

ana care@home Support Service

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Type of inspection:
Unannounced

Completed on:
15 January 2026

Service provided by:
UK Private Healthcare Limited

Service provider number:
SP2003002340

Service no:
CS2017361590

About the service

Ana care@home are owned and managed by UK Private Healthcare Limited. They provide a care service to adults and older people living in their own homes. Their office base is in Aberdeen., and they support people in Aberdeen City.

About the inspection

This was an unannounced inspection which took place on between 12 and 15 January 2026. The inspection was carried out by two 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 10 people using the service and 15 of their family
- Spoke with 14 staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- Everyone we spoke to was extremely happy with the service.
- People told us that they had nothing they could think of to improve.
- The manager has compassion and support for all people and staff.
- All visits that were planned were fulfilled for the full amount of time.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our leadership? | 5 - Very Good |
| How good is our staff team? | 5 - Very 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

People's health and wellbeing was supported by the service to a very good standard and there were many strengths to support good outcomes for people.

There was an easy and warm rapport between people and the carers who were supporting them.

People chose the tasks and activities they wanted help with, and the carers were flexible in their ways of working to support this. People said they were very pleased with their service. They appreciated the carers. We heard comment such as:

"They bring me comfort and give me confidence."

"They know me better than I know myself sometimes."

One person told us they had fallen asleep before the carer arrived. The carer quietly organised and prepared their meal before waking them, and they appreciated this respect and caring. This was an example of the lovely way that people were treated.

The organisation wanted families to be an important part of the care team, and to be as involved as the service user, and they, wanted to be. People and their relatives were happy to contact the office at any time. One family told us about their difficult decision to accept that they needed carers to help them. They said the manager and carers had been careful and thoughtful when they first started, and now they were very pleased that the support was coming in each day. Another family was so pleased with the carers, and trusted the work that they did, they had decided to use respite hours for the first time. These examples were a sign of how much trust and faith people had in Ana.

Responses to a Care Inspectorate survey showed similar appreciation for the organisation and the carers, with evaluation such as:

- Visits greatly enhance the quality of life
- Families feel they can raise concerns and know who to contact
- Staff know people well and respect their culture and beliefs.

People could be confident they would always get their visit. There were a lot of carers for each person and the manager strived to have small teams working with each person.

Medication was often taken by the person themselves. When someone needed a reminder to take their medication, the carers signed a form to say they had taken the tablets to the person. This meant people could be sure that they were supported effectively.

People's eating and drinking was supported as people chose it to be. Medical conditions such as diabetes were catered for, and support details were noted in people's care plan. Everyone had fresh drinks at each visit, and also had drinks left for them so they wouldn't be thirsty before their next visit. When meals were taken to people they were nicely plated, and the eating area was set for the meal, which helped people to enjoy their food.

People enjoyed a variety of hobbies and activities. The timing of the carer's visit supported people's social lives, as well as their physical needs. For example, one person told us that the carer will accompany them down the corridor to a social event which they appreciated and another described how the carer ensured they were clean and dressed ready to go out at specific times.

If someone asked a carer to buy something for them, for example some milk, there was a system in place to track what money was changing hands and to ensure receipts matched the amounts recorded. This was a transparent system which helped to keep everyone safe.

How good is our leadership?

5 - Very Good

The overall management and leadership was very good. There were strong areas which contributed to good outcomes for people. Any areas that needed improvement were small and did not have a significant impact on people. The office base was a welcoming environment and carers felt comfortable to pop in to ask questions, or to have a meeting.

There were many checks undertaken regularly by the leaders and manager. These were done by inspecting documents and also having conversation and working alongside the carers. Examples of this were:

1. The leaders kept an eye on the carers training and ensured they were up to date when they started work, they made sure carers did refreshers to keep up to date, and they completed observations to ensure competency of practice.
2. There was a sheet to track when supervision and appraisal meetings had taken place and when the next one was due. This ensured personal contact between the leadership team and the carers.
3. There was a twice weekly meeting for the leaders in the service. This was a very good business meeting which checked that appropriate actions were being taken for client support and enabled the leadership team to maintain an overview of the service and identify where carers or people needed support.
4. Using the electronic system to ensure people had their support visits were on time, and for the correct duration.

The manager worked in an understanding and inclusive way. The staff told us they were very supportive. Their understanding manner was shown by the incremental way that they introduced a new recording system, and their gentle encouragement and enablement for carers to appreciate the supervision and appraisal system. This support was not only for the carers, it extended throughout the company. The training coordinator said they felt very well supported and everyone worked really well together.

How good is our staff team?

5 - Very Good

The staffing arrangements were very good, with many strengths that supported people.

There were enough carers to cover all the visits that people wanted, and visits were fulfilled for the planned amount of time. We were told by someone that they decided to use Ana because a friend recommended them, and a different person told us that they had recommended the service to a friend. This was an indication of a very good service.

Staff were recruited through a safe system, with many areas checked before someone was employed. Once someone started work they had a full induction which was tracked via a checklist. This helped to ensure the right people were being trusted into people's homes.

People and relatives told us the carers were skilled and compassionate. The worker's natural caring nature was enhanced by comprehensive training, and they were all up to date with this. The training covered all the basic areas a carer would need and also some additional areas if they were needed, for example end of life care, and dementia. A lot of training was online, but the training for medication and moving and handling were completed in a room with other people and the trainer. This was the best way for these two important skills to be taught. As well as training and a full induction, all carers had an observation of their practice every six months to ensure they remained competent. Staff told us their induction and subsequent training and support prepared them for their roles. They felt skilled and knowledgeable for the work they did.

Carers were supported by staff supervision every six months and an annual appraisal. This could be held in person or via telephone, as suited to individual circumstances. The combination of the above measures meant the manager was aware of people's practice and was supportive in all situations.

How well is our care and support planned?

5 - Very Good

Care and support planning was at a very good level with many strengths and few areas for improvement. The planning was recorded on an electronic system, which carers and families were able to access.

The plans were well written, clear and easy to follow. They were written from the person's perspective and explained why tasks should be followed, for example explaining that someone wanted to walk but was not confident so wanted to be encouraged. The explanation from the person's perspective made it more likely that carers would engage individually, and place an importance on doing the tasks. Although people were independent in seeking their health care, the care plans noted it so the carers could support people by reminding them of advice to follow.

Using the electronic system worked well for the carers because it gave clear instructions at each visit. It provided a good reminder because they needed to complete each task before they were able to click that they were finished. The carers noted which tasks they had done and they also added comments which were useful for the other carers to know which specific, or additional support, needs should be attended to. Where people had complex needs, the care plan and the tasks were consequentially greater. There was as much information as was required. This ensured people's wishes were met and their support was delivered in a safe way for them. Regular reviews were taking place for people. There were notes saying either that there were no changes necessary or the support plans were updated accordingly. This meant people could be assured they were receiving appropriate care.

The families appreciated access to the parts of Birdie that were accessible for them. This helped them feel more included in their loved ones care. Families said, "it's reassuring", "it puts my mind at ease" and "it's great to see what's going on."

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

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| 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? | 5 - Very Good |
| 2.2 Quality assurance and improvement is led well | 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 |
| 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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