

Caltongate & Pepper Learning Disability and Neurodiversity Service Housing Support Service

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Edinburgh
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Type of inspection:
Announced (short notice)

Completed on:
8 January 2026

Service provided by:
Care Support Scotland Ltd

Service provider number:
SP2004005200

Service no:
CS2004056010

About the service

Caltongate and Peffer Neurodiversity and Learning Disability Service is a combined care at home and support service, based in central and south east Edinburgh. Providing support for people with a range of support needs to live independently within their own homes and communities.

The service is split into two services, with their own office bases and local management structure.

The provider Care Support Scotland Ltd has been registered to provide the service since 30 August 2004.

About the inspection

This was an announced (short notice) inspection which took place on 9, 10 & 11 December 2025 and 7 and 8 January 2026 . The inspection was carried out by 2 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 7 people using the service and 4 of their family
- Spoke with 16 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- Staffing arrangements were being developed by the management team, to ensure a consistent approach
- People commented on having built good connections with the staff team
- Food and fluid monitoring were poor and required immediate action to ensure people's wellbeing
- Medication procedures were lacking oversight and good practice was not being followed
- Some staff had not completed training in mandatory subjects
- Management of the two parts of the service had not been consistent, therefore continuity of practice and oversight standards within the service had been varied

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?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

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

The service was managed separately over two locations and we observed different practice and approaches to supporting people and how processes were managed. This meant that the standards of care and support were not consistent across the service.

We observed friendly and compassionate interactions and connections between some people and the staff who supported them. These connections clearly showed that a level of trust and rapport had developed.

Some people's health and wellbeing was supported well. Staff we spoke with had responded quickly to any concerns they had, that related to people's health conditions and care needs. Appropriate referrals to external healthcare professionals and specialist agencies had been made. This meant that some people were supported to access healthcare and wellbeing support at the right time.

Some people however, had not been supported with the same level of care and attention given to their health and wellbeing. This included people who needed additional support to manage their nutrition well. Food and fluid support for some people had not been managed well to ensure that people had their basic needs met. See requirement one.

Staff described people who chose to restrict their diet and how they required specific support to encourage them to eat healthier options. Some staff appeared to have success with supporting people to eat well, while others did not. Records for people whose nutritional support required monitoring, lacked detail, and concerns were not escalated quickly. This had the potential to have a negative impact on people's health and wellbeing. See requirement one.

Medication processes, including the administration, recording and ordering of medication was inconsistent across the wider team. Some medications had been missed, which were not noticed, while other medications had not been recorded appropriately.

As required medication records, lacked the information to support staff to understand how to administer some medication appropriately. This meant that some people were at risk of ill health, as their medication was not being managed well. See requirement two.

People were supported to be as physically active as they chose to be, with people telling us that they regularly went swimming, for local walks and to the gym. Sometimes with one to one support and sometimes as part of a group. This was a positive experience for people, which they enjoyed.

However, one relative told us that their family member's wellbeing had been impacted, by a lack of social support. Trust and rapport had not been developed with some staff, leading to social isolation. See area for improvement one.

Requirements

1. By 2 March 2026, the provider must ensure that people have access to suitable food and fluids to meet their nutritional and hydration needs.

To do this the provider must as a minimum:

- a) develop and implement risk management processes to assess the risk of malnutrition and dehydration for people
- b) develop and implement monitoring systems for people assessed at risk of weight loss and dehydration
- c) develop and implement training for staff on the signs of and referral processes for the risk of malnutrition and dehydration

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) 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) 1.33 "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning, and HSCS 3.21 "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm".

2. By 2 March 2026, the provider must ensure that medications are appropriately managed to ensure the health and wellbeing of people.

To do this the provider must as a minimum:

- a) implement medication training for staff, that focuses on the different means to support people with medication
- b) develop and implement a recording system that enables staff to record administration of medication appropriately
- c) develop and implement audits to ensure that medication is checked on a regular basis
- d) develop and implement medication competency audits to ensure staff practice is assessed
- e) implement reflective processes to support staff understanding of their responsibilities in terms of medication management

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) 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) 3.14 which states, "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".

Areas for improvement

1. To assure people that the provider is managing their care and support needs well, the provider should ensure that people's support is consistent.

This should include but is not limited to ensuring that staff follow personal plans and share changes in people's care and support needs, quickly and appropriately. To enable people to have the right care and support for their changing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 3.19 "My care and support is consistent and stable because people work together well".

How good is our staff team?

3 - Adequate

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

Staffing arrangements within some parts of the service appeared to have been managed well, with people matched with staff, who had the skills and approaches that worked well. This ensured that people's needs and wishes were met.

People received support that was generally good, and within timeframes that met their preferences and needs. Good connections had been developed between some people supported by the service and staff, which had built trust and respect. This meant that people were receiving the right kind of support from skilled staff.

However, within other areas of the service, staffing arrangements were poorly planned and managed. We discussed this with the new management team, who were actively working to alleviate any confusion and ensure that people had the right support at the right time. We will follow this up at our next inspection.

People's experiences of knowing who would be supporting them from day to day were varied across the service. Some people described that they didn't always know who was supporting them, while other people had pictorial planners that allowed them to see at a glance which member of staff to expect. This meant that there was a lack of information on staffing for some people, (see area for improvement one).

Some people described knowing staff well and generally having the same staff team working with them, with the exception of new staff. One person commented, "I know that I have to get to know new staff, they are all very nice".

In some areas of the service there appeared to be a lack of consistency in practice and approaches to supporting people. This was evident in people's daily notes, which showed that at times, staff did not provide continuity of care or work consistently as a team, leading to varied outcomes for people, (see area for improvement two).

Communication between staff had clearly improved during the course of the inspection. Staff described feeling more connected with the use of a digital app. This appeared to have had a positive impact on the support and outcomes for people. We will follow up communication at our next inspection.

Staff morale was mixed across the service, with some staff very happy in their role and others describing morale as low. Regular access to support and a management presence within the office spaces was improving staff members experiences. We will follow this up at our next inspection.

Staff described being supported well by managers, and that they were approachable and offered helpful guidance. Formal support and supervision sessions were lacking. Staff had limited opportunities to focus on their professional development and have opportunities to discuss practice and wellbeing issues, (see area for improvement three).

Staff inductions had been developed to support new members of staff to have the skills and knowledge to work effectively and safely with people. This appeared to be working well, however, some established staff had gaps in their mandatory training. This had the potential to impact negatively on people, as staff did not consistently share the same knowledge and skills for continuity of care and support, (see requirement one).

Requirements

1. By 2 March 2026, the provider must ensure that all staff are appropriately trained and competent to ensure the health, welfare and safety of people experiencing care.

To do this the provider must as a minimum:

- a) ensure all mandatory training is completed, including: moving and handling, medication administration, fire safety, infection prevention and control, and adult support and protection
- b) implement processes to ensure staff competency is assessed regularly
- c) develop and implement opportunities for staff to reflect on their knowledge, skills and practice

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) 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) 3.14 which states, "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".

Areas for improvement

1. To assure people that the provider is informing them of staff who will be supporting them, day to day. The provider should ensure that people have access to information on staffing as soon as is possible.

This should include but is not limited to ensuring that, information is available in a format that is accessible for people, prior to their support times to enable appointments and events to be arranged.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 3.11 "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support".

2. To assure people that the provider is managing their care and support needs well, the provider should ensure that people's support is consistent.

This should include but is not limited to ensuring that staff follow personal plans and share changes in people's care and support needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 3.19 "My care and support is consistent and stable because people work together well".

3. To assure people that the provider is managing their care and support needs well, the provider should ensure that staff are suitably supported.

This should include but is not limited to ensuring that staff have regular supervisions and appraisals that supports their wellbeing and professional development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 3.14 which states, "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".

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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