

Melbrid Care Support Service

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Type of inspection:
Announced (short notice)

Completed on:
3 November 2025

Service provided by:
Melbrid Ltd

Service provider number:
SP2023000439

Service no:
CS2024000078

About the service

Melbrid Care is the provider of a care at home service, registered to provide older people with assessed support needs in their own homes and in the community.

The service operates across Glasgow and North Lanarkshire and the office is based in the Bridgeton area of Glasgow.

The registered manager is supported by a team of co-ordinators and support workers who provide direct support to people using the service.

At the time of the inspection there were five people using the service.

About the inspection

This was a short notice announced full inspection which took place on 29 October 2025 from 09:30 to 18:00 and 30 October 2025 from 08:30 to 16:00. 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 registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

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

Key messages

- People told us they were happy with the support they received and staff knew them well.
- Support plan documents contained robust and person centred information. This ensured people would receive the care and support they wanted and needed.
- Improvement was needed to ensure a safe and reliable recruitment process is implemented.
- Quality assurance processes need to be implemented in a more formal way to monitor continual improvement.
- Improvement was needed to ensure staff were comprehensively recording the planned care and support they were delivering to people at each visit.
- People were receiving care from a familiar and consistent staff team.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
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, where several strengths impacted outcomes for people positively and clearly outweighed areas for improvement.

We visited people at home whilst they were experiencing care and support. We observed staff interacting with people in a kind, compassionate, respectful, and dignified way. The sunny disposition of staff and the interactions we observed were instrumental in promoting positive mental health for the people.

People told us they had been happy with the support they received, and staff knew them well. We spoke with some family members. The overall response from families was that their loved ones were well cared for and their needs were being met. This meant families could be confident their loved ones had experienced the care and support they wanted and needed.

Assessments took place prior to a service being started. We viewed examples of these and found the detail they contained was robust. Appropriate risk assessments were in place for each person. This helped inform people's personal plans. This ensured care and support was person-centred and right for individuals.

The service had in place an electronic care planning system, "On Care". Information contained in "On Care" was robust, person-centred, and outcome-focused. Staff had easy access to this information. This ensured staff provided the support required in line with people's preferences.

Family members and people being supported could access the "On Care" system if they chose. This allowed people and their families to communicate with the service in relation to changes they wanted to the support provided. This was responsive to the changing needs of people. People and families told us any communication or request they made was responded to by the service quickly. They found the service provider to be accommodating and flexible.

Staff were asked to record a summary of the support provided at each visit in the daily journal. We found this information was often brief. It did not provide details of the support provided. Best practice was that planned care and support was recorded as being carried out in line with an individual's support plan. (See Area for improvement 1)

The service had in place a robust medication policy and process. This was in line with best practice guidance of prompt, assist, administer. Where staff were required to administer medication, we saw this was being accurately and timeously recorded. This meant people could be confident they were receiving the correct medication at the right time.

Areas for improvement

1. To ensure people are experiencing care and support in line with planned care, the provider should ensure:
 - a) Staff are recording full and accurate information in daily journals about the support given to people at every visit.
 - b) Staff are appropriately trained in recording this information accurately.

c) Management of the service continually audit and assess the quality and accuracy of information being recorded to ensure this is in line with planned care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me". (HSCS 1.19)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The provider had only recently started to provide care-at-home services.

A formal service improvement survey had been conducted gaining feedback from people experiencing care and support. However, the responses received did not provide the management team with suggestions for improvement. This meant people had been happy with the service they were receiving.

The provider had in place a quality assurance policy. This outlined the principle of structured monitoring and evaluation of services provided to support continuous improvement. Whilst there had been some informal oversight of the quality assurance, the provider had not yet implemented a formal, robust, regular, and transparent quality assurance process.

They had in place a service improvement plan. This contained robust information and had been informed by input from management and staff who provided care. However, we advised the provider that this should have been a dynamic, regularly updated document, which was informed by ongoing feedback from people and findings from quality audits.

It was important that people could be confident they had received a service from a provider that fostered a culture of continuous improvement. To ensure this, we advised the service to implement formal, regular, and transparent quality assurance processes, gather feedback from staff and people, and put in place a live and dynamic service improvement plan. (See Area for improvement 1)

Areas for improvement

1. To ensure people can be confident they are receiving a service from a provider who supports continuous improvement, the provider should as a minimum:

- a) Implement formal, regular and transparent quality assurance processes.
- b) Ensure actions from audits are addressed timeously through action plans.
- c) Gather regular feedback from people and staff on the quality of the service being provided.
- d) Have in place and dynamic, regularly updated service improvement plan.
- e) Regularly evaluate and monitor progress of improvements made to the service delivery.

This is to ensure that care and support is consistent with the 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)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We viewed staff files and saw that staff had not been recruited in a way that was informed by all aspects of "Safer recruitment through better recruitment" guidance (Care Inspectorate and Scottish Social Services Council September 2023). This was not in line with the provider's recruitment policy.

Individuals had not been asked to provide information on their employment history. This meant the provider could not explore or explain any gaps in a person's employment history. Nor could the provider ascertain who to approach for appropriate references.

References were taken by telephone and transcribed onto a pro-forma. Best practice was to obtain references in written format and verify their accuracy upon receipt.

There was no evidence available in the staff files reviewed to indicate that reference information had been sought or retained. This raised concerns about the safety and reliability of the recruitment process that had been in place. This meant people could not be confident that staff who supported and cared for them had been appropriately and safely recruited. (See Requirement 1)

A staff supervision process had recently been implemented. However, a process in line with best practice and the provider's policy had not yet become embedded in practice. (See Area for improvement 1)

We viewed staff training statistics. The provider had in place an eLearning platform to facilitate this. We saw that completion rates of mandatory training modules were high. We noted, however, that some areas of mandatory training were not available on this platform. We encouraged the provider to address this with immediate effect and ensure immediate staff completion.

We saw that competency assessment had begun to be implemented. We encouraged the management team to continue developing this aspect of staff monitoring and support. This enabled the management team to identify where gaps in staff skills and knowledge needed to be addressed. This then ensured people were supported by a competent, knowledgeable, and skilled staff team.

Requirements

1. By 31 December 2025, the provider must ensure people are safe and supported by staff who have been safely and reliably recruited. To do this the provider must as a minimum:

a) Review their application form to ensure all applicants complete a full employment history in chronological order and full details of referees in line with best practice guidance.

b) Obtain and retain written references for all employees in line with best practice guidance.

This is to comply with Regulation 3 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 that: "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24)

Areas for improvement

1. To ensure people can be confident they are receiving a service from a staff team who have the opportunity to reflect on and improve their practice, the provider should ensure:

a) They have in place an established process of regular supervisions for staff in line with best practice guidance and the provider's own policy.

This is to ensure that care and support is consistent with the 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)

How well is our care and support planned?

4 - Good

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

Care plans that were reviewed had been person-centred and clearly reflected individuals' desired outcomes and personal wishes. The service was undertaking initial needs assessments to evaluate the necessity of involving relevant multidisciplinary professionals. This process also ensured that individuals' preferences and choices were considered from the outset. There was also evidence that input from other professionals had continued to be sought when required. This ensured that people received coordinated and comprehensive support.

All appropriate risk assessments had been completed. These were used to enable people rather than restrict their actions or activities. People told us staff had taken a consultative approach to providing care and support, involving them in decisions and respecting their autonomy.

The service had not yet implemented personal plan reviews, in line with legislative requirements. This was because the service had not been in place long enough. Inspectors advised the service to commence the planning process to ensure implementation of personal plan reviews as soon as they were due.

We had noted that ongoing reviews, where people's care and support needs had changed, were not consistently reflected in their personal plans. The provider had recognised this and had included it as an action within their service improvement plan. Inspectors had been confident that the provider would take appropriate steps to address the issue.

Records relating to care and support carried out at each individual visit had been brief and lacked sufficient detail. This meant it was difficult to gain a clear understanding of the care provided or evaluate whether individuals' needs and preferences had been fully met. (See Area for improvement 1 under "How well do we support people's wellbeing" section 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.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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
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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