

## Quality Care (SC) Ltd - Care at Home Support Service

Unit 8  
New Broompark Business Park  
Edinburgh  
EH5 1RS

Telephone: 01315 522 271

**Type of inspection:**  
Unannounced

**Completed on:**  
12 December 2025

**Service provided by:**  
Quality Care (SC) Limited

**Service provider number:**  
SP2017013030

**Service no:**  
CS2017362646

## About the service

Quality Care (SC) Limited is registered to provide a care at home service to adults, including older people, in their own homes within Edinburgh, the Lothians and Falkirk local authority areas.

The service operates from an office base in the Granton area of Edinburgh. At the time of the inspection a service was being provided to 298 people.

## About the inspection

This was an unannounced inspection which took place between 4 and 5 December 2025 from 09:30 to 16:00. Further analysis and inspection continued to take place remotely from 8 to 10 December 2025. The inspection was carried out by four 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 25 people.
- spoke with 20 relatives.
- spoke with and obtained feedback from staff and management.
- observed practice and daily life.
- reviewed documentation.
- reviewed feedback responses from our Care Inspectorate questionnaire from people using the service, their relatives and staff.

## Key messages

- People had confidence in their regular care staff who treated them with warmth, dignity and respect.
- Staff had access to clear guidance about people's health conditions and the ways in which these affected their daily lives.
- Medication was managed effectively, and staff had been trained and observed to ensure they were competent in supporting people with their prescribed medicines.
- The manager supported effective involvement with external health professionals when people required additional support.
- Staff within the office worked well together and demonstrated a collaborative approach to managing the service.
- The manager had good oversight of the service, supporting accountability and maintaining good standards of care and support.
- Visits were generally arranged to provide flexibility and consistency; however, some scheduling did not align with agreed times, which occasionally affected the quality of the service and had an impact on staff wellbeing.
- Staff were enthusiastic, happy and were supported by senior staff, which contributed to people having a positive experience of care.

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

We observed warm, person-centred care across visits, where staff demonstrated dignity, respect, and awareness of individual needs. Relationships with people using the service were well-established, fostering trust and comfort. 'They know me very well'; 'I'm well looked after'; 'they're always helpful and kind'; 'my regular carer is one of the best'. Overall people had confidence in their regular care staff and were assured of having the right support to help meet positive outcomes.

Staff practice observed during our visits demonstrated a consistent focus on person-centred care. Staff offered individuals meaningful choice in their day-to-day routines, including preferences around food and drink, and clothing. Staff adapted their communication to meet each person's needs. Strong infection prevention and control (IPC) practices were evident, with staff washing their hands on arrival, using PPE appropriately, and applying hand sanitiser throughout their visits. Staff displayed good knowledge and skill in delivering personal care, including continence support and the safe application of topical creams.

Staff had access to clear guidance about people's health conditions and the ways these affected their daily lives. Personal plans provided clear instructions, and staff were trained in a range of conditions relevant to the individuals they supported. In a small number of plans, we noted that information could be further developed to give more detail on how staff should deliver support. The manager acknowledged this and confirmed that ongoing reviews of personal plans were already underway to address these gaps.

Medication was managed effectively, and staff had been trained and observed to ensure they were competent in supporting people with their prescribed medicines. We noted a very small number of inconsistencies in how some individuals' medication support needs were described. In particular, staff would benefit from clearer guidance on whether a person requires prompting and assistance or full support with administration. The manager recognised this and began making immediate improvements in line with our feedback.

The manager was proactive in reporting significant incidents and accidents to the appropriate professionals, including submitting required notifications to the Care Inspectorate. There was clear evidence of effective involvement with external health professionals when people were unwell and required additional support. Where issues were identified in staff practice, such as moving and assisting, the trainer provided targeted guidance to ensure that practice concerns were addressed and improvements were made. People could be confident of having the right support to help maintain their physical health and wellbeing.

Staff were attentive to people's food and fluid needs and preferences, providing support to prepare meals and drinks when required and ensuring individuals were left with easy access to snacks and fluids when staff departed. People could be assured of support from staff who were considerate of their individual circumstances and responsive to their needs.

**How good is our leadership?****4 - Good**

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

Staff within the office worked well together and demonstrated a collaborative approach to managing the service. Regular meetings ensured that current issues were discussed promptly, and responsibilities were shared across the team. We did, however, observe that coordinators appeared under pressure at times. This was also reflected in the volume of complaints and the challenges associated with scheduling. Overall the culture remained supportive, and people using the service could be confident that office staff worked together constructively.

A range of audits was carried out routinely to monitor staff performance and ensure safe, consistent practice. This included regular reviews of medication records, personal plans and staff performance. People could be assured that the manager had good oversight of the service, supporting accountability and maintaining good standards of care and support.

There had been a high level of complaint activity since the last inspection. Records showed clear trails of communication, action taken, and follow-up discussions with people and their relatives. Whilst this approach reflected a commitment to learning and improvement, the volume of complaints and the presence of unresolved cases indicated that some challenges remained. We advised the manager that earlier identification of issues and more proactive relationship management with complainants may help prevent concerns from escalating.

Alongside complaints, the provider received a range of positive compliments from people and their relatives. These highlighted staff's positive attitudes, attentiveness, and willingness to go above and beyond their roles. This feedback demonstrated that many people experienced caring and committed support.

An improvement plan was in place with named staff responsible for actions and links to resources to support implementation. We advised the plan would benefit from broader scope, clearer target dates, measurable outcomes, and stronger involvement from staff and people using the service. A more up to date self evaluation would also strengthen future planning. We fed back to the manager who gave assurances that the improvement plan would be further developed.

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

We evaluated this key question as good 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. This approach protected supported people and reinforced accountability and confidence in the workforce.

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

Staff continued to complete a range of online and face to face training courses throughout their employment, ensuring their skills remained relevant to people's needs on an ongoing basis.

Staff arrangements were generally effective, with visit times planned to provide flexibility and consistency. However, we observed scheduling practices had at times been inconsistent, with repeated lateness and poor coordination noted. Some visits had been completed on time and within the agreed leeway, but others had been scheduled unrealistically, with no allowance for staff travel.

Staff often adjusted their schedules to keep visits running smoothly, sometimes by starting early or finishing late, and at other times by cutting visits short to reach the next person. While this showed staff commitment, reliance on such adjustments highlighted flaws in scheduling which had affected both service quality and staff wellbeing. The manager had identified the same concerns, which showed awareness of the issues. Sustained action was required to ensure improvements were fully embedded.

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.

Staff supervision had been carried out on a biannual basis, which meant opportunities for reflection and performance review may be limited. Senior staff had completed annual appraisals and regular observations of staff practice, with records highlighting areas for development and planned follow-up-actions. Where further concerns were identified, additional support measures were arranged to address specific practice issues. However, we discussed with the manager the importance of ensuring observations of practice were explicitly linked to supervision sessions, creating a more holistic approach to feedback and development needs. To strengthen continuity and accountability, we recommended that a summary table be added to supervision forms, enabling clearer tracking of agreed actions from one session to the next. This would support consistent staff development planning and continuous improvement.

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

## How well is our care and support planned?

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.

The manager had continued to focus on improving the quality of personal plans, since the last inspection. 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 comprehensive guidance to provide very good care, though some plans sampled contained minor inconsistencies and lacked detail in areas such as emergency responses and future care planning. We advised the manager to continue the good work being completed to 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 and agreed actions, 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. To strengthen clarity and engagement, we encouraged the management team to conduct more face-to-face meetings so people were fully aware when a formal care review was taking place.

## 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 people's health and safety, the provider should ensure staff accurately record the care and support people receive, including when assistive technology is used to keep people safe.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

**This area for improvement was made on 3 June 2025.**

#### Action taken since then

Care plans clearly documented people's use of technology, including guidance for staff to ensure individuals had access to their care alarms when staff left the home. Our observations confirmed staff understood and followed these procedures when required.

This area for improvement is met.

#### Previous area for improvement 2

The provider should ensure people receive their medication in line with prescription guidance, including pain medication. This should include, but is not limited to, ensuring people's medication care plans and risk assessments advise staff of the associated risks which may impact staff's ability to safely administer a person's medication and how these risks can be mitigated.

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 3 June 2025.**

#### Action taken since then

People's medication needs were clearly outlined in their personal plans, including the reasons for each prescribed medicine. Most of the required improvements had already been implemented, and the provider has set a target date of February 2026 to complete the remaining actions.

We are aware there have been occasional issues with supplies of medication from pharmacies, however there is documented evidence of the provider working to ensure issues are resolved.

# Inspection report

Overall the administration of medication was safe, with a few minor improvements which were identified during this inspection.

This area for improvement is met.

## Previous area for improvement 3

To support positive outcomes for people experiencing care, the provider should ensure all concerns are responded to appropriately. This should include, but is not limited to, ensuring concerns are recorded with the outcome and actions taken to improve service quality and delivery.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

**This area for improvement was made on 3 June 2025.**

## Action taken since then

Overall, the provider demonstrated a structured approach to complaint handling. We saw examples where the manager had implemented monitoring of staff performance, in addition to providing complainants with direct feedback and following up on communication with people using the service and their representatives.

Whilst some challenges still remained, the manager's processes for managing concerns were generally effective.

This area for improvement is met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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