

## 365 Care Limited Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
9 May 2025

**Service provided by:**  
365 Care Limited

**Service provider number:**  
SP2017013001

**Service no:**  
CS2017360995

## About the service

365 Care Limited is a small, independent provider of both housing support and care at home services. The service has an office base in Renfrewshire and currently offers support to people in Renfrewshire and Strathclyde. Less than 10 people were using the service during the inspection who were receiving approximately 250 hours of support are provided each week.

The service supports adults and older adults who have wide-ranging needs. Care and support are provided within the person's home.

There was a small staff team in place. The manager had been in post for over 18 months.

## About the inspection

This was a follow-up inspection which took place on 5, 6, 7 May 2025. Please see previous report dated 20 January 2025. 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 since the last inspection.

In making our evaluations of the service we:

- spoke with two people using the service and one of their family
- spoke with two staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Concerns remained regarding recruitment checks.
- Improvement had been identified in training.
- Quality assurance processes needed further development.

## 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 good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our staff team?

## 3 - Adequate

We have regraded this key question from weak to adequate as improvements had been made since the last inspection. Please see What the service has done to meet any requirements made at or since the last inspection.

Progress had been made in relation to ensuring staff were relevantly trained. The service was very small. Staff took part in relevant training. That included mandatory training and person specific training. Training was planned for future topics and the provider continued to seek further training opportunities. Observations of staff practice should continue to be used to show that staff are able to fully put training into practice. Please see What the service has done to meet any areas for improvement we made at or since the last inspection?

Aspects of recruitment practice had improved. Management were more responsive to verifying that references were genuine. However, recording of completed checks should be clearer going forward. People should be assured that all relevant staff checks are in place. We signposted the provider to good practice guidance - Safer Recruitment Through Better Recruitment (<https://hub.careinspectorate.com/resources/safer-recruitment-through-better-recruitment/>)

There remained room for improvement (see area for improvement 1).

### Areas for improvement

1. To ensure individuals are safely supported by a staff team, the provider should ensure that they follow all aspects of good practice guidance in relation to recruitment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

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

### Requirements

#### Requirement 1

By 14 March 2025, the provider must have an organisational structure in place, clearly setting out the duties, roles and responsibilities of staff and their contribution to the operation of the service.

This includes, but is not limited to:

- a) setting out a clear line management structure with delegated subordinates
- b) ensuring job roles and functions are clearly established
- c) ensuring the right people, with the right skills, knowledge, experience and qualifications are in the right roles.

This is to comply with Regulation 3 (Principles) and 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

**This requirement was made on 5 March 2025.**

#### Action taken on previous requirement

The provider developed a management structure template which included clear details of job roles and associated responsibilities. That meant that staff who were primarily office based or who had supervisory roles knew who was to do what. That should minimise the risk of work not being carried out as staff can easily refer to their responsibilities.

The manager had been working remotely for a significant period of time. The provider and manager advised that a move to be available locally would happen in January. That did not happen. Support for staff, and in turn for people, was being delivered from a distance which was not ideal. The manager was not present during the inspection.

Due to the manager being absent, the provider was delivering a lot of direct care and support to people. In the short term, that was important. However, we discussed the lack of sustainability of such different roles and responsibilities and that risked the service being back to a situation where staff roles and responsibilities became blurred and unmanageable.

Since the last inspection, staff in management roles were properly registered with their relevant registration body. That meant that they had clear direction on the qualifications they must attain in coming years to remain in post. Staff in support roles were similarly aware of their responsibilities to become professionally qualified.

## Met - within timescales

### Requirement 2

By 14 March 2025, the provider must ensure that people using services experience a service which is well led and managed and results in better outcomes for people.

In order to achieve this, you must, at a minimum, ensure:

- a) there is a quality assurance system in place to support a culture of continuous improvement
- b) an effective action plan is in place, and implemented, which sets out specific actions within reasonable timescales to address identified areas for improvement and requirements
- c) quality assurance activities such as audits and observations of practice are completed to support staff practice and development

This is to comply with Regulation 3 (Principles) and 4(1)(a) 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 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 5 March 2025.**

### Action taken on previous requirement

Providers and managers should have oversight of their service to ensure that they are following all relevant guidance. They should be aware of what is going on in their service, what is working well and what is not working well.

There were elements of quality assurance tasks taking place but they were not very meaningful or effective. Information and feedback were sought about the service but was not used to inform any required changes. Equally, feedback was not used to celebrate good work and build on that. People told us they were happy with the care and support offered, that was positive to hear.

An action plan was in place to look at the concerns we raised at the last inspection. However, no other actions were noted. That evidenced a lack of reflection from the management team as to other areas of work which needed addressed. The action plan was simply a response to the crisis that was caused by the last inspection and not used to full effect of looking at improvement across the whole service.

Leaders should role model good practice. As such, they should follow good practice guidance and ensure their staff do so too. We were not confident that this was consistently the case. Staff should not be exposed to poor practice as it offers the wrong message that it is acceptable.

Observations of practice had been taking place but did not always offer meaningful feedback to staff as to how well they were doing or what could improve. It is important that leaders check staff are confident and competent when dealing with medication and using specialist equipment. See What the service has done to meet any areas for improvement we made at or since the last inspection?

Support had been offered by the local health and social care partnership (HSCP) but was not fully accepted by leaders. It is important that leaders use, and learn from, external agencies. We encouraged the provider to accept guidance from the HSCP.

Whilst we saw a few improvements, we were not confident that the pace of change was as good as it could have been. Neither did we see clear understanding of what improvements were actually needed.

**This requirement has not been met and we have agreed an extension until 30 August 2025.**

**Not met**

### Requirement 3

By 14 March 2025, the provider must ensure that people are cared for by appropriately trained staff.

In order to achieve this, the provider must, at a minimum, ensure:

- a) a training needs analysis which takes the aims and objectives of the service and the needs of service users into account must be undertaken for all staff employed by the service
- b) a staff development plan including timescales and informed by the training needs analysis is developed, documented and implemented
- c) the staff development plan includes appropriate mandatory training
- d) the staff development plan includes appropriate role specific training
- e) the staff development plan includes appropriate professional qualifications
- f) the staff development plan details numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.

This is to comply with Section (8) of The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state 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) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

**This requirement was made on 5 March 2025.**

#### Action taken on previous requirement

We noted improvement in training provision.

The provider had developed a form which showed when staff had completed/started training and when any refresher training was required. That meant that they were aware of what staff had done and what was to be completed. The provider was able to identify which staff could offer people the right support. For example, if staff had not completed certain training, they could not go and support people with particular support needs. That meant that we could see that there was a recognition for different training to respond to people's individual needs and it was responded to.

The training covered mandatory and person specific training. The provider had committed to supporting staff to achieve their required professional qualifications. Although some refresher training had not occurred within the required timescale, the provider was able to evidence the dates for that to take place in the future.

As the provider moves forward, we expect to see a fuller training analysis in place. They had carried out an informal training needs analysis which was helpful but not sufficient in the longer term. We were encouraged to find that the areas that we had highlighted in terms of training had been addressed which increased staff knowledge. A knowledgeable staff team is essential to ensuring good practice when supporting people.

## Met - within timescales

### Requirement 4

By 14 March 2025, the provider must ensure that people are kept safe by ensuring staff are aware of their legal obligations

To do this, the provider must ensure at a minimum:

- a) Scottish Social Services Council (SSSC) registrations are maintained and regularly audited
- b) Nursing and Midwifery Council (NMC) registrations are maintained and regularly audited.

This is to comply with The Regulation of Care (Scotland) Act 2001 (RoCA) and Nursing and Midwifery Order 2001 (the Order) and any associated statutory instruments for both.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state 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 5 March 2025.**

### Action taken on previous requirement

Staff were registered appropriately. There was a member of staff who was only on one part of the register where they needed to be on two parts. That had not been completed by the end of our inspection. However, we were confident it would be done as the manager had already started working on it.

## Met - within timescales

## Requirement 5

By 14 March 2025, the provider must ensure that people's care plans and risk assessments reflect the care and support that people need.

In order to do this, the provider must, at a minimum:

- a) ensure all care plans are accurate, detailed and reflect the current assessed needs of people
- b) ensure all risk assessments are accurate, detailed and reflect the current assessed needs of people
- c) ensure all risk assessments are available on a format that all staff have access to.

This is to comply with Regulation 3 (Principles) and 4(1)(a) 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 5 March 2025.**

### Action taken on previous requirement

Care plans and risk assessments were sampled. Care plans were written to a good standard. They showed people's wants and needs, and how they would like to be supported.

Risk assessments were updated and contained good information for staff to be aware of the possible risks in carrying out certain tasks, and how to mitigate these risks. They covered whether one or two staff were required to offer support and the steps that were to be taken to ensure safety for people and staff.

There was a clear explanation of how to support people to move and transfer from their beds to chairs and suchlike. That meant that people would be better protected as staff knew how best to support them.

**Met - within timescales**

## Requirement 6

By the 31 October 23, you the provider, must adhere to good practice guidance, 'Safer Recruitment Through Better Recruitment (Scottish Government, 2016) and Home Office guidance in respect of all aspects of international recruitment. This must be accompanied by responsive management arrangements to assure people the service is delivered by well-trained competent and confident staff, with the right to work. This is not limited to but you must:

- a) ensure all staff are appropriately and safely recruited in line with good practice guidance, 'Safer Recruitment Through Better Recruitment (Scottish Government, 2016),
- b) complete regular Right to Work checks and have appropriate arrangements for international recruitment as per home office guidance,
- c) ensure staff access the required skills, knowledge, and qualifications to fulfil their roles.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 and 'My needs are met by the right number of people.' (HSCS 3.15).

This is in order to comply with Regulations 3, 4(1)(a) & (d), 7(2)(c), 9(1)(2)(b) & (c), 13, 15(a) & (b)(i) and 17(1)(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement had not been met and we agreed an extension to 14 March 2025.

**This requirement was made on 27 July 2023.**

### Action taken on previous requirement

This requirement was met due to the provider evidencing an improvement in relation to good recruitment practice. Previously, management had not verified that references had come from genuine sources. We saw an improvement in that area although have reiterated the need to fully record their checks as some still lacked full details of the checks carried out.

We offered advice and guidance regarding further good practice in recruitment. We will continue to monitor recruitment as part of our regular checks in inspections.

Staff training had improved since our last visit. The provider continued to seek further training for staff to promote face-to-face training as they felt it would offer a different learning experience for the staff team.

**Met - outwith 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

To ensure individuals are supported by a well-informed staff team, leaders should revise their observations of practice documentation. This is to ensure moving and assisting people is reflected upon to assure leaders of staff competence. Leaders should further review the documentation to be satisfied it covers any other relevant aspects of staff observation.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

**This area for improvement was made on 5 March 2025.**

**Action taken since then**

A few observations of practice were in place but we were not confident that they were embedded into practice. They had started as a response to the area for improvement but it was not clear how they would be used going forward.

They also lacked robust feedback to staff. Feedback was not highlighting enough as to what had been done well and what needed to improve. There was no evidence of staff reflection and what they needed to do as they carried out their work in the future.

We accepted that observations were hindered by a change in leadership over recent months which meant that priority was being given to the delivery of care and support for people. However, without those checks of staff competency, people could potentially be at risk of being offered care and support which was not safe or dignified enough.

We will revisit this at our next inspection.

**This area for improvement has not been met.**

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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