Erratum Notice

West Dunbartonshire Health & Social Care Partnership Board

Date:	Tuesday, 18 August 2026
Time:	14:00
Format:	Hybrid Meeting, Civic Space, 16 Church Street, Dumbarton
Contact:	Lynn Straker, Committee Officer committee.admin@west-dunbarton.gov.uk lynn.straker@west-dunbarton.gov.uk

Dear Member

ERRATUM NOTICE
ITEM 12 – WEST DUNBARTONSHIRE HOME CARE SERVICE

I refer to the agenda for the above meeting that was issued on 11 August 2026 and now enclose an updated version of the report relating to Item 12 - West Dunbartonshire Home Care Service which supersedes the previous version.

Yours faithfully

BETH CULSHAW

Chief Officer
Health and Social Care Partnership

Note referred to:

12 WEST DUNBARTONSHIRE HOME CARE SERVICE 397 - 404

Submit updated report by Fiona Taylor, Head of Health and Community Care, providing an update on Care Inspectorate Inspection that took place in June 20 26 and defining the service priorities to meet the requirements from the Inspection.

Distribution:-

Voting Members

Michelle Wailes (Chair)
Michelle McGinty (Vice Chair)
Martin Rooney
Lesley-Ann MacDonald
Libby Cairns
Sophie Traynor

Non-Voting Members

Barbara Barnes
Beth Culshaw
Lesley James
John Kerr
Helen Little
Anne MacDougall
Carolyn Ralston
Kim McNab
Saied Pourghazi
Selina Ross
Julie Slavin
Val Tierney
Andrew McCready

Senior Management Team – Health and Social Care Partnership
Chief Executive – West Dunbartonshire Council

Date of Issue: 13 August 2026

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Fiona Taylor, Head of Health and Community Care

18 August 2026

Subject: West Dunbartonshire Home Care Service

1. Purpose

1.1 To provide the HSCP Board with an update on the Care Inspectorate Inspection that took place in June 2026 and to define the service priorities to meet the requirements from this Inspection.

2. Background

2.1 West Dunbartonshire Council Home Care Services is delivered by the HSCP on behalf of West Dunbartonshire Council. The service operates throughout the West Dunbartonshire local authority area from two office bases, in Clydebank and Dumbarton.

2.2 Regular inspections of the service are undertaken by the Care Inspectorate to ensure a high quality of care that meets national standards is provided. The Care Inspectorate uses a six-point scale to describe quality:

- Excellent (6) – Sector-leading performance with outstanding outcomes, innovative practice, and sustainable high-quality care.
- Very Good (5) – Major strengths with very few areas for improvement; minimal adverse impact on people's experiences.
- Good (4) – Important strengths outweigh areas for improvement; positive impact on experiences, but improvements needed to maximize wellbeing.
- Adequate (3) – Strengths just outweigh weaknesses; some positive impact, but key areas require improvement, reducing the likelihood of consistently positive outcomes.
- Weak (2) – Weak performance with significant areas needing improvement; may negatively affect people's experiences.
- Unsatisfactory (1) – Poor performance with serious failings; immediate action required to protect service users.

2.3 Prior to June, the service was last inspected on the 18th December 2025. The table below outlines grades received in inspections undertaken since 2023.

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
08.06.26	2	2	2	n/a	2
18.12.25	3	n/a	3	n/a	n/a
11.04.25	2	3	2	n/a	3
08.04.24	2	2	2	n/a	2
27.03.23	3	3	3	n/a	3

2.4 The inspection in December was a follow up from the previous inspection in order to ensure the service had met requirements set out.

2.5 Inspectors assessed that the service had met the requirements and raised previous grades of 2 to 3, meaning the service was graded as a 3 across four key questions. There were no Requirements from this Inspection.

2.6 On 26th January 2026, following an upheld complaint, three requirements were placed on the service.

No.	Requirement
1.	By 30 April 2026, the provider must ensure people are supported safely with their medication to support their health and wellbeing.
2.	By 30 April 2026, the provider must ensure there are quality assurance systems and processes in place to support good standards of practice.
3.	By 1 June 2026, the provider must ensure that people can be assured their complaints will be investigated and reported on in line with the provider's complaints policy and procedure.

3. Main Issues

3.1 The Care Inspectorate undertook an unannounced inspection between the 8th and 12th of June 2026. This was carried out by three inspectors and one inspection volunteer.

3.2 Inspectors evaluated the service as follows:

How well do we support people's wellbeing?	2 – Weak
How good is our leadership?	2 – Weak
How good is our staff team?	2 – Weak
How well is our care and support planned?	2 – Weak

3.3 Inspectors noted the three requirements noted above had not been met, and made two further requirements of the service, bringing the total requirements to five.

3.4 The requirements on the service are as follows:

No.	**Requirement**
1.	By 10 October 2026, the provider must ensure people are supported safely with their medication to support their health and wellbeing.
2.	By 10 October 2026, the provider must ensure there are quality assurance systems and processes in place to support good standards of practice.
3.	By 10 October 2026, the provider must ensure that people can be assured their complaints will be investigated and reported on in line with the provider's complaints policy and procedure.
4.	By 5 November 2026, the provider must establish regular, meaningful supervision for all staff and incorporate competency checks into quality assurance processes.
5.	By 5 November 2026, the provider must ensure that staff, including agency workers, have access to accurate and up-to-date personal plan information for the people they support.

3.5 A robust and detailed action plan has been created to ensure the service meets all of these requirements by the deadlines set, with progress scrutinised at weekly oversight meetings, chaired by the Chief Officer.

3.6 In addition to the five requirements, there are two Areas for Improvement and these will be progressed alongside the requirements. These are as follows:

a) The service should ensure staff supporting people living with dementia have the right knowledge, skills and experience. The service should provide dementia training to skilled level in line with the Promoting Excellence framework in order to increase staff knowledge and improve practice.

b) The service should comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep guidance on notification reporting'. The provider must notify the Care Inspectorate of all relevant events under the correct notification heading, within the required timeframe, include detail of their handling of the event and provide updates if applicable.

3.7 The table below summarises the priority areas of work**:**

Requirement	Actions required	Actions completed
Medication Management	Implement the revised Medication Management Standard Operational Procedure Apply Redesign Home Carer Role Profile Initiate a Service Level Agreement for Medication Assistance Recording sheets (MARS) for level 3 service users Ensure workforce is appropriately trained	Home carers (circa 500) attended refresher training on existing procedure as a response to this requirement New Medication Management Standard Operational Procedure approved by Senior Management Team A WDHSCP Medication Administration Record sheets (MARs) Service Level Agreement (SLA) is under draft Wider Greater Glasgow & Clyde discussion for a GG&C Board approach to ensure continuity across all Care at Home services. Care at Home Redesign Home care profile was agreed in in 2023 and was presented at the Health and Community Care Joint Consultative Committee 6th August 2026 for application to all Home Carers.
Quality Assurance	Develop and implement a Quality Assurance tracker / schedule with the following focus: • Care plans and associated risk assessments • Medication records	Additional in-house trainer post authorised February 2026 and recruited to post in March 2026 Overarching governance process in place to define audit activity, reporting

	and running notes • Complaints • Training records • Supervision records • Spot checks	process and responsibility.
Revise Complaints Management	Revise the current recording spreadsheet to define each service area within the wider Care at Home service. Provide evidence that: • 'Lessons learned' are clearly captured • Any actions indicated to prevent reoccurrence are cascaded to the team • Service users are informed and content with outcomes**.**	SOP completed and Organisers trained to ensure consistency of approach, decision making and adherence to timescales. Any employee off at time of training will be trained on return to work. Operational complaints management links with the HSCP complaints management process and WDC policy. Stage 2 Complaints responses refined to ensure they address each area of concern and also if upheld / not upheld / partially upheld. Head of Service and Chief Officer review of all stage 2 complaints. Themes collated and exceptions escalated to the HSCP social care and governance group and also escalated via exception reporting to the HSCP Clinical Care and Governance group.
Supervision	Refresh training for Organisers Monitor completion via Quality Assurance activity	Refresher training being progressed.
Care and Support Plans	Monitor existing quality assurance processes to ensure Organisers maintain accurate and up-to-date personal plan information. Review accessibility for	Care and Support plans and reviews are monitored weekly per Organiser and discussed at supervision, escalated to Integrated Operations Manager when indicated. Also monitored at

	agency staff.	2-weekly Chief Officer meetings. Care and support plans are within the audit cycle for quality assurance. An 'escalating concerns' SOP is in place to ensure changing care needs have a clear pathway to ensure risks are addressed timeously. The in-house trainer Quality assurance checklist includes cross referencing current care needs with the existing care plan.

Financial Update

3.8 The Care at Home service is currently reporting a projected overspend of £1.897m, primarily reflecting continued reliance on agency staffing and overtime to maintain service delivery in the context of workforce vacancies and demand pressures. Recent recruitment has brought staffing levels closer to the approved budgeted establishment and the forecast assumes a gradual reduction in temporary staffing costs from September 2026 as these posts become fully operational. As reported within the Period 3 Budget Monitoring Report, the HSCP is not currently operating within a formal financial recovery planning process, with sufficient reserves available to manage the projected year-end position whilst operational improvements continue to strengthen service capacity and pathway effectiveness.

4. Options Appraisal

4.1 Not required for this report.

5. People Implications

5.1 The priority actions identified to achieve the Requirements need focussed attention from a range of people, and this in turn may impact on concurrent Care at Home work streams.

6. Financial and Procurement Implications

6.1 The service must meet the Requirements alongside increasing levels of demand and assessed need whilst continuing to reduce reliance on agency staffing and overtime. Achieving this balance will be dependent on maintaining staffing levels within the approved establishment, maximising the benefits of recent recruitment activity and ensuring available resources are utilised as effectively as possible to deliver sustainable service provision.

7. Risk Analysis

7.1 Grades awarded to a registered care service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within timescales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any registered service would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of vulnerable people in such establishments.

8. Equalities Impact Assessment (EIA)

8.1 There are no Equalities Impact Assessments associated with this report.

9. Environmental Sustainability

9.1 Not required for this request.

10. Consultation

10.1 None required for this report.

11. Strategic Assessment

11.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2023 – 26 priorities are:

- Caring Communities.
- Safe and thriving communities.
- Equal Communities.
- Healthy Communities.

11.2 The strategic priorities above emphasise the importance of quality assurance amongst providers of care and the HSCP's commitment to work with providers within an agreed assurance framework.

12. Directions

12.1 Not required for this report.

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Date:	05/08/2026

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Appendices:	Click here or on the link below to access the full Inspection report from the Care Inspectorate https://www.careinspectorate.scot/find-care/search-for-care/care-services/CS2004077075/evaluation-history/0
Background Papers:	All inspection reports can be accessed from careinspectorate.com