

## Eden Eagles Care Service Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
9 October 2025

**Service provided by:**  
Moreblessings Chauraya

**Service provider number:**  
SP2022000139

**Service no:**  
CS2022000194

## About the service

The service provides care at home to adults in Edinburgh with its office based at Saughton. The service was registered with the Care Inspectorate on 22 July 2022 and the provider is Moreblessings Chauraya. At the time of the inspection this service offered care and support to four older people.

## About the inspection

This inspection took place on 7 and 8 August 2025 after four days notice to the service, the delay to the start of the inspection was due to the manager being on holiday. The inspection was conducted by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection reports, information submitted by the service and any intelligence gathered.

We evaluated how well people's health and wellbeing was supported and their personal plans, as well as the quality of staffing.

To inform our evaluation we:

- spoke with four supported people and three relatives
- spoke with three care staff and two managers
- spoke with two professionals working with the service
- observed how well care staff supported people
- visited the office to see how it was run
- reviewed documents and electronic records.

## Key messages

- People were satisfied with the quality of the care and support received.
- Staff interacted warmly and respectfully with people and were able to assist people who were anxious in a caring and calming way.
- Essential staff training for medication administration and moving and assisting people needed to be completed.
- Staff involved in medication administration needed to follow policy and best practice about medication administration documentation.
- People experienced a consistent staff team who knew them well.
- The planning of the support visits was organised and significantly late or missed visits were not an issue.
- Personal plans needed to accurately reflect all health and wellbeing needs with detailed and clear information about how people are to be supported.

## 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?	2 - Weak
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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

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

2 - Weak

We evaluated this service as operating at a weak level for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses with the care provided and how this could affect outcomes for people.

Staff interacted warmly and respectfully with people and knew their history, routines and preferences. People did not feel rushed by staff and were supported to communicate in a way that was right for them, at their own pace. Staff would assist people who were anxious in a caring and calming way. This meant people could build trusting relationships at the service.

There was a lack of medication administration recording for some people receiving care. Staff involved in medication administration needed to follow policy and best practice about medication administration documentation to ensure that people experience safe and effective medication (see requirement one). Essential staff training for medication administration and moving and assisting people needed to be completed. This will ensure people experience good quality care and support based on relevant guidance and best practice (see requirement two).

Care and support were carried out in a dignified way with personal preferences respected. We observed and people told us that staff used gloves and aprons appropriately. People were asked what they wanted to eat and meal preparation was competent. Staff cleaned and tidied up after themselves.

People experiencing care said:

"Very friendly and positive."

"Perfectly friendly to me."

"Very happy with it."

Relatives' comments included:

"Mum is now looking forward to eating and enjoying the company."

"We get on really well with the carer."

"Carers will encourage her to go out of the house."

## Requirements

1. By 10 November 2025, the provider must ensure that supported people experience safe and effective medicine administration and management in a manner that protects the health and wellbeing of service users.

In order to achieve this the provider must adhere to the following:

a) All staff involved in medication administration to undertake appropriate training.

b) All staff involved in medication administration to follow policy and best practice about medication administration documentation.

c) Regular auditing of medication is undertaken which needs to include actions taken when medication errors occur.

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 is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. By 10 November 2025, the provider must ensure that training for moving and assisting people is safe and effective.

In order to achieve this the provider must adhere to the following:

a) Care staff to complete training on an annual basis.

b) Training for moving and assisting people must have a practical element which includes the commonly used techniques and equipment.

c) Care staff must only assist with moving and transferring people when they have been assessed as competent.

This is in order to comply with Section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

### How good is our staff team?

### 4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the staffing arrangements.

People considered that the service was responsive to any issues they raised, were courteous and respectful and the issues were resolved. Staff reported good support available from their managers which were easily accessible. The planning of the support visits was organised and significantly late or missed visits were not an issue. Staffing arrangements worked well with no agency staff being used, therefore people experienced a consistent care team. Staff had time to provide support with compassion and engage in meaningful conversations with people. This ensured people benefited from a warm atmosphere because there were good working relationships.

People experiencing care said:

"They do respond to any requests I make and changes I need."

"As the same people it does not confuse my wife as much."

"Very patient with me, well organised...very good team here."

Relatives' comments included:

"Polite and respectful in her communication."

"With this consistency they are now comfortable and confident with the carers."

"The communication is good and will tell us the small things but will also tell us about any falls."

## How well is our care and support planned?

## 3 - Adequate

We evaluated the service as operating at an adequate level for this key question. There were some improvements needed with personal planning.

People's personal plans had a section for each area of care, for example, communication, but often the information was brief or missing. Personal plans needed to accurately reflect all health and wellbeing needs with detailed and clear information about how people are to be supported. Six monthly reviews of personal plans, as required by legislation, were not all up to date with supported people and their relatives. This is to make sure that personal plans remained right for people as their needs change and everyone had the opportunity for their views to be heard (see requirement one).

### Requirements

1. By 10 November 2025, to support people's health and wellbeing, the provider must ensure that all service users have an up to date personal plan.

In order to achieve this the provider must adhere to the following:

a) Personal plans to accurately reflect all health and wellbeing needs with detailed and clear information about how people are to be supported.

b) Undertake reviews of personal plans every six months. The service should ensure that supported people are meaningfully involved in developing and reviewing their personal plans and involve people who are important to them.

This is in order to comply with regulation 4(1)(a) and regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with 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).

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

## 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

The provider must ensure that supported people experience safe and effective medicine administration and management in a manner that protects the health and wellbeing of service users.

In order to achieve this the provider must adhere to the following:

- a) All staff involved in medication administration to follow policy and best practice about medication administration documentation.
- b) Regular auditing of medication is undertaken which needs to include actions taken when medication errors occur.
- c) As required medication should have clear documentation of when and why medication should be administered and if it was effective.
- d) Topical medication (to be applied on a person's skin) should have clear documentation of when, why and where the medication should be administered. This should include a map of the part(s) of the body where the medication is to be administered.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 17 August 2023.**

#### Action taken since then

This area for improvement has not been met. A requirement has now been made due to a lack of medication administration recording for some people receiving care. See section 'How well do we support people's wellbeing?' in the main body of this report.

### 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?	2 - Weak
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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