurance processes.

A significant number of notifiable events such as incidents, accidents, medication errors, and protection concerns had not been reported to the Care Inspectorate. While some incidents were managed appropriately, they were not consistently or accurately documented, resulting in a lack of oversight regarding events that may have warranted further intervention. The management team must ensure that all notifiable events are promptly reported to the relevant statutory agencies and stakeholders to enhance the delivery of safe, appropriate care. (See Requirement 1).

Effective systems for assessing and monitoring service quality are essential to drive improvement and achieve positive outcomes for individuals. We found that key areas such as record keeping, personal plans and supporting documentation and significant events were not routinely monitored through robust oversight or quality assurance processes. Although some audits were in place, they were not effective in identifying where improvements should be made. As a result, we could not be confident processes were supporting positive outcomes for people. Strengthening these systems is necessary to ensure safe, person-centred care. (See Requirement 1).

The service improvement plan was informative, but to further enhance this, robust audits should be in place to populate this document. The service should also encourage feedback from all people using the service, their families, staff, and external agencies, including complaints and compliments to ensure the plan is inclusive and reflective of all perspectives.

The service's policies and procedures were generally informative, but some required review. Regular policy reviews ensure best practice is reflected in policies and processes.

Quality assurance for staff which included observations of practice had been carried out for some staff. These were inconsistent and differed in frequency and quality of information recorded. There was little evidence of follow-up when issues were identified. Regular, well-documented observations with appropriate follow-up are essential to ensure high standards of care and support are provided, and staff have opportunity to develop. (See Requirement 1)

Requirements

1. By 26 September 2025, the provider must ensure the service is well-led and promotes best practice by:

- a. Implementing a quality assurance system to monitor key service areas.
- b. Conducting and recording regular staff observations with appropriate follow-up.
- c. Using feedback from people, families, staff, and external agencies to inform the improvement plan.
- d. Ensuring all notifiable events are reported to the relevant statutory bodies and stakeholders.

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 the Health and Social Care Standards which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (4.19)

How good is our staff team?

3 - Adequate

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

People could be assured safe recruitment practices were followed in line with national guidance, including appropriate checks, references, and professional registrations. The provider noted challenges in recruiting suitable staff, particularly from overseas.

Staff felt supported as most shared that management were accessible and any issue they raised, they felt listened to. Staff shared that they enjoyed their job and supporting people living at home.

Staff demonstrated flexibility by covering shifts to maintain care delivery. However, these changes were not always communicated to management or recorded, leading to frequent missed visits and increased risk of poor outcomes for people receiving care. Some staff shared they worked long consecutive days and through observation of staff rotas we were able to see evidence of this. Relatives we spoke with also expressed concerns regarding staff wellbeing and working patterns. The service needed to develop an improved staff rota and processes to monitor staffing arrangements. Doing this would promote safe staffing and support wellbeing for both people experiencing care and staff. (See Requirement 1)

Staff were supported through team meetings, supervision, and appraisals. However, we found these were conducted on an ad-hoc basis rather than part of a planned framework of supervision. We encouraged management to schedule regular sessions throughout the year to promote reflection, identify strengths, and address development needs. Structured reflection supports good practice and contributes to improved outcomes for people.

Training was provided through in-person sessions, e-learning, and self-directed learning to build their knowledge and skills. To strengthen this further, management should prioritise regular refreshers in key areas such as moving and assisting, record keeping, and confidence building to ensure staff remain competent and safe in their roles. This helps people to have confidence in staff because they are trained, competent and skilled. (See Area for Improvement 1)

Overseas staff felt welcome, and the service had introduced opportunities to bring staff together which included shared meals celebrating cultural diversity. Staff also had access to counselling and wellbeing

support, though some were unaware of these resources. We encouraged the service to explore additional ways to promote and maintain staff wellbeing.

Requirements

1. By 26 September 2025, the provider must ensure that they have a clear oversight of staffing arrangements. To achieve this, the provider must, at a minimum: Develop an improved staff rota system and process to monitor staffing arrangements.

This is to comply with Regulation 7 of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My needs are met by the right number of people." (HSCS 3.15)

Areas for improvement

1. To support people's wellbeing, the provider should ensure staff have opportunity to keep up-to-date with training which should include refresher training relevant to their role.

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).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. We found some strengths however, these were compromised by significant weaknesses that impacted on the health, welfare and safety of people.

Personal plans that are informed by people's preferences, choices and wishes are essential for inclusive, person-centred care. Personal plans had gaps in key information, such as life stories, people's preferences, and what matters to individuals. Records were inconsistent, and important details like next of kin, medication, support tasks, and health needs were not easily identifiable. Some plans were incomplete or missing detail. Staff had a list of tasks to detail people's support but could not access personal plans through the digital system. We were concerned that staff did not have sufficient information to deliver appropriate care. This had potential risk which could impact people's safety and outcomes. Personal plans were not available in people's houses. Staff must be able to access accurate and up-to-date information about people's support needs. (See Requirement 1).

Personal plans must be reviewed every six-months, or if there is a significant change. This must include input from individuals and where appropriate, any representative. People can be confident they receive responsive care and support when health and social care needs are assessed and reviewed. This means steps can be taken to ensure people receive the right support and care at the right time. Records of reviews were inconsistent, and it was unclear when some reviews had taken place, or who had been involved. The involvement of health professionals was not evident in reviews and personal planning. (See Requirement 1)

Risk assessments did not fully inform personal planning. Risk assessments did not identify the health, welfare and safety needs of individuals. This included moving and positioning, cognitive and capacity concerns, and other health conditions. As a result, care and support activities had not considered these

factors which put people at risk of poor outcomes. Quality assurance processes would improve the standard and consistency of personal planning. (See Requirement 1)

Requirements

1. By 26 September 2025, the provider must ensure that each service user has a detailed personal plan outlining how their health, safety and welfare needs will be met. Plans must be reviewed at least every six months or following any significant change.

To achieve this, the provider must ensure:

- a. Relevant risk assessments are in place to inform personal planning.
- b. Actions from reviews are clearly documented and any changes reflected in personal plans. Review records must include who has been part of the review.
- c. Audits are undertaken to ensure the quality and consistency of personal plans.

This is to comply with Regulation 5 (1) and (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also 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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 27 June 2025, the provider must ensure people experiencing care have their medication administered safely. To do this, the provider must, at a minimum:

- a) ensure that each person experiencing care has an up-to-date care plan that details how staff will support them to take their medication safely;
- b) ensure that staff support each person receiving care to take their medication in accordance with their prescription;
- c) ensure that staff maintain accurate and comprehensive medication administration records in relation to each person receiving care;
- d) ensure staff involved in supporting people to take their medication are trained and competent to do so;

e) ensure that the management team implement an ongoing quality assurance system for reviewing medication administration records.

This is in order to comply with:

Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 16 May 2025.

Action taken on previous requirement

This was not looked at during current inspection due to the timeframe. This will be followed up during future scrutiny activity.

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

To ensure people experiencing care receive their allocated support hours, the provider should ensure visit times are accurately recorded, with regular management oversight for quality assurance purposes.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 16 May 2025.

Action taken since then

This area for improvement had been made following a recent upheld complaint which is published on the Care Inspectorate website under the providers details. This area for improvement will no longer continue and has been superseded by a requirement due to inspection findings from current inspection. Please see information in section 'How well do we support people's wellbeing?' for more details.

Previous area for improvement 2

To ensure people experiencing care are adequately supported with their care needs, the provider should ensure all personal plans are sufficiently detailed, accurately reflect people's current needs and are updated regularly.

This is in order to comply with:

Health and Social Care Standard 1.15: 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.

This area for improvement was made on 16 May 2025.

Action taken since then

This area for improvement had been made following a recent upheld complaint which is published on the Care Inspectorate website under the providers details. This area for improvement will no longer continue and has been superseded by a requirement due to inspection findings from current inspection. Please see information in section 'How well is our care and support planned?' for more details.

Previous area for improvement 3

To ensure people experiencing care are safely supported in an emergency or unexpected event, the provider should ensure timely and appropriate action is taken resolve the situation. Records should clearly document steps taken by the service and any communication with relevant parties.

This is in order to comply 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 16 May 2025.

Action taken since then

This area for improvement still remains in place and will be assessed at a future follow up inspection.

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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