

Meloosha Homecare West Lothian Support Service

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Type of inspection:
Unannounced

Completed on:
9 January 2026

Service provided by:
Karen Anne Jamieson LTD

Service provider number:
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Service no:
CS2022000119

About the service

Meloosha Homecare Livingston is registered with the Care Inspectorate to provide a support service to adults with physical disabilities and older people.

The service offers personal care and support to adults with a variety of needs living in their own homes and in the community across West Lothian.

There were 31 people receiving a service during the inspection.

About the inspection

This was an unannounced inspection which took place on 6, 7 and 8 January 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 11 people using the service
- received feedback from eight relatives
- received feedback from 16 staff and management
- visited people and observed practice of five staff members
- reviewed documents
- received feedback from two visiting professionals.

Key messages

- People experienced care that was safe, compassionate and responsive.
- The service was responsive and prioritising people's health and wellbeing.
- Staff worked well as a team with good communication.
- Reviews of people's care needed to be carried out at least six monthly, or more frequently as needs change.
- The service would benefit from arranging additional training on individuals' health needs and ensuring that refresher training is up to date.
- The service had made progress with addressing previous areas for improvement. Two areas for improvement were met. We revised one area for improvement and extended two others.

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 staff team?	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. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care that was safe, compassionate and responsive. Interactions between staff and individuals were warm, calm and respectful. Feedback from people and their relatives was mostly positive, with comments such as "I am happy with the support"; "If my relative asks any of the carers to do anything, they would do it no problem" and "They are all fantastic, [my relative] appreciates all that they do".

Staff knew people well and took time to engage in meaningful conversations and build trusting relationships. We observed staff taking time to listen, promoting choice, and supporting people to direct their care. People were treated as experts in their own lives.

There was a focus on health and wellbeing. Staff were observant, promptly raising concerns or changes in need with the office team. During our visits, we observed effective communication with health professionals, and families, and saw that additional support was promptly arranged when unexpected changes in wellbeing occurred. People, and their relatives, could be confident that the service was prioritising health and wellbeing.

At the last inspection, we made an area for improvement around personal planning to ensure staff had the right information to provide good quality care. The service had made progress in updating plans to ensure they were personalised and reflected people's needs, wishes and associated risks. However, this work was not yet consistent across the service. Several plans were overdue for review, meaning staff knowledge was relied upon rather than up to date documentation. While staff demonstrated a strong understanding of people's needs, this presented a risk for new or unfamiliar staff providing support. The area for improvement has been amended to include the need for timely reviews. (See Area for Improvement 1).

We observed good practice in care delivery, including prevention of infection, and safe medication administration. Staff understood their responsibilities in maintaining safe care practices. At the last inspection, we identified limited information regarding medication support and noted this as area for improvement. This had been reviewed, with personal plans updated. The management team were committed to ensuring that risk assessments were also accurate and had plans in place to review these. We assessed that this this area for improvement has been met.

Areas for improvement

1. To improve the quality of information for staff, the provider should ensure that personal plans and risk assessments are individualised and reviewed on a six-monthly basis, or more frequently as people's needs change.

This should include, and not be limited to, reflecting people's backgrounds, interests, preferences, and wishes. Risk assessments should contain details of how to support, minimise, and manage areas of risk.

This is to ensure that care and support is consistent with the 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 3.07).

How good is our staff team?

4 - Good

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

Staff worked effectively as a team, demonstrating confidence and mutual respect. New staff were supported through time spent shadowing experienced colleagues, which helped them develop their skills and develop within their roles.

People benefitted from a consistent staff team. Most people spoke of the staff being punctual and when staff were going to be late, they were informed of this. Where people received support from two staff, we observed that there were occasions where staff arrived at visits at different times. This meant that when two staff were required for support, the time available was limited. During the inspection, we observed that staff were meeting individual's need, but there was a risk that people would not get the time they required or visits would run on and impact the visit times of other people. The management team agreed to monitor visit times and support staff to ensure that visit times are complementary.

The service was flexible and adjusting their support to meet people's needs. They had a team of permanent staff, and also used a small number of regular bank, and office staff to maintain continuity. This approach enabled the office team to build strong relationships with people and understand their care needs well.

Staff had completed mandatory training, although some refresher training was overdue. Staff were supporting people with a range of different needs and health conditions, and training had been provided to support specialist areas of care. We discussed with the service ways to develop individualised specialist training would strengthen staff understanding of specific health conditions, and support care that is responsive to each person's needs and preferences. They expressed commitment to putting this in place.

A new training system had recently been introduced, which made it difficult for the service to maintain an accurate overview of completed and outstanding training. This created a risk of staff not having up to date knowledge. The management team acknowledged this and planned to improve oversight to ensure refresher training gaps were addressed.

Staff used an electronic system to record the support provided, giving the team good insight into people's health and wellbeing. Although staff felt supported, they did not consistently have opportunities to meet, reflect on practice, or share learning. This limited opportunities for peer support and consistency across the team. The management team agreed to implement a more robust programme of staff support and supervision, which will be reviewed at future inspections.

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 receive the right level of support with medication, the provider should review medication support provided to ensure this meets people's needs.

This should include, but not be limited to, reviewing, with health and social care professionals, what level of support people need, updating people's personal plans around how to support people with medication, and ensuring there are clear procedures in place for staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 4 November 2025.

Action taken since then

We have reported on this within 'How well do we support people's wellbeing?' within this report.

This area for improvement has been met.

Previous area for improvement 2

To improve the quality of information for staff, the provider should ensure that personal plans and risk assessments are individualised.

This should include, and not be limited to, reflecting people's backgrounds, interests, preferences, and wishes. Risk assessments should contain details of how to support, minimise, and manage areas of risk.

This is to ensure that care and support is consistent with the 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 3.07).

This area for improvement was made on 4 November 2025.

Action taken since then

We have reported on this area for improvement in 'How well do we support people's health and wellbeing?' within this report.

This area for improvement has been revised. We will look at progress at the next inspection.

Previous area for improvement 3

In order to ensure people are supported in line with their assessed and agreed times, the provider needs to review processes that ensure visit times are consistently met.

This includes timely management of absence and sickness, improved oversight of office communication during service hours and emergencies, and ensuring that any cancellations or changes to visits are clearly communicated and documented. A review of support visits is required to ensure visits last the planned duration so that essential support is delivered.

This is to ensure 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).

This area for improvement was made on 4 November 2025.

Action taken since then

We reviewed the service's electronic monitoring records and observed that they were providing support in line with people's assessed needs and agreed times.

We heard the office team contacting people where there were changes in support arrangements and observed that detailed written records of communication were in place.

This area for improvement has been met.

Previous area for improvement 4

In order to support people to provide regular feedback and to raise concerns or complaints if they have any, the provider must review its systems for responding to concerns. This includes ensuring that all complaints and enquiries, whether submitted through the app, by phone, or in person, are acknowledged promptly, recorded accurately, and followed up within required timescales.

Ensure clear communication pathways and consistent feedback processes should be implemented so that families receive timely updates and reassurance when issues arise.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS4.21).

This area for improvement was made on 4 November 2025.

Action taken since then

The service was inviting feedback and kept records of any concerns and complaints raised.

We noted that some concerns raised required conclusion with documentation of actions taken. While improvement was evident, this approach needed to become a consistent part of everyday practice within the service.

We have extended this area for improvement.

Previous area for improvement 5

To ensure that people are given adequate notice of the termination of their service when the provider can no longer meet their needs, that is effectively reviewed prior to its withdrawal.

The provider must strengthen its processes for reviewing care packages before deciding to withdraw support. This includes ensuring that any decision to end a service is based on a formal assessment of the person's needs and involves clear communication with the family and social work, particularly where withdrawal may relate to staff feeling uncomfortable, difficulties meeting expectations, or reported confrontations.

The provider must also ensure that adequate notice is given to enable safe planning and continuity of care. Improved documentation and a transparent rationale for ending a service are required to ensure decisions are fair, timely, and person-centred.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes' (HSCS 4.12).

This area for improvement was made on 4 November 2025.

Action taken since then

This area for improvement was not assessed at this inspection.

This area for improvement will be carried forward to the next inspection.

Complaints

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

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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