East Ayrshire Health and Social Care Partnership Care at Home and Housing Support Service (North Locality) Housing Support Service

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Type of inspection:
Unannounced

Completed on:
13 August 2025

Service provided by:
East Ayrshire Council

Service provider number:
SP2003000142

Service no:
CS2011282263

About the service

East Ayrshire Health and Social Care Partnership (North Locality) is registered to provide a combined care at home and housing support service to adults and older people living in their own homes.

The north locality covers Kilmarnock and surrounding towns and rural communities in the north of the locality.

The support is provided by four staff teams. The team manager was supported by four area leads and five care co-ordinators. At the time of inspection the service was supporting 570 people.

About the inspection

This was an unannounced inspection which took place between the 28 July and 8 August 2025 between the hours of 09:15 and 18:35. 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 previous inspection findings, registration information, information submitted by the service and intelligence gathered.

To inform our evaluation we:

- spoke with 40 people using the service and 12 of their representatives,
- spoke with 18 staff and management,
- analysed 72 completed questionnaires from staff,
- reviewed six completed questionnaires from visiting professionals.

Key messages

• The service had implemented a new scheduling system, which had significantly impacted on staff time and had required considerable effort to manage in the early stages..
• Staff demonstrated compassion and commitment, often going above and beyond to meet service users' needs.
• The newly appointed management team has contributed positively to the service's development and performance.
• The medication management system was not sufficiently robust or comprehensive to ensure effective oversight and safety.
• The service demonstrated a commitment to enhancing individuals' experiences and outcomes.

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

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

How well do we support people's wellbeing? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff were observed to be responsive to individuals' health needs and demonstrated the ability to identify when someone was unwell or required additional support. Both service users and staff reported that frequent changes in carers negatively impacted health outcomes, particularly for individuals with complex needs such as dementia or time-specific medication requirements.

Improvements were noted where refinements had been made to the scheduling system however, staffing constraints continued to present challenges in some areas. One person told us, "Staff are very good and helpful and put you at ease", while another commented, "I would prefer the same folk, it's embarrassing when it's a stranger", This inconsistency meant that individuals did not always receive the same level of support, which affected the continuity and quality of care.

Medication management remains an area requiring improvement. While some medication administration records were appropriately completed, others contained missing signatures or lacked clarity. There were instances where prescribed medication was not administered as intended, and disposal records were incomplete. We could not be assured that people supported were receiving their medication as prescribed.

The lack of consistency in medication oversight poses a risk to service users. These concerns were discussed with the management team, who agreed to an action plan with immediate implementation to address the issues. The plan aims to ensure safe and accurate medication practices across the service.

Despite the challenges identified, many service users expressed satisfaction with the care provided by individual carers. They highlighted staff's attentiveness and understanding of health needs. However, the lack of consistent staffing undermines the effectiveness of care planning and delivery, and continues to impact the overall quality of support provided.

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

A new management team had been appointed since the previous inspection. The team comprised existing staff members who possessed a strong understanding of the service's operational requirements. Quality assurance trackers, which had been absent during the last inspection, were reinstated, enabling oversight across several key areas.

Quality assurance activities, including auditing, had been temporarily paused due to the demands associated with implementing the new scheduling system. These activities had only recently resumed, meaning there had been no measurable improvement in outcomes for individuals at the time of inspection. However, protected time for quality assurance tasks had been reinstated, and the management team demonstrated awareness of the importance of these functions in maintaining service standards.

The enhanced reporting capabilities introduced by the new scheduling system provided the management team with improved oversight. This allowed for better identification of individual needs and enabled more targeted and effective audit activity.

There had previously been no effective oversight of medication management . This issue was addressed by the management team through the development of an action plan for immediate implementation. The plan included a comprehensive review of all individuals requiring medication support and an evaluation of how the service was meeting those needs. This would contribute to the promotion of individuals' health and wellbeing.

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff reported low morale, primarily due to scheduling pressures, lack of supervision, and inconsistent communication. Although the service had implemented various engagement strategies such as newsletters and staff meetings these were not perceived as effective. Staff described meetings as, "a waste of time," indicating a lack of meaningful support and engagement.

Recruitment activities were ongoing, including open days and scheduled interviews, however, vacancy levels remained high. To enhance recruitment capacity, care coordinators and area leads had been involved in the process. This measure aimed to increase recruitment numbers and ensure sufficient staffing levels to meet the service requirements.

Due to persistent staffing shortages, existing staff were under increased pressure to complete additional visits. One staff member stated, "I find this very stressful because I start worrying about how much I'll have and need to fit in." This resulted in staff feeling unsupported.

Staff reported feeling undervalued, with limited opportunities for feedback or professional development. While team meetings were held and feedback on individuals supported was shared with area leads, staff felt their concerns were not being acknowledged.

Scheduling staff confirmed that requests from care staff were either actioned or referred to area leads. Although some individual and group supervision sessions had taken place, attendance was low. Crucially, there was no effective feedback loop regarding actions taken, which contributed to staff feeling unheard and disengaged.

The rota system had improved scheduling efficiency but introduced stress due to late changes and limited flexibility. Staffing requirements were calculated based on planned hours, assessed levels of need, and scheduled events. Most staff reported having sufficient time to meet individuals' needs during allocated visits. However, there was a lack of understanding around the dynamic scheduling system, which contributed to staff anxiety. One staff member commented, "The way it schedules just doesn't make sense." Staff involvement in tailoring the scheduling system is essential to ensure that individuals' needs are met appropriately and in a timely manner. The current lack of understanding among staff was delaying progress and negatively impacting outcomes. The service had acknowledged this issue and identified staff engagement as an area requiring improvement within its service development plan.

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Support plans varied in quality across the service. While some were person-centred and detailed, others lacked clarity or were outdated. The management team was actively working with individuals and their families to increase involvement in the care planning process, where this was desired. Where information had been provided, support plans more accurately reflected individuals' needs and preferences.

Reviews of care plans were not consistently conducted and updates were not always reflected in the documentation. Some staff reported uncertainty regarding who was responsible for updating care plans and how this process should be facilitated. This lack of clarity resulted in missing or outdated information, meaning individuals were not always supported in line with their current needs and wishes.

Staff frequently reported having insufficient time to read or follow care plans, particularly when unfamiliar with the individual receiving support. The "key information" section of care plans was found to be extremely helpful, but it requires regular updates to ensure continuity of care, especially for staff who are new to supporting a particular individual. One person told us, "They sent a young girl and she didn't know where to start, didn't even offer me breakfast." This resulted in people not being offered care consistently.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 6 January 2025, the provider must ensure that all medication processes are followed, and good practice guidance adhered to. To do this the provider must, at a minimum ensure:

a) Where people require support with their medication at level 3, that the service has an oversight of that medication. It is important that an accurate count is made when medication is checked in to enable balance checks as required.

b) That clear records are kept when medication is not administered as prescribed and that the reason for non-administration is recorded.

c) Spot checks are done regularly to ensure staff responsible for supporting people with medication understand the process of and importance of recording and administering medication.

d) Medication audits are done regularly to identify gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

This is to comply with Regulation 4 (1) (a) (Welfare of users) 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 that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 3 October 2024.

Action taken on previous requirement

The recording of medication was found to be inconsistent and, in some cases, incomplete. However, there had been significant improvement in the recording of medication received since the previous inspection.

Routine audits and checks relating to medication had not been carried out due to the operational demands associated with the implementation of the new scheduling system. As a result, the service lacked effective oversight of individuals' medication needs during this period.

These concerns were raised with the service, and the management team responded by agreeing to an immediate course of action. This included the implementation of a plan to address the identified issues, with the aim of restoring robust oversight and ensuring that individuals' medication needs are consistently and safely met.

This requirement has not been met and will be extended until November 7 2025.

Not met

Requirement 2

By 6 April 2025, the provider must demonstrate that service users experience consistently good outcomes, and that quality assurance and improvement is well led. To do this the provider must, at a minimum ensure:

a) That they continue to develop quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service.

b) That there are action plans to address issues identified with the manager having a clear overview of the outcome of audits undertaken.

c) That actions taken are reviewed to ensure that they effectively improve outcomes for people supported.

This is to comply with Regulation 4 (1) (a) and (b) (Welfare of users) 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 that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 3 October 2024.

Action taken on previous requirement

Routine quality assurance activities had been suspended during the implementation of the new staff scheduling system. As a result, audits and checks had not been carried out for a period of time. These

activities have only recently been reinstated, however, due to the limited number conducted so far, there has not yet been any measurable impact on outcomes for individuals.

This requirement has not been met and is extended until 13 February 2026

Not met

Requirement 3

By 6 April 2025, the provider must develop and implement an effective staff and training and supervision programme. To do this the provider must, at a minimum ensure:

a) That all staff complete mandatory training requirements and update and refresh this when necessary, relevant to their roles and responsibilities.

b) That all staff receive supervision as per the organisations policy. Inspection report Inspection report for East Ayrshire Health and Social Care Partnership Care at Home and Housing Support Service (North Locality)

c) That training is provided to support staff to meet the specific needs of people using the service.

This is to comply with Regulation 4 (1) (a) and (b) (Welfare of users) 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 states 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).

This requirement was made on 3 October 2024.

Action taken on previous requirement

Trackers were in place for both staff supervisions and training requirements, providing the management team with oversight of compliance and outstanding actions. While training sessions had been scheduled, attendance was poor.

Supervisions had primarily been completed for staff identified as requiring additional support. Group supervision sessions had also been arranged, however, these were attended by only a small number of staff. This limited engagement reduced opportunities for reflective practice, professional development, and consistent communication across the team.

This requirement has not been met and is extended until 13 February 2026

Not met

Requirement 4

Requirement 4 By 6 April 2025, the provider must ensure support plans and risk assessments contain accurate, up to date, detailed information about the support being provided or required. To do this the provider must, at a minimum ensure:

a) That all staff receive training and support in support planning.

b) That the audit process is developed to ensure that support plans reflect peoples outcomes and wishes and are sufficiently detailed to direct staff.

c) That people supported are encouraged to be involved in the process.

This is to comply with Regulation 4 (1) (a) and (b) (Welfare of users) 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 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).

This requirement was made on 30 October 2024.

Action taken on previous requirement

Support plans varied in both content and quality across the service. The audit process for care documentation had been suspended due to the operational demands of implementing the new scheduling system. Although all individuals supported had a care plan in place, many were not up to date.

Staff reported uncertainty regarding how to update support plans following the introduction of the new system. This lack of clarity contributed to outdated information remaining in documentation, which posed a risk to the delivery of person-centred care and the ability to meet individuals' current needs and preferences.

This requirement has not been met and is extended until 13 February 2026.

Not met

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 provider should improve the consistency of support for people. Where there are changes to support, this should be communicated to ensure the safety and wellbeing of people and to improve the quality of the service. To do this the service should ensure:

a) People are provided a schedule of support times and the names of staff who will attend in advance of visits.

b) Changes to support times are kept to a minimum and provided as close to preferred support time as possible. Changes of times or staff should be communicated to people (or their families if appropriate) and a record kept of the discussion.

c) People are made aware if there will be a staff member they have yet to be introduced to visiting.

d) Staff providing cover visits, should be made aware of information required to support people safely.

e) Robust and regular oversight of the service by the organisation.

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

"I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation" (HSCS 4.15).

This area for improvement was made on 20 February 2024.

Action taken since then

The introduction of the scheduling system had initially impacted the consistency of care delivery, resulting in individuals receiving varying levels of service depending on their geographical area. However, improvements were noted, and planned enhancements to the system were expected to further strengthen oversight and promote greater continuity of care across all areas.

This area for improvement has not yet been met and continues.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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