

## British Red Cross Support at Home Housing Support Service

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Dundee  
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Telephone: 01382 293 200

**Type of inspection:**  
Unannounced

**Completed on:**  
27 August 2025

**Service provided by:**  
The British Red Cross Society, a body  
incorporated by Royal Charter, known  
as British Red Cross

**Service provider number:**  
SP2003000222

**Service no:**  
CS2013321345

## About the service

British Red Cross Support at Home service is registered to provide both care at home and a housing support service to older people and adults with a physical disability living in their own home.

The service provides support across the city of Dundee. The office base is located close to the city centre.

## About the inspection

This was an unannounced inspection which took place on 21 and 22 August 2025. 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 four people using the service and two of their family
- spoke with eight staff and management
- reviewed documents.

## Key messages

- People were central to developing and reviewing their care.
- Staff had good relationships with the people they supported.
- Managers had good oversight of the functions of the service.
- Improvement is needed to ensure consistency of staff providing people's care and support.
- Leaders recognised that the wellbeing of staff improved outcomes for people experiencing care.

## 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?	4 - Good
How well is our care and support planned?	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

The service demonstrated a number of major strengths in supporting positive outcomes for people's health and wellbeing. Therefore, we have evaluated performance as very good. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

Holistic assessments of people's physical, mental health, and social needs had been completed. This supported staff in the delivery of person-centred care. Regular care reviews were taking place and the provider was proactive in sharing information with social work and health partners where people's needs increased. This meant that people would continue to receive a service that met their needs.

People told us that they were central to planning and decision making about their care and the service regularly engaged with them to make sure that they were happy with their care and support.

Staff knew people well and were able to quickly identify any changes in an individual's presentation that might indicate a decline in health. Staff would relay relevant key information to the team based in the organisation's head quarters and appropriate people would be contacted if there were concerns. As a result, people received the right treatment from the right people at the right time.

We received overwhelmingly positive feedback from people experiencing care and their families. People told us that staff showed genuine care and concern for them and their loved ones. This contributed to people's overall feelings of trust and wellbeing.

Policies and procedures were in place to support staff with the effective management of medication. Staff received training and regular observations of practice to ensure that their practice remained compliant with best practice guidance. An electronic system was used to monitor medication with leaders in the service completing regular audits and quality assurance checks to identify areas for improvement. Where issues were identified, this was tracked until completion.

An experienced member of the team who was no longer directly involved with personal care provision continued engagement with people experiencing care. They made regular contact calls, provided newsletters, boredom breaker puzzles, and were available to listen to people and direct them to services when they needed advice. Everyone we spoke with referred to this individual. When we spoke with people they told us of how valuable this had been. For those with limited contact with the outside world it made them feel less lonely and improved their overall feelings of wellbeing.

## How good is our staff team?

4 - Good

There were a number of important strengths in performance in relation to staffing arrangements. Strengths outweigh areas for improvement. We have, therefore, evaluated this key question as good.

Information from people's needs assessments and personal plans was used to inform staffing arrangements. This meant that people were supported to maintain their preferred routines and activities. One family carer told us that the service was very good at ensuring care and support was delivered to their loved one by a certain time to ensure that they could meet with a friend and enjoy some respite away from home. As a result, they were more able to continue with their caring role.

Leaders and staff continually assessed people's needs to ensure that care remained responsive. They engaged with relevant external agencies where they felt that people would benefit from increased support.

The use of electronic systems supported the management of demands in certain areas and relief staff were used to fill gaps in care rotas. People we spoke with told us that they had never experienced a missed visit but staff were often delayed. They told us that if the delay was to be significant, for example more than 30 minutes, then the carer or office staff would keep them up to date. People were provided with planners which would inform them of who was due to provide care at allocated times. However, people told us that the information on the plan was not consistent with who would arrive to provide their care. One person told us that they would alter the care they received depending on the gender of the carer who arrived (see area for improvement 1).

Staff engaged with people in a respectful and dignified way and people valued their relationship with the service. One person said, "I have limited contact with people, my carers are like my friends".

People told us that carers took time when delivering care, they did not rush through tasks and checked that people were happy and comfortable before finishing the visit. This contributed positively to people feeling valued.

Leaders in the service completed frequent and detailed observations of staff practice. They provided constructive feedback to staff where they had identified a need for improved practice and further training was completed where it was identified as necessary.

New and relief staff completed the necessary training and accompanied more experienced staff on visits to ensure that they were competent and understood people's care needs before commencing support independently.

We received overwhelmingly positive feedback from staff about how they were supported by the leadership team. They told us that they had received regular professional supervision and were supported to attend a range of training to help them in their role.

Staff were able to tell us about the range of organisational policies for supporting the wellbeing of staff. We heard lots of positive feedback about the development and awareness of a menstrual and menopause policy. Some staff told us how leaders in the service had supported them at times of personal difficulties which had minimised absence and helped with a return to work.

## Areas for improvement

1. To support positive personal outcomes for people experiencing care, the provider should ensure that scheduling takes account of continuity of staff attending at people's homes and people's preferences in who provides their support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know who provides my care on a day-to-day basis and what they are expected to do. If possible, I can have a say in who provides my care and support' (HSCS 3.11).

## How well is our care and support planned?

**5 - Very Good**

We have evaluated performance of this key question as being of a very good standard. There were major strengths in supporting positive outcomes for people, with very few areas for improvement.

People told us that the service engages with them regularly to ensure that their views are taken into account when developing and reviewing their care and support. Where people were unable to contribute, the provider engaged with people who knew the individual well to ensure that care and support was right for them.

While the service uses an electronic system to support the development of plans and for managing care, people have paper copies of their plans in their home which are easily accessible and in a format that is meaningful to them.

Personal plans were person-centred, reflecting people's rights, choices, and preferences. They detailed people's goals and aspirations and contained information about what their care and support should help them to achieve. One person told us that their goal was to be able to stay in their own home and that the support was essential in helping them achieve this. People said that staff followed the plans to ensure that care and support was delivered as directed.

Details of how to support people to maintain their skills were available to staff providing support. People told us that carers were very good at helping them maintain their skills. For example, where people were able to apply creams or dress their upper body but needed assistance with lower body, carers would allow them to do as much as possible providing support when requested and where needed. This contributed positively to people's overall feelings of independence and wellbeing.

People's plans detailed that the provider engaged with service commissioners to advise of changes in people's abilities and needs. This meant that where people's needs were under continual reassessment an increase or decrease in support would be sought as necessary, this meant that people would continue receive support that met their individual needs.

Leaders regularly audited personal plans to ensure quality. Any areas for improvement that were identified were quickly acted upon and issues resolved.

## 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 good outcomes for people experiencing care, the manager should ensure that all concerns raised are listened to, taken seriously, and acted upon. Records should clearly demonstrate what the concerns are, how they have been looked into or investigated, and the actions taken to mitigate the risk of them happening again. Management should ensure that any actions taken have positively impacted upon people experiencing care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

**This area for improvement was made on 11 July 2025.**

#### Action taken since then

Significant work had taken place across the organisation to improve complaints procedures and processes. All staff had undertaken further training to ensure effective complaints management. Systems were in place to track complaint activity and an analysis of outcomes of complaints took place to ensure that lessons were learned and the likelihood of recurrence reduced. Together, these actions had impacted positively for those experiencing care.

**This area for improvement has been met.**

#### Previous area for improvement 2

The service should ensure that people's care and support needs are accurately assessed and supported with a detailed care plan. Care plans should clearly reflect people's individual choices and preferences for personal care.

This is 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).

**This area for improvement was made on 11 July 2025.**

#### Action taken since then

Personal plans were detailed, providing accurate information about people's needs. Records detailed people's preferences and choices of how they wished for their care and support to be delivered and when we spoke with people they confirmed that the care they received correlated with that described in their personal plans.

**This area for improvement has been met.**

#### Previous area for improvement 3

In order to support good outcomes for people experiencing care, the manager should ensure all staff delivering direct care understand their role and responsibilities in relation to monitoring people's skin condition. There should be effective systems of reporting changes or concerns, to allow appropriate actions to be taken. Individual plans of care should fully reflect proactive and preventative measures to reduce the risk of pressure damage.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13)

**This area for improvement was made on 11 July 2025.**

## Action taken since then

People's personal plans contained information about the condition of people's skin and risk assessment management plans were in place for those who may have been at risk of skin breakdown.

Training for the effective completion of records in relation to skin integrity formed part of the overall management of the care need.

All staff completed mandatory training to identify early signs of skin breakdown and use of repositioning techniques as part of preventative and maintenance measures. Regular observations of staff competency were being completed and leaders discussed any issues during professional supervision sessions. Together, this ensured compliance across all aspects of skin care assessment and management.

**This area for improvement has been met.**

## Previous area for improvement 4

The manager should ensure that people's concerns and complaints are logged and responded to in line with their complaints policy. This should include, but is not limited to, maintaining a log of all concerns and complaints, actions taken, and feedback offered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

**This area for improvement was made on 5 April 2024.**

## Action taken since then

Significant work had taken place across the organisation to improve complaints procedures and processes. All staff had undertaken further training to ensure effective complaints management. Systems were in place to track complaint activity and an analysis of outcomes of complaints took place to ensure that lessons were learned and the likelihood of recurrence reduced. Together, these actions had impacted positively for those experiencing care.

**This area for improvement has been met.**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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