

Shona Care Ltd Support Service

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Type of inspection:
Announced (short notice)

Completed on:
21 July 2025

Service provided by:
SHONA CARE LTD

Service provider number:
SP2020013481

Service no:
CS2020379168

About the service

Shona Care Ltd is registered to provide a care at home service to older people living in their own homes and within the community. The service offers individually tailored support ranging from check-in visits to full live-in support. The office base is located within the Barrhead area of East Renfrewshire. At the time of this inspection there were approximately 70 people receiving support from the service.

About the inspection

This was an announced (short notice) follow up inspection which took place on 21 July 2025. The inspection was carried out by two inspectors from the Care Inspectorate to follow up on one requirement and one area for improvement that were made on 01 May 2025 as a result of complaint investigation findings.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, complaint information, information submitted by the service, and intelligence gathered in relation to the service. In making our evaluations, we spoke with the service manager and reviewed documents.

Key messages

In May 2025, an upheld complaint resulted in the service being issued with one requirement due to be completed by 27 June 2025 and three areas for improvement. Two of the areas for improvement have since been superseded by requirements following an inspection completed on 03 June 2025.

This was the first follow up inspection and we noted that the service had made some progress since our last complaint visit. However, we remained concerned about safe administration of medication, and the response staff provide to emergency or unplanned events.

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

Requirements

Requirement 1

By 27 June 2025, the provider must ensure people experiencing care have their medication administered safely. To do this, the provider must, at a minimum:

- a) ensure that each person experiencing care has an up-to-date care plan that details how staff will support them to take their medication safely;
- b) ensure that staff support each person receiving care to take their medication in accordance with their prescription;
- c) ensure that staff maintain accurate and comprehensive medication administration records in relation to each person receiving care;
- d) ensure staff involved in supporting people to take their medication are trained and competent to do so;
- e) ensure that the management team implement an ongoing quality assurance system for reviewing medication administration records.

To be completed by: 27 June 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This requirement was made on 1 May 2025.

Action taken on previous requirement

We sampled medication care plans and found that all individuals who require support with medication administration had a care plan in place. However, not all care plans contained sufficient detail in relation to medication administration. For example, not all care plans detailed what level of support was required with

medication, where medication was stored and the frequency of medication administration. Medication listed within some care plans did not reflect the medication detailed on medication administration records.

From records sampled we were satisfied that each person now had a medication administration record in place, however, we were not assured that these always reflected people's current prescriptions. Medication administration records were not always fully and accurately completed in relation to frequency and dose of medication, and staff did not always sign the medication administration record to confirm medication had been administered. This meant that records did not accurately reflect that medication was being administered in line with people's prescriptions.

We viewed staff training records and were satisfied that staff supporting with medication administration had been trained to do so. The manager had introduced a new training management system ensuring oversight of staff training since our last visit. Team meeting records confirmed the manager had discussed responsibilities in relation to medication administration with the staff team. We viewed records of the manager assessing staff competencies in relation to medication, however, these had not been completed for all staff who administer medication.

We viewed examples of the manager completing medication audits. These audits identified gaps in record keeping and noted what improvements would be made to improve practice. Not all individuals supported with medication administration had a medication audit completed. The manager advised that this will be in place moving forward.

Whilst we identified improvements had been made, there is further work to be done to ensure all medication care plans are sufficiently detailed and all medication administration records are accurately completed by staff. Management oversight in relation to medication audits and staff medication competencies has been introduced and needs to become embedded in regular practice. Therefore, this requirement was not met and will be extended. The revised date for completion is 26 September 2025.

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

To ensure people experiencing care are safely supported in an emergency or unexpected event, the provider should ensure timely and appropriate action is taken to resolve the situation. Records should clearly document steps taken by the service and any communication with relevant parties.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This area for improvement was made on 1 May 2025.

Action taken since then

Since the area for improvement was made the service manager has met with the staff team to discuss responsibilities when supporting people with emergency or unplanned events. We also viewed the online system available to staff which contains emergency contact numbers.

We reviewed incidents where people experiencing care had experienced an emergency or unplanned event. We could evidence that staff had contacted relevant next of kin to notify of the incident, however, there was not always sufficient information to provide assurance that immediate needs had been met or that the unplanned event was appropriately resolved.

We viewed evidence to confirm the manager had oversight of accident and incidents within the service and had been making relevant notifications to the Care Inspectorate and other agencies when required. However, the manager had confirmed following our complaint visit that the service's emergency response procedure would be revised and that an incident form would be devised to record emergency situations. At the time of our visit, the manager was unable to locate the revised procedure and confirmed an incident form had not been completed in relation to the unexpected incidents sampled.

We were reassured that the manager had discussed emergency and unplanned events with the staff team and that staff had contacted relevant parties following recent unplanned events. Whilst we identified improvements had been made, there is further work to be done to ensure records reflect immediate action taken to ensure the safety of individuals and what follow up action was taken to resolve the unplanned event. The manager should also ensure relevant procedures and incident forms are available to staff. Therefore, the area for improvement was not met and will be reviewed during ongoing regulatory activity.

Not met at current inspection

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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