

# Lica Homecare Ltd Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
17 June 2025

**Service provided by:**  
Lica Homecare Ltd

**Service provider number:**  
SP2020013495

**Service no:**  
CS2025000068

## About the service

Lica Homecare Ltd is registered with the Care Inspectorate to provide care at home and housing supports, to adults in their home and in the community.

The offices are based in Lanark and the registered manager oversees the service supported by the director, office manager, supervisor and support workers. At the time of the inspection around 30 people were receiving support from the service. Support workers offer support with personal care for people living in their own homes in Lanark and the surrounding areas.

The main objective of the service is to provide supportive and consistent care, enabling the people receiving the service to build trusting relationships with the care staff. The service work closely with the individual and their family to deliver a tailored package to meet the individual's needs.

## About the inspection

This was a full inspection which took place on 9 June - 17 June 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 10 people using the service and five family members.
- spoke with 15 staff and management.
- observed care provision by shadowing support workers in Lanark and surrounding areas.
- reviewed documents.

## Key messages

- People using the service and their families were happy with the service.
- People benefitted from good levels of consistency of care.
- Time to travel between locations needs to be better planned to protect the allocated time for care provision.
- Management demonstrated that they had built on the learning from previous regulatory activity and were committed to improving the quality of the care provided.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

In this part of the inspection report we considered one quality indicator. We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

### Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

Lica homecare Ltd provide support to people in their own homes with a range of personal care needs. These visits can be minimal with a medication prompt through to more complex care needs that demand more time with the assistance of two staff members.

People should expect to be treated with compassion, dignity, and respect. We observed kind and compassionate care being provided by a team of loyal and committed staff. Overall, people, and their relatives, told us that they were happy with the staff team and the support they received.

People should be confident they were supported by staff who knew their needs and preferences well. The consistency of the carers demonstrated a commitment to building trusting relationships. This also allows staff to notice any changes and be responsive to any changes in the person's health and wellbeing. We observed that staff were recognising and reporting concerns to the management team. All of the people receiving the support and their families spoke about the positive trusting relationships that had been established with the care staff.

People should experience care that is responsive to their needs and staff have time to support, care and speak with them. We found that carers did not always have adequate travel time between visits. This meant that care time agreed with people was often reduced to accommodate the travel required. People using the service and their families expressed concern for staff wellbeing, recognising that the staff were rushing due to time constraints. The provider should ensure staff have appropriate travel time built into the scheduling. (See Area for Improvement 1).

### Areas for improvement

1. To ensure that staff have time to support, care and speak with individuals receiving care, the provider should develop a visiting schedule that considers the length of time needed for each visit based on the persons' needs with realistic travel time between visits.

This is to ensure that care and support is consistent with the Health and Social Care standards which state: "my care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

## How good is our leadership?

4 - Good

In this part of the inspection report we considered one quality indicator. We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

**Quality Indicator: 2.2 Quality assurance and improvement is led well**

We were able to establish that the management had introduced a number of changes in order to address the areas for improvement identified at previous regulatory activity.

We found more transparent processes had been introduced to respond to accident, incidents, protection concerns and complaints. Some audits had been introduced and we encouraged the manager to incorporate an evaluation of these to demonstrate actions taken. Some of these had recently been introduced therefore we will explore the quality of these at future regulatory activity.

The manager had introduced methods to improve communication with people receiving the service and their families. They had also introduced an improvement plan and methods to improve self-evaluation. This reflected a commitment to improved self-governance.

We directed the manager to the Care Inspectorate self-evaluation tool of 'core assurances' which should form a key element of regular self-evaluation.

**How good is our staff team?****4 - Good**

In this part of the inspection report we considered one quality indicator. We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

**Quality Indicator: 3.3 Staffing arrangements are right and staff work well together**

The management team recognised the importance of complying with best practice for safer recruitment, induction, registration of staff, training and supporting staff to engage in a culture of professional development. From the point of recruitment, staff were provided with regular opportunities to talk with the management team. This included one-to-one meetings with the manager and team meetings provided opportunities to discuss practice issues.

The care and support provided is consistent and stable, enabling trusting relationships to be established. All of the people receiving the support and their families spoke about the high levels of consistency and the good quality of care that they received.

During the inspection we observed moving and handling practices and examined records. We encouraged the management to review how they assess staff competencies in areas such as, with moving and handling practices and have made this an area for improvement. (See Area for Improvement 1).

The service provides care and support to people in their homes, some of these people have been diagnosed with dementia. The framework for excellence in dementia care outlines that staff should be trained to the level of 'skilled' within this framework, therefore we have repeated the area of improvement made at the last inspection. (See Outstanding Area for Improvements).

**Areas for improvement**

1. To ensure that people are safely supported by staff during moving and handling procedures, the provider should ensure that all staff undertake refresher training, competency is assessed and there is opportunity to reflect on their practice.

This is to ensure that care and support is consistent with the Health and Social Care standards which state: "my care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

### Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes.

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans and carer visit records were stored electronically, which enabled ease of access for all staff. Personal plans were developed in partnership with people receiving support and/or their family representatives. It was evident that the service regularly reviewed and updated personal plans.

We found improvements were made in the personal plans including in the quality of personalised information, clearer information regarding medication needs and the level of support required and also improved documentation around the application of creams and ointments. Access to the personal plan would be improved by improving the structure and format of the written narrative as this is currently very difficult to read and follow. In addition, the individual's health conditions could be stated more clearly.

We established that the assessment and recording of a person's mental capacity could be clearer in the personal plan. The plan should refer to the relevant Scottish legislation, Adults with Incapacity (Scotland) Act 2000. The plan should incorporate a clear way to record relevant powers and for these to be reviewed.

At the last inspection, the service was given an Area for Improvement to improve the risk assessment of medication needs and moving and handling needs. Whilst we noted improvements were made in some personal plans some continue to find missing information regarding the type of equipment to be used or number of carers required to provide the support safely. Therefore this area for improvement will be repeated.

## 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 that people, where possible are protected from cross infection, the service should ensure that staff are trained and competent in infection prevention and control and management best practices.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes.' (HSCS 3.14) & 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This area for improvement was made on 18 July 2024.**

#### Action taken since then

We found that the service had taken measures to improve the knowledge and understanding of staff in the use of PPE and to minimise the risk of cross-infection. Whilst we did see improvements we highlighted where this could be further improved for instance when handling medication. The management should continue to prioritise this area for improvement.

#### Area for Improvement: NOT MET

##### Previous area for improvement 2

To ensure that people benefit from a culture of lessons learned and taking preventative actions to minimise future harm, the service should develop the process for recording when something goes wrong particularly in relation to accident and incident records.

This includes, but is not limited to:

- a. Recording actions taken;
- b. Consideration of other authorities that should be notified;
- c. Periodic audit and evaluation of these records to identify any patterns and take the necessary preventative measures.

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 based on relevant evidence, guidance and best practice' (HSCS4.11); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

**This area for improvement was made on 18 July 2024.**

#### Action taken since then

We found that the management had introduced a number of measures to address this area of improvement. This is a work in progress and will be explored at future inspections.

**This Area for Improvement is Met.**

##### Previous area for improvement 3

To ensure people receive responsive care and support, the manager should ensure effective systems are in place to communicate with people and their representatives, and effectively respond to any feedback or concerns they have about their support.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support.'

**This area for improvement was made on 18 July 2024.**

## Action taken since then

We found that the management had introduced measures to address this area of improvement.

**This Area for Improvement is Met.**

## Previous area for improvement 4

To ensure that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This includes, but is not limited to:

- a. Formal quality assurance systems and self-evaluation are implemented to cover all key areas of service's delivery.
- b. The outcome of quality assurance and self-evaluation should inform a dynamic improvement plan.
- c. Meaningful involvement and feedback from people receiving the service and their representatives.

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 based on relevant evidence, guidance and best practice.' (HSCS4.11); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

**This area for improvement was made on 18 July 2024.**

## Action taken since then

We found that the management had introduced a number of measures to address this area of improvement. We directed the management to incorporate the self-evaluation of 'core assurances' tool and to continue to develop in the effectiveness of their improvement plan.

**This Area for Improvement is Met.**

## Previous area for improvement 5

To ensure that people are supported by suitable trained, competent and skilled staff, the provider should review the training opportunities.

This includes, but is not limited to:

- a. Training in dementia – staff trained to the minimum 'skilled' level in line the promoting excellence framework in dementia;
- b. Training in catheter care for all staff members;
- c. Ensure that the training opportunities are facilitated when staff members identify a learning need or request a refresher;
- d. Management stay abreast of specific learning needs based on the people that they support.

This ensures that 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 professionals and organisational codes.' (HSCS 3:14).

**This area for improvement was made on 18 July 2024.**

## Action taken since then

We established that the management had introduced methods to improve their oversight of training programmes and training needs.



This was not up-to-date during the inspection and questions remained as to the quality of the dementia training that staff had completed. This remains an area that needs further improvement.

**Area for Improvement: NOT MET.**

#### Previous area for improvement 6

To support the safety of people receiving the service and to minimise the risk of injury of the care staff, the provider should ensure that the risk assessments reflect the known risk factors and appropriate risk reduction measures for the individual being supported.

This should include, but not limited to, risk assessments for moving and handling and medication management.

This ensures that support is consistent with the Health and Social Care Standards (HSCS) which states 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 18 July 2024.**

#### Action taken since then

We found that the risk assessments had improved however some assessments lacked necessary information for instance when moving and handling, what equipment is necessary and/or how many carers were needed to provide this care safely.

**Area for Improvement: NOT 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 well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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