

JB Homecare and Staff Agency Support Service

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Type of inspection:
Unannounced

Completed on:
13 November 2025

Service provided by:
JB Homecare and Staff Agency a
partnership

Service provider number:
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Service no:
CS2018371100

About the service

JB Homecare and Staff Agency provides care at home to people living in Edinburgh and Midlothian.

The service operates from an office base in the Morningside area of Edinburgh.

At the time of our inspection approximately 130 people were receiving care from the service.

About the inspection

This was an unannounced inspection of the service which took place between 04 Nov 2025 and 06 Nov 2025. The inspection was carried out by three 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 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire
- we talked with members of staff and the management teams
- observed staff practice and daily life
- reviewed a range of documents

Key messages

- Staff built warm, trusting relationships with individuals, knew their needs well, and supported them in ways that promoted safety, dignity, and wellbeing.
- Whilst medication audits showed improvement, further work was needed to ensure assessment processes reflected people's current needs.
- Quality assurance systems had improved, with audit tools and action plans supporting continuous service development.
- Staffing arrangements were effective, with visit times planned to provide flexibility and consistency.
- Care plans reflected people's interests and outcomes, though some minor inconsistencies and gaps in emergency and future care planning were noted.

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

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

People experienced compassionate care and support because there were warm, encouraging, positive relationships between staff and the people they supported. Staff demonstrated knowledge of individual's needs. This meant that people could be confident that staff supporting them were well informed and worked consistently to help them achieve the outcomes that they had identified.

Managers strived to ensure consistency of staff as much as possible, a visit scheduling system was in place to monitor this. One person told us 'I like my carers we have built a nice relationship and I'm happy with my support from JB Homecare'.

We visited people at their home address and observed positive and respectful interactions between staff and those being supported. This contributed to the development of effective and supportive working relationships, helped people feel safe and secure and enhanced engagement.

People were supported by a small group of staff that they knew well. People and families found this reassuring and meant they developed trusting relationships with the staff. People told us, 'I really like that I have a good team of regular care staff, they come in and know exactly what they are doing, and this really takes the pressure off me'. 'I receive a rota each week and if there are changes in carers at the last minute I am generally informed. My main carers are lovely'.

Staff understood when people needed additional support time, assessment for aids and equipment or intervention from other health and community-based services. We recognised that this responsiveness helped facilitate some positive outcomes around health and well-being.

Support records we reviewed contained information that guided staff in their roles. Daily notes were not only descriptive but connected to individuals identified outcomes, reinforcing a goal-oriented approach to care. Importantly, people had access to their own support plans, promoting transparency and upholding their rights around the information held about them. This enabled individuals to stay informed and actively engaged in decisions about their support.

The service mainly supported people who had low levels of need around medication. Medication audits sampled demonstrated improvement since the previous inspection, indicating enhanced monitoring and compliance. However, during home visits, individuals were observed receiving medication support from staff despite not having been formally assessed as requiring assistance at that level. This discrepancy suggested a need for more robust assessment procedures to ensure that support provided accurately reflected each person's documented needs and promoted safe, person-centred care. We made an area for improvement regarding medication support at the last inspection, this area for improvement will be carried forward.

The provider had focused on key training areas over the past year, including medication safety, infection control, and continence care. During the inspection, training records were up to date and verified, and staff demonstrated increased confidence and competence in delivering care that reflected best practice and individual needs. We advised the manager to continue strengthening her oversight of staff training by monitoring service users' profiles and health trends to identify any additional training needs. An area for

improvement regarding staff training was made at the previous inspection, this area for improvement has now been met.

How good is our leadership?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff feedback indicated that they felt supported and valued by management, noting a positive difference since the current manager had taken up their role. They described a clearer understanding of office staff roles and responsibilities, felt listened to, and believed they had been able to contribute to the overall improvement of the service.

The manager knew the care and support needs of people and was able to direct care in a supportive and professional manner. An established staff team supported each other through clear channels of communication. This ensured any changes to care were consistently achieved. Weekly staff updates offered an opportunity for staff to share and contribute to the development of the service.

A range of audit tools had been used to inform the manager and senior leadership about service performance. A home improvement plan had been developed, supported by action plans to drive continuous improvement. We discussed with the manager the importance of ensuring that actions were SMART (specific, measurable, achievable, relevant, and timebound) and could be clearly tracked through to completion. Good practice would also include demonstrating the involvement of others and linking planned outcomes to feedback from people using the service, staff, and external professionals. An area for improvement regarding quality assurance was made at the previous inspection, this area for improvement has now been met.

Staff supervision had been carried out biannually, providing a structured opportunity for reflection and performance review. Observations of practice were regularly completed by senior staff, with records showing clear areas for development and planned follow-up actions. To strengthen continuity and accountability, we recommended adding a summary table to the supervision form to track progress against previously agreed actions, supporting clearer development planning and continuous improvement.

How good is our staff team?

4 - Good

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

Recruitment processes ensured key documentation such as PVG membership, references, and right-to-work evidence was in place prior to staff supporting individuals. However, not all records were consistently held in staff files, requiring some details to be re-confirmed during the inspection, including PVG membership dates and right-to-work evidence for overseas staff. We discussed with the manager a suggestion to implement a consistent system for maintaining staff records, strengthening their own oversight of recruitment processes and ensuring key information is readily accessible.

A structured induction programme ensured that new staff were well-prepared for their roles, equipping them with the knowledge and confidence needed to deliver quality care. Notably, the inclusion of shadowing opportunities allowed new employees to be gradually introduced to individuals they would support promoting familiarity and a person-centred approach from the outset.

Staffing arrangements were effective, with visit times planned to provide flexibility and consistency. People reported no concerns with punctuality and described visits as unhurried, supportive, and personable. Missed visits were rare, and any incidents prompted reflective learning to prevent recurrence.

There was a 24 hour on call service for out of hours manned by a trained person to provide support as well as customer care, complaints and communication.

Morale across the service was good, staff we spoke to said they were happy at their work. Staff felt well supported by management and confident in raising concerns. This supported people to have a positive experience of their care as the staff team were enthusiastic and happy.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several strengths, taken together, clearly outweighed areas for improvement.

The manager had continued to focus on improving the quality of care and support plans, including delivering one-to-one training for office staff. Support plans sampled often included thoughtful details about people's personalities, interests, and what mattered most to them, offering valuable insight into the individual behind the care. Staff had sufficient guidance to provide good care, though some plans contained minor inconsistencies and lacked detail in areas such as emergency responses and future care planning. We advised the manager to continue improving accuracy and expand content to better support staff in delivering person-centred care.

Reviews of people's needs were conducted regularly, ensuring timely and responsive support. These were held at least every six months, or sooner if there was a change in an individual's health needs. Review minutes clearly documented the discussions held and actions agreed upon, providing a strong record of collaborative decision-making. The reviews were evaluative in nature, with a clear focus on whether the support being provided was helping individuals achieve their desired outcomes.

We had made a previous area for improvement in relation to reviews of care at the last inspection. This area for improvement has now been 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

The service should ensure that people's medication administration is accurately recorded to maintain their health and wellbeing. This should also include the specific timings of when medication has been administered where this is required.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

This area for improvement was made on 4 February 2025.

Action taken since then

Please see detail under key question one of the report.

This area for improvement has not been met and will be carried forward.

Previous area for improvement 2

In order to support people using best practice and guidance, the provider should ensure all staff complete mandatory and client specific training in accordance with their own staff induction and training policy. This should include, but is not limited to medication administration, diabetes, palliative care, Parkinson's, stroke awareness, epilepsy including rescue medication, multiple sclerosis; tissue viability.

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),

"I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me" (HSCS 3.4).

This area for improvement was made on 4 February 2025.

Action taken since then

Please see detail under key question one of the report.

This area for improvement has been met.

Previous area for improvement 3

To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be further improved to ensure:

- Quality assurance systems in place support a culture of continuous improvement. There are processes in place to capture and evidence, complaints, concerns, feedback, reviews of care, personal planning outcomes and monitoring of practice.
- The system effectively enables areas for improvement to be promptly and accurately identified.
- Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- Staff completing audits receive training, to ensure that audits make improvements to the service.
- A comprehensive improvement plan reflecting the outcomes of quality assurance processes is compiled and forwarded to the Care Inspectorate.

This is in order to comply with the Health and Social Care Standards (HSCS) which state:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.1).

This area for improvement was made on 4 February 2025.

Action taken since then

Please see detail under key question two of the report.

This area for improvement has been met.

Previous area for improvement 4

To ensure people's care needs are met the manager should ensure that people have an up-to-date care plan in place. This is to be completed at least every six months or more frequently when people experience changes in relation to their health and wellbeing or changes in their medication.

This is to ensure care and support is consistent with Health and Social Care Standard

1.15: 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.

This area for improvement was made on 4 February 2025.

Action taken since then

Please see detail under key question five of the report.

This area for improvement has 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.

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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