

## St Columba's Hospice Care - Care at Home Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
16 October 2025

**Service provided by:**  
St Columba's Hospice Care

**Service provider number:**  
SP2022000112

**Service no:**  
CS2022000157

## About the service

St Columba's Hospice Care- Care at Home, is a charitable organisation and is situated near Granton in Edinburgh. In addition to the Edinburgh base the service has an office base near Musselburgh where the Care at Home team work. The service covers North Edinburgh and East Lothian.

At the time of the inspection three people were being supported by the service. The service offers personal and if required, practical care at home and in addition provides support to enable timely care whilst people await a package of social care.

The team consists of the manager, head of clinical services, care at home lead and clinical support workers who have enhanced knowledge, training and skills to support people with palliative and end of life care. They work closely with other St Columba's Hospice teams.

## About the inspection

This was an unannounced inspection which took place on 6, 9 and 10 October 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 two people using the service and three of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with two external professionals

## Key messages

- People were very well supported at home by a staff team they knew
- People as able, directed their care and support
- People and staff benefitted from working with the wider Hospice teams and had close working relationships

## 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?	5 - Very Good
How good is our staff team?	5 - Very Good

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

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

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

A small team, who people knew well, provided care and support directly in people's own homes. Wherever possible people were empowered to direct their own care and support, which was provided at a pace with no sense of rush. The service was able to respond quickly to referrals, undertake assessments and introduce staff to allow people to remain at home. A family member we spoke with said 'staff are kind and caring and respectful, it's a consistent team that visit'. Whilst a person who received the service said 'staff really good, chatty'. This meant people experienced care that was right for them from a team they knew.

The service provided support between 8am and 8.30pm each day. The care at home lead and team met each morning to ensure staff were up to date about people and any changes. Staff had a clear understanding of their role. Communication throughout the day continued as required to keep the staff updated. After office hours and at weekends, on call support was in place for the staff.

At the time of this inspection people were not supported with medications. This was a development the hospice planned to introduce.

People and/or their family helped to complete their personal plan which provided details on their care and support, which was kept in the home. In addition a plan and relevant risk assessments were completed on Trak (a system that health professionals and hospice teams could access). Assessment of risk included daily recording and checks of a person's skin, mobility and nutrition. If required, the service made referrals to other health professionals for example the dietician. This meant people benefitted because the service and professionals worked together to support their health and wellbeing.

The care at home lead spoke with people at least weekly and updated and reviewed the plans. A family member told us the manager was in touch regularly. By having information on Trak, all involved health professionals had access to check for any changes or updates in people's condition. We observed the daily staff interactions were completed on Trak and within district nursing notes. This meant people had a personal plan that was right for them.

Involved professionals told us communication with the team was good and the manager contacted them if staff noticed any changes when visiting people. Other comments included 'staff were well informed, communicate concerns to us quickly so we can act'. Some involved professionals commented they would like to be included in any electronic communications the service shared. As a result of these approaches people were supported by teams that worked well together.

The service has recently completed some research gathering feedback from people and their loved ones. They plan to use the information to develop the service further.

**How good is our staff team?****5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

When we visited the service we observed positive staff interactions and relationships. Staff we spoke with told us they had good relationships with their colleagues and that the managers provided them with very good support. People and their families described the staff as caring, one family member telling us the service is 'Fantastic', and their relative 'finds it positive and uplifting'. This meant people experienced care and support from a stable staff team that had built positive relationships.

After assessment by the care home lead, staff were allocated to provide 1.1 or 2.1 support with enough time allocated to provide any personal or practical care and have meaningful interactions. This meant people being supported had the right staff at the right time.

Daily contact and communication from the care at home lead meant staff were updated regarding any changes in people's condition or care. Staff had access to mobile phones to receive additional updates throughout the shift. To ensure their safety staff had 'Peoplesafe' on their mobile devices, when undertaking visits. The care home lead made up the rota in advance and staff were able to make requests. One staff member commented 'rota is very organised, can make requests which are usually supported'. The rota could be accessed on the staff mobiles and if they wished, they could select extra shifts. The service did not use agency. As a result staff had the necessary information and resources to support and care for people.

Regular team meetings were held each month and staff were able to contribute to these. Additionally, to keep staff informed two weekly updates provided information on recent changes. Staff also had support with regular one to one meetings and supervision with the lead where they were able to reflect on their practice and set goals for the year ahead. A staff member told us, 'we all work well together, able to chat things through, all the team are different but look after each other well and feel well supported'. These approaches meant people could be confident that staff who provided their support had the opportunity to meet regularly to reflect on their practice.

Safer recruitment processes were in place. This was all managed centrally within the hospice Human Resources Department. An induction process was in place for new staff that included relevant training for their role. Ongoing staff training was face to face or online and staff were supported to complete vocational awards. In addition staff could access the wider training events held in the hospice, and they were working towards all staff completing 'Trauma Informed training'. People could be confident that the staff who supported and cared for them had been safely recruited and had received appropriate training.

**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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

  

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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