

# Home Instead West Dunbartonshire, Argyll & Bute and Arran Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 July 2025

**Service provided by:**  
Solripe Allstars Limited

**Service provider number:**  
SP2022000034

**Service no:**  
CS2022000053

## About the service

Home Instead West Dunbartonshire, Argyll & Bute and Arran provides support to people living in their own homes including personal care, practical help and companionship. Staff providing support are called 'care professionals' by Home Instead. It operates from a from an office base in Clydebank. There were 58 people being supported by the service at the time of the inspection.

The principal objective of Home Instead is:

"to provide supportive care and companionship which both enables and encourages our clients to remain independent, in their own homes, for as long as possible."

## About the inspection

This was an unannounced inspection which took place on 15, 16, and 18 July between 13:00 and 17:30. 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 eight people using the service and three of their family members.
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- communicated with visiting professionals

## Key messages

People were supported in a kind and thoughtful way with care professionals often going the extra mile to support people during difficult times.

Care was tailored to each person, helping them feel respected, listened to, and involved in decisions about their support.

Staff helped people to stay independent, encouraging confidence through practical support like learning new skills and managing routines.

Digital tools gave people more control, allowing them to stay informed and involved in shaping their care.

The staff team felt supported by caring managers, but there was a need to improve how often staff had one-to-one support from leaders.

Recruitment demonstrated that staff were recruited safely but some improvements could be made to make the process clearer and more consistent.

## 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

### 1.3 People's health and wellbeing benefits from their care and support

We evaluated this key question as very good because we found strong examples of care that made a positive difference to people's lives.

The service made sure that all care visits lasted at least one hour. This gave carers, called care professionals by the service, enough time to support people properly without rushing. There were examples of care professionals staying longer than their allocated time to comfort people who were upset and needed additional emotional support. One person being supported said that staff 'always went the extra mile' to support them. This showed that staff were willing to go above and beyond to offer support when it was needed most.

Care professionals were matched with people based on shared interests, which helped build trust and comfort. One family member said the team 'treated my mum as the most important person' when setting up care. Another said that 'support is flexible. They do what I want them to do, even just chat or watch TV together.' This showed that the service listened to people and put their needs first.

People using the service often described their care as excellent. Care professionals were praised for being reliable, friendly, and thoughtful. For instance, they phoned ahead if running late, especially in rural areas. This helped people feel respected and reduced worry about missed visits.

Carers also helped people stay independent in creative ways. One person said their care professional taught them how to use online shopping, which made them feel more confident. Another person commented that 'they treat me with respect and help me keep my independence.' This showed that staff supported people to do things for themselves and not just rely on others doing things for them.

The service used a digital app that let people and families check visit times and medication updates. People were able to track their medication on the app and update the service of any changes to prescriptions. This gave people more control over their care and helped them stay involved in decisions.

Staff were very good and consistent at helping with medication but sometimes they didn't record the medication outcomes right away. This could lead to confusion and it was something that the service had identified and was working to improve.

The service collected feedback through surveys and kept in touch with families. The majority of feedback was positive but there was a need to encourage more people to respond. The service was looking at this issue, which showed that it was committed to listening to the views of people who they supported.

Care plans were built around each person's goals and routines. This showed that care was flexible and focused on emotional wellbeing, not just physical needs.

Overall, the service promoted people's health and wellbeing through providing a reliable and responsive service that maintained a strong focus on people's individual needs.

**How good is our staff team?****5 - Very Good****3.3 Staffing arrangements are right and staff work well together.**

We evaluated this key question as very good, because we found strong examples of staff practice that made a real difference to people's lives.

Staffing arrangements were based on values and person-centred care. The service had been expanding the number of people it supported and a new recruiter and field supervisor had recently joined the team. This was in recognition that the service needed to enlist support for leaders, so that they could continue to provide a high standard of care to people.

Staff said the workplace felt supportive and managers were praised for helping with transport and emergencies. This created a positive atmosphere where staff felt cared for, which helped them give better care to others.

Training and induction were mostly well received. Staff suggested improvements like better training tools and mentoring for new carers. This showed that staff wanted to learn and improve, which demonstrated commitment to providing the best care possible.

The service had listened to staff feedback through surveys. Staff asked for more opportunities to come together, and leaders looked at ways to include everyone, and had restarted regular team meetings. This showed the service tried to build a stronger team and support staff wellbeing.

There was room to improve how often staff had supervision meetings and what was discussed during them. Some meetings were overdue, and the tracking system needed work. All staff would benefit from regular, helpful sessions to develop in their roles. We have made this an area for improvement.

**(See area for improvement 1)**

Recruitment followed safe practices like checking PVG clearance and references before hiring people. However there was room for improvement. For example, there were times when recruits hadn't been able to provide two work references but the reasons for this weren't always clearly written in their files. This made it harder to understand hiring decisions. This area for improvement has been repeated.

**(See section 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

Staff used a digital app on their phones to check visit details and record updates. Some staff were uncomfortable using their phones during visits and asked people for permission to do so. This showed they were considerate of people's time and wishes during the support visit.

Overall, we found that staff were committed to providing high quality care and were well supported by managers and worked well as a team.

## Areas for improvement

1.

To support staff learning and development, the provider should ensure that staff have regular opportunities for supervision which should be meaningful and outcome focused.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled.' (HSCS 3.14)

## 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

1. The provider should develop its approach to quality assurance, including use of audits and related information. This must include the development of clear action plans, detailing the areas for attention, staff responsible, timescales for action and outcomes for people.

The service benefitted from external audits provided by the parent company. These included compliance on care standards, training and outcomes for people. From these, the service developed a local action plan. These action plans could be improved by being clearer on what actions are to take place and how they will be evaluated. The action plans could be further improved by including relevant areas from care inspections.

This is in order to comply 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 11 May 2023.**

### Action taken since then

The service has taken steps to make progress to make action plans more detailed. Each action in the plan includes a stated issue, objective, action required, staff member responsible, timescale for completion and in most cases, a review or completion date. This demonstrates improved clarity in terms of who is accountable for actions and when actions are due.

There was sufficient evidence to meet the area for improvement. However, the service should ensure that all areas covered in the plan are up to date.

This area for improvement has been met.

### Previous area for improvement 2

To safeguard people who use the service and meet legal requirements, the provider should ensure that they are completing safer staff recruitment and selection procedures.

This should include, but is not limited to, ensuring that the recruitment and selection policy is followed and two suitable references are obtained for staff, and, where there is a delay in receiving references and/or PVG during the recruitment process, a risk assessment must be undertaken and control measures detailed and implemented.

This is to ensure care and support is consistent with Health and Social Care Standard 4.24:

'I am confident that people who support and care for me have been appropriately and safely recruited'.

**This area for improvement was made on 11 May 2023.**

### Action taken since then

The service has made improvements to ensure that essential documents like IDs, references, and PVG numbers have been provided, and interviews were thorough. Where there is a delay in receiving references or the PVG, the service has determined that staff will not be given a start date until these documents have been provided and checked.

However, key elements of safer recruitment were missing, such as completed interview scoring charts. These charts are essential for objectively assessing candidates' behaviour's and values, such as empathy, flexibility, and accountability, and their absence undermines the transparency of recruitment decisions.

When two work references could not be provided, there was not always a clear account of why this was the case and why it was justified. There were gaps in signing off disclosures which had been provided and a lack of information about where key documents were saved.

The lack of consistent recording standards, particularly regarding disclosure outcomes and reference verification, suggests a need to further tighten administrative processes.

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

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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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