

Support @ Home (Shetland) Support Service

Community Health and Social Care
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Type of inspection:
Unannounced

Completed on:
25 July 2025

Service provided by:
Shetland Islands Council

Service provider number:
SP2003002063

Service no:
CS2004077278

About the service

Support @ Home (Shetland) is registered to provide a support service to people in their own homes. The service operates under Shetland Islands Council.

The service provides personal care, support and practical assistance (including meal preparation) to predominately vulnerable adults who have additional needs and who live in their own homes. The main aim of the service is to enable people to live in the community and to maximise their independence and potential.

The service is operated and co-ordinated from seven different teams across Shetland:

- Nordalea Care At Home
- Isleshavn Care At Home
- North Haven Care At Home
- Wastview Care At Home
- Overtonlea Care At Home
- Fernlea Care At Home
- Support At Home Central
- Intermediate Care Team

At the time of inspection 301 people were receiving a service.

About the inspection

This was an unannounced inspection which took place between 15 to 19 July 2025 between 09:00am and 18:00pm. Three inspectors carried out the inspection.

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:

- visited five hubs including off island services
- spoke with 33 people using the service and nine of their friends and family members
- spoke with 19 staff
- spoke with four external professionals
- observed practice and daily life
- reviewed feedback from 48 pre-inspection questionnaires from people using the service family members, professionals and staff
- reviewed documents.

Key messages

- People were supported with kindness and compassion by staff who knew them well.
- Staff were skilled in supporting complex needs and skilled in delivering person-centred care.
- People were supported by the right number of staff at times that were convenient to them.
- Leaders invested in staff wellbeing which promoted a positive culture.
- The service should ensure each hub has a service development plan which is regularly updated with timescales and priorities.
- Quality assurance systems need to better reflect what improvement is needed in the service, this includes all hubs using the same standardised paperwork.

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

4 - Good

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

Support@Home (Shetland) 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. One person told us "staff are friendly and helpful." Throughout inspection visits, we observed staff responding to people politely and respectfully. It was clear that they knew people's needs well and we saw several staff members sensitively support people.

We received feedback from carers and people using the service and the positive difference it has made to their lives. One person told us "I can still live independently at home because of the support". The service covers all of Shetland including the smaller islands and this enabled them to provide a service to individuals staying in the most remote areas. One individual shared the impact on their mental health as they are isolated and daily support visits was something that filled them with joy and connection.

In remote hub areas, staff carried out the social work assessments whilst in centralised areas this is the responsibility of social work. All staff have a role in contributing towards assessments to ensure continuity and personalised care is delivered. People were supported to maintain and develop their skills with appropriate levels of assistance. Effective systems enabled smooth transitions from short-term care to home-based support, promoting safety and wellbeing. The service's flexibility enabled support to be tailored to individual needs. For example, one person was able to return home under palliative care arrangements, demonstrating how care was adapted to ensure it remained person-centred and appropriate.

Each person had their own care plan, but the quality varied across hubs. We saw some plans were detailed, covering people's interests, needs, and health risks well. However, there was evidence of gaps in some care plans and risk assessments, where the detail was brief and lacked person centred elements. As care plan information differed across the hubs it was difficult to identify the support each person was receiving, such as personal care, medication or meal preparation. Having a dedicated task list for each individual receiving care promotes responsive care and support. We asked the service to ensure all care plans are completed to a consistent standard. This supports clear understanding and enables any staff member, including those unfamiliar with the person, to deliver safe, high-quality, and consistent care. A digital system could help staff access daily tasks and allowing real-time updates, making quality checks and tracking more efficient. We raised this with management, who agreed that improvements were needed across all the hubs to ensure care planning is more consistent. (See area for improvement 1.)

Carrying out six monthly reviews of people's care is essential to ensure care plans remain up to date and reflect any changes. This helps ensure support is inclusive and that people remain actively involved in shaping their care. We saw evidence that in most hubs people had their six-monthly reviews and they captured their views, as well as those of families and professionals such as social workers. However, in one hub we identified some people's reviews were overdue. We discussed these areas with management, who acknowledged the importance of prioritising individuals without current reviews. This helps ensure that support is inclusive and that individuals remain meaningfully engaged in shaping their own care.

We found positive evidence of contingency plans in place for unplanned events for example adverse weather or any other major event. Staff had a risk rating in place with clear plans and all the staff team had roles in

ensuring care had minimal interruptions. However gaps were identified across the hubs as not everyone had the same level of detail in their contingency plans. It is important that these plans are reviewed in time with care plan reviews to reflect any changes and that the same consistent approach is taken across all the hubs.

Having the right medication at the right time is important for keeping people well. People were receiving medication as prescribed and staff mainly followed good practice when recording. However, we identified the need to ensure that paperwork was being filled out consistently across all of the hubs. Examples of this included writing if the medication was prompted or administered. We noted the hubs differed in their recording. Having the use of an electronic recording system for medication would help to have live oversight and will further enhance effective medications practices.

Areas for improvement

1. Care plans should be streamlined across all hub areas to ensure that all the required information is easy to find, either for individuals or family. This includes keeping each person's reviews up to date.

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

How good is our leadership?

3 - Adequate

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

Leaders demonstrated passion and a clear vision for service improvement. However, management oversight was not consistently evident. The registered manager was named as the overall lead across all geographical areas but only directly managed the centralised team, leaving other hubs without direct oversight. Given the wide geographical coverage and additional responsibilities of team managers, we discussed with management the need for a more robust structure potentially assigning regional managers to reduce competing demands. This will enhance the registered manager's capacity to embed improvements effectively. This is something that the service agreed with and are currently undergoing a period of review.

Families, staff, and professionals expressed overall confidence in the service's leadership and shared positive feedback. Some staff suggested that involvement and development in leadership matters could be better, and we shared this with the manager. Strengthening leadership presence and communication would support more effective management and staff inclusion.

A service-wide development plan was in place for Support@Home (Shetland), highlighting key priorities such as quality improvement and training. However, some local hubs lacked their own development plans. To ensure an accurate reflection of each hub's needs and to support targeted improvements, individual plans should be developed and aligned with the overarching strategy. Management agreed this was necessary and are working towards a more streamlined, inclusive approach that empowers teams and supports continuous service development. (See Area for Improvement 1)

Quality assurance systems are in place, including medication audits, care plan reviews and compliance. The systems currently in place need to be standardised across all service hubs as it was evident that some services were not fully doing quality assurance where others developed their own systems. We observed in one hub an overview tracker being used where all audit trackers were in one place for example reviews,

supervision and key dates. We shared the document with management and suggested this could be a tool that is introduced across all the hubs. (See Area for Improvement 2).

Observation of practice helps ensure staff competence and identify development needs. While observations were taking place across hubs, they lacked a consistent approach. The introduction of a QR code system, currently used in residential care will support digital recording and is planned to be introduced for care at home. We suggested improvements to the observation form to better evidence areas like medication and social interaction, and to include examples of good practice. Protected time for observations and feedback is vital. This ongoing work will help ensure high-quality, evidence-based care across the service.

Areas for improvement

1. Management should ensure that all hub areas are following the same processes for quality assurance, this includes using the same documents and systems to gather information. Having important information populated in the one document ensures a more standardised efficient process.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2. The service should continue to develop their service development plan ensuring that robust internal audits and quality assurance systems are carried out and any actions identified are linked to the wider service development plan. The service development plan is a live document which should continuously be updated to evidence improvements.

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?

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 a pleasure being able to help people remain at home for as long as possible. A member of staff shared "I have been brought up here and now it's my chance to give back". Staff felt supported by local management, who promoted an open-door policy. However, some felt isolated from other hubs and lacked oversight from head office. We observed good communication between staff, management, and families. Most updates from central management were digital, which had benefits, but having more visible leadership could further empower staff and improve care quality.

Staff were recruited safely in line with national guidance with appropriate checks, references, and professional registrations. Training provided by the service was thorough and promoted in person courses, e-learning, and self-development. We identified gaps throughout the hubs where training compliance differed. It is important there are appropriate checks in place to ensure training needs are identified and a plan in place. Senior staff shared they would benefit from leadership and assessment training to help further their knowledge. This will continue to ensure high standards of care is delivered for people.

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.

Daily working records were used as a tool to document conversations and identify training needs; however, their use was not consistent across all hubs. Implementing a standardised approach would support a more cohesive lessons learned approach and help identify areas for further development. While supervisions were taking place, they were not always conducted regularly or consistently recorded across the hubs. Introducing a standardised format with set agendas would help strengthen staff wellbeing, professional development, and reflective practice.

Staff wellbeing was valued and management recognised the complexity of the role and issues such as lone working. Staff had access to an employee assistance programme which offered counselling and wellbeing assistance. Hubs had dedicated space where staff could come in to do notes, training and have downtime between visits. By promoting a positive working environment staff feel supported.

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 service should ensure that staff consistently follow good practice when they provide support with medication. Records should reflect all medicines prescribed, detail the purpose of each medication and any contra-indications staff should be aware of.

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).

This area for improvement was made on 2 June 2023.

Action taken since then

MARs sheets are gathered monthly by seniors for auditing and to track any trends for example medication errors. The service were able to evidence a systematic approach but we did note that across the hubs there was no standardised approach to recording. Shetland Islands council are currently reviewing medication policies and best practice.

This area for improvement has been met and further improvements have been captured within a new area for improvement.

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

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