

North Ayrshire Council - Three Towns, North Coast and Arran Housing Support Service

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Type of inspection:
Unannounced

Completed on:
15 August 2025

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Service no:
CS2008192560

About the service

North Ayrshire Council - Three Towns, North Coast and Arran is registered as a Housing Support and Care at Home Service. The provider is North Ayrshire Council.

At the time of the inspection the service provided care and support to 792 people.

The service will be provided to a range of service users of varying ages.

The service will be available to people with physical disabilities, dementia, mental health conditions, addictions, sensory impairment, learning disabilities, and end of life care, living in their own homes in the Three Towns, Arran and North Coast areas of North Ayrshire.

The care at home service for North Ayrshire Council operates from a central base in Irvine, Ayrshire. Initial assessments and subsequent reviews of individual service user's care can be carried out by a care manager / social worker or care at home manager. The care at home managers are also responsible for a team of care at home assistants, senior care at home assistants and the management of individual's care at home packages of care.

About the inspection

This was an unannounced inspection which took place on 7, 8, 11, 12, 13, 14 and 15 August 2025 between the hours of 07:30 - 19:00. The inspection was carried out by four inspectors 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 39 people using the service and 13 of their family and received 36 questionnaires.
- spoke with 129 staff and management.
- observed practice and daily life.
- reviewed documents.
- spoke with visiting professionals.

Key messages

- There were very positive relationships between staff and people using the service, with a high satisfaction rate.
- People using the service are encouraged to provide feedback on their experience and be involved in the recruitment of staff.
- Management have very good oversight of the service, with a strong ethos on quality assurance.
- There was a strong support culture amongst staff.
- There were person centred support plans in place, however review paperwork requires updating.

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 leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Indicator: 1.3 - People's health & wellbeing benefits from their care and support.

Interactions between carers and people using the service were consistently warm, compassionate, and respectful. Observations and feedback highlighted carers' attention to detail, small gestures such as styling hair or leaving helpful notes demonstrated genuine care and dignity. These actions contributed to a sense of comfort and trust.

People should experience consistency and continuity with their care. The majority of the people we consulted were very happy with the continuity of carers and the care they received. Very few felt this could be better. One person commented, 'We are very happy indeed with the service. Our two regular carers are excellent and any stand in carers, who visit have been very satisfactory.' Other people told us: 'Well done and most of all thank you. The service is a very important lifeline to assisting longevity of independence for me' and 'Overall my mum has really lovely, kind, caring carers and this is really important to me as well.'

Everyone receiving care and support should have a care plan in place that directs staff on how the person needs and wishes to be supported. We found when visiting people in their homes that they had a copy of their care plan. Staff were able to access care plans on their electronic devices and provide person centred care.

Risk assessments were in place, and we were confident that staff were able to identify what risk was for people and how to report this.

We observed that when health concerns arose, carers responded promptly by seeking support and guidance from the appropriate health professionals. These proactive actions, along with the strong collaborative relationships established with external health services, contributed positively to individuals' overall health and wellbeing.

Staff received targeted training to address the specific health needs of the individuals they support. This significantly enhanced the quality of care, as staff now have a deeper understanding of the support required. The training also included Palliative and End of Life Care, enabling staff to provide compassionate and effective support to service users and their families during emotionally challenging times.

People's nutritional and hydration needs were met in line with their individual preferences. Where monitoring charts were required, staff completed them as instructed by external health professionals.

The service showed awareness of good practice in promoting participation, involvement and equality, by involving service users in recruitment events, keeping them informed through a quarterly newsletter and through quality assurance questionnaires. This also gives people an opportunity to be involved in the improvement of the service.

There was a comprehensive medication audit systems in place. This ensures that people are receiving the right medication at the right times.

However, whilst shadowing staff, some medications were being administered, with some care plans also describing and directed staff on administering, when this should have been a prompt or assist. This could put staff and the organisation at potential risk should there be any issues. **(See Area for Improvement 1).**

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the service should be consulting with regarding the care of the person.

Areas for improvement

1. The provider should ensure that staff follow medication guidance and that they are not administering medication unless authorised to do so.

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).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the management and quality assurance procedures in place and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Indicator: 2.2 - Quality assurance and improvement is led well.

There was a good ethos regarding the importance of quality assurance procedures. These help to evaluate the effectiveness and satisfaction levels with the service provided. Involvement of the people who use the service and staff was evident.

Staff were encouraged to share feedback through questionnaires, supervision sessions, and frontline engagement events. They also receive regular newsletters that keep them informed about organisational updates and developments. Exit interviews are conducted with departing staff, demonstrating the service's commitment to good practice by using this feedback as part of its self-evaluation processes. Communication with staff regarding organisational changes and developments is consistently strong and effective.

The service received a lot of feedback from service users, through satisfaction surveys. This helps to ensure that people are getting the best service possible and can have their say and provide views and opinions of the service provided.

We could see that management were responsive to issues raised by relatives and people using the service. Complaints were discussed at weekly management meetings, ensuring management oversight.

We found that robust quality assurance systems were in place, effectively informing the service's improvement plan. This plan is treated as a live document, with management actively contributing as progress is made. We were confident that the management team demonstrated strong awareness and oversight of areas requiring development, with responsibilities clearly delegated across the team.

The management team works collaboratively, with designated areas of responsibility, ensuring a comprehensive and effective quality overview of the service.

We found that systems for tracking and analysing accidents and incidents were highly effective. Comprehensive investigations into complaints were evident, along with clear responses and learning outcomes addressing the concerns raised.

There was strong oversight of the service's performance, including staff training, professional registration, and service reviews, all of which were well-managed and consistently monitored.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of staffing arrangements and staff working well together and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Indicator: 3.3 - Staffing arrangements are right and staff work well together.

Staffing arrangements within the service were well-organised, responsive, and person-centred. The service uses a robust digital system (CM2000) to allocate staff based on individual preferences and continuity, which supports positive relationships and outcomes for people using the service. Staff deployment was monitored in real time, allowing managers to respond quickly to delays or missed visits.

The service demonstrated a very good understanding of the legislation and statutory guidance in trying to achieve a more outcome focused way of deploying staff. By having a self evaluation process that takes a variety of measurements into account, including the output information of CM2000, quality assurance data, feedback and care reviews.

Recruitment processes followed safer recruitment guidance and included meaningful involvement from people using the service. Staff received regular supervision and had access to a wide range of training, including non-mandatory learning tailored to individual needs. The service had a strong system for managing SSSC registration and qualifications, supported by in-house SVQ assessors.

Observations of practice are used to assess performance and identify training needs, ensuring staff are competent in their role.

Staff reported feeling well-supported and confident in raising concerns. Feedback mechanisms, including exit interviews and staff newsletters, showed a culture of openness and continuous improvement. Some staff told us, 'I enjoy my job, it can be challenging at times, but I get support to overcome any challenges', 'I feel supported by my line manager and colleagues. Any concerns I have had previously have been resolved quickly.'

How well is our care and support planned?

4 - Good

We found important strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as good.

Quality Indicator: 5.1 - Assessment and personal planning reflects people's outcomes and wishes.

We sampled a number of support plans and found that they had guided staff on how to support people with their health and wellbeing needs. The standard of support planning and recording was good; plans were person-centred and reflected people's personal choices and preferences.

Some included detailed information about people's lives, offering valuable insight into who they were and providing a way to connect with them.

Everyone we visited had copies of their care plans in their homes. People were able to tell us that they had been fully involved in developing their care plans.

Although people supported and their relatives were involved in care plan reviews, the documentation lacked sufficient detail and did not consistently capture the discussions and decisions made. A previous area for improvement had been made and continues under the section 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

Additionally, reviews are not occurring as frequently as required. However, the service is fully aware of its responsibilities and has acknowledged this shortfall. Plans are actively being implemented to address the issue, and there is confidence in the service's capacity to make the necessary improvements. Progress will be monitored and evaluated at the next inspection. **(See Area for Improvement 1).**

Positive risk assessments were in place that identified specific risks for people and there is a multi-disciplinary approach to reduce risk.

The service uses a digital care planning system to allow staff to access the most up-to-date information about people they support.

Areas for improvement

1. The provider should ensure that people's support plans set out how their health, welfare and safety needs are to be met and are regularly reviewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My support 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 30 March 2025, to promote the safety and wellbeing of people, the provider must ensure that relevant and up-to-date care plans are in place and regularly reviewed.

To do this the provider must at a minimum:

a) undertake an audit of current care plans and risk assessments in order to ensure they are all relevant and meet current needs. Prioritising the highest risk.

- b) maintain an accurate record or calendar of due dates for regular care plan reviews and risk assessment reviews.
- c) implement quality assurance systems to evaluate the effectiveness of the review system which may be achieved, for example by random sampling.
- d) Provide personal plans and assessment of risk which are sufficiently detailed in order for staff and families to have clear information on support protocols which are required and agreed with the person using the service and other relevant people and professionals where appropriate.
- e) ensure that care plans are agreed with the person receiving support or their representative and are signed and dated accordingly.

To be completed by: 30 March 2025

This requirement was made on 18 December 2024.

Action taken on previous requirement

The service has taken several steps to evaluate the effectiveness of the review system. This includes developing a complaint action plan with clear goals and timelines which includes detailed updates as progress is being made. Action plan development sessions are underway and have been rolled out to senior staff. We viewed care at home senior management team meeting agendas and minutes detailing planned and carried out work to update care plans and risk assessments. Reminder emails have been sent to area staff to ensure action points are followed through.

We sampled five care plans which were of good quality, contained details assessment of risks and were agreed by the person receiving services or their representative. We spoke to staff who generally noted that they had seen improvements in guidance and management support particularly through being able to consult the health and safety team directly for advice. One staff member told us that 'We can contact the health and safety team directly for advice which has really been working well. This is a relatively new process. Sometimes I forget and speak to my manager and she logs the request with them. They always get back to you quickly.'

In addition, we viewed the rota review spreadsheet/tracker and the service user performance spreadsheet/tracker. These show clear progress towards completing reviews and risk assessments, including dates of review done and future dates projected. This gives good oversight to the management team to help track progress and highlight any overdue reviews. Staff told us that they had noticed that they had better quality of information and practice support.

The quality assurance tools which have been implemented are of good quality and provide a robust system for ensuring accurate and appropriate information is captured and communicated to staff. There is also evidence of people being involved in and agreeing to their support plans.

Met - within timescales

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

In order to support positive outcomes for people in receipt of support, the service should ensure that all of the details gathered on hospital discharge and from staff after discharge are clearly incorporated into the care plan, or soon thereafter. This will result in carers having the right information at the right time.

This is to ensure care and support is consistent 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 18 December 2024.

Action taken since then

During the inspection we viewed the review planner, the action plan and a spreadsheet had been created to ensure that progress with care plan reviews and risk assessments is tracked and can highlight when reviews are due and also provides transparency for management oversight purposes.

A revised review form has been developed and is with senior staff for approval.

Personal plan review began in March 2025 a spreadsheet had been set up to ensure that progress is tracked and transparent for oversight purposes. We viewed copies of audited care plans which were up-to-date, signed by the reviewer and person receiving support and had sufficient detail contained to help guide staff practice. In addition staff are now able to contact the health and safety team for a quick response if a person is discharged from hospital with an inaccurate care package. Staff told us they can contact the health and safety team and the manager for support and amendments to services. Staff told us they have seen an improvement in the speed which support is given and information is changed.

This Area for Improvement has been Met.

Previous area for improvement 2

The service have a complaints policy in place, however they must ensure that staff are aware that all complaints should be logged and considered under the policy. The service should consider providing training to staff on implementation of the complaints policy.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.'

This area for improvement was made on 18 December 2024.

Action taken since then

During the investigation we viewed documents which logged staff development in their complaints handling process. We viewed the service development plan and logs of development sessions which had taken place and are ongoing. Senior staff have been enrolled to complete llearn stage 2 complaints handling. This is ongoing.

Complaints are now discussed at weekly management meetings. In addition staff told us they log all concerns both in the logs and speak to the manager directly. This ensures that any issues are logged and management have oversight.

This Area for Improvement has been Met.

Previous area for improvement 3

The provider must ensure that staff completing incident and accident investigations receive training and guidance on imputing accurate and detailed information to the logging system. This is to ensure that investigation outcomes are meaningful and relevant.

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 18 December 2024.

Action taken since then

During the inspection we viewed documents which log the attendance of care at home staff who have completed Ilearn training with video. In addition front line management have risk assessment training which will underpin any findings from investigation where risks are present. This will be ongoing training and there is a spreadsheet of completion for management oversight. Staff members additionally told us they were confident in using the systems in place for recording incidents.

This Area for Improvement has been Met.

Previous area for improvement 4

The provider should make improvements to the quality of review minutes. To achieve this the provider should ensure that review records are detailed and reflect any discussions and decisions made.

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 meets my needs and is right for me." (HSCS 1.19)

This area for improvement was made on 31 August 2022.

Action taken since then

Improvements to the quality of review minutes remain outstanding.

Area for Improvement has not been met and is to be continued.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	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
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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