

## Acoup Domiciliary Care Agency Support Service

53-57 Morningside Road  
Edinburgh  
EH10 4AZ

Telephone: 01315632902

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
9 February 2026

**Service provided by:**  
Acoup Ltd

**Service provider number:**  
SP2023000145

**Service no:**  
CS2023000225

## About the service

Acoup Domiciliary Care Agency is registered to provide support services and care at home to older adults. The provider is Acoup Ltd. The registered manager of the service is also the provider.

Acoup Domiciliary Care Agency was registered with the Care Inspectorate in July 2023. This was a follow up inspection to evaluate progress made on requirements and areas for improvement made at the previous inspection in September 2025.

At the time of the inspection, the service was providing support to one person in Edinburgh.

## About the inspection

This was a short notice announced inspection which took place on 4 February 2026. 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 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 three staff and managers
- Reviewed documents.

## Key messages

- There had been improvement across many areas and the requirements and area for improvement had been met.
- People's quality of life benefitted from consistent and respectful care.
- The service had completed a self-evaluation and had an action plan for further improvement.
- Documentation had been reviewed and was much improved.
- There was more formal management oversight and quality assurance processes had been introduced.
- Regular, reflective, 1:1 supervision for staff was required.
- Training opportunities had been introduced but required further development.
- Recording of care plan reviews should be strengthened.

## 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

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

During this inspection, we assessed progress on an area for improvement made under this key question. A summary of the progress made is noted in this report within the section 'What the service has done to meet any areas for improvement made at or since the last inspection.'

Due to the significant improvements made, we re-evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

## How good is our leadership?

3 - Adequate

During this inspection, we assessed progress on a requirement made under this key question. A summary of the progress made is noted in this report within the section 'What the service has done to meet any requirements made at or since the last inspection.'

Due to the improvements made, we re-evaluated this key question as adequate, where strengths only just outweighed weaknesses.

## How good is our staff team?

3 - Adequate

During this inspection, we assessed progress on a requirement made under this key question. A summary of the progress made is noted in this report within the section 'What the service has done to meet any requirements made at or since the last inspection.'

Due to improvements made, we re-evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We have made a new area for improvement for the outstanding actions needed (see area for improvement 1).

### Areas for improvement

1.

In order to ensure staff are able to discuss and develop their work practice, and to support wellbeing, staff should have regular 1:1 supervision in line with the provider's policy, with written records kept of discussion and actions agreed.

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).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 5 January 2026, the provider must ensure that the service has a registered manager who is appropriately registered with a professional body.

This is to comply with Regulation 7 (Fitness of managers) 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 use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 16 September 2025.**

#### Action taken on previous requirement

The manager for the service had successfully registered with the the Scottish Social Services Council (SSSC).

**Met - within timescales**

#### Requirement 2

By 5 January 2026, the provider must ensure that there is sufficient management oversight of the service and that quality assurance policies and procedures are implemented to support people's health, welfare and safety.

To do this, the provider must, at a minimum:

- a) Develop and implement regular and robust quality assurance processes.
- b) Analyse the results of quality assurance to establish areas for improvement.
- c) Conduct a full self-evaluation, using a range of evidence sources, and implement an improvement plan in consultation with people receiving a service, their representatives (where appropriate) and staff.
- d) Keep detailed records of all quality assurance activity.

This is to comply with Regulation 4(1)(a) (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) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 16 September 2025.**

## Action taken on previous requirement

The provider had engaged very well with feedback made at the last inspection and a comprehensive self-evaluation and action plan had been completed. Management oversight had been formalised, with the introduction of a range of quality assurance processes proportionate to the service provided. This included regular consultation with service users, staff, and family representatives and direct observations of staff practice. Quality assurance processes had been used successfully to monitor service quality and identify where further improvements could be made. Records were kept of actions taken. The manager had a realistic plan to continue this level of quality assurance.

## Met - within timescales

### Requirement 3

By 5 January 2026, the provider must ensure their practices and procedures support safe and effective recruitment to keep people safe and promote positive health and wellbeing outcomes.

To do this, the provider must:

- a) Ensure practices and procedures comply with the 'National Safer Recruitment Through Better Recruitment' guidance and organisational policy.
- b) Ensure staff and managers achieve and maintain their professional registration with the Scottish Social Services Council (SSSC) in line with legislative timescales and conditions.
- c) Ensure accurate, detailed, and complete records are maintained.

This is to comply with Regulation 9 (Fitness of employees) 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).

**This requirement was made on 16 September 2025.**

## Action taken on previous requirement

The service's recruitment policy and associated paperwork had been updated in line with the 'National Safer Recruitment Through Better Recruitment' guidance. All staff and managers were appropriately registered with the Scottish Social Services Council (SSSC), with records kept on the timescale for qualification conditions to be met. The service had not recruited any staff since the last inspection and was not intending to expand the service.

## Met - within timescales

### Requirement 4

By 5 January 2026, to promote the safety and wellbeing of people, the provider must ensure that all staff and managers receive training and development opportunities to enable them to be competent in their roles.

To do this, the provider must, at a minimum:

- a) Conduct a training needs analysis to identify the mandatory training required by staff and managers.

- b) Ensure mandatory training is completed and refreshed regularly, with opportunities for further learning and development.
- c) Implement regular observations of staff practice.
- d) Develop a policy on staff supervision and appraisal.
- e) Provide ongoing support, regular supervision, and appraisal, with opportunities for staff to reflect on their practice, development, and wellbeing.
- f) Develop and maintain detailed records of the above.

This is in order to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019 and Regulation 4(1)(a) (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) 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).

**This requirement was made on 16 September 2025.**

#### Action taken on previous requirement

The service had taken on board the importance and benefit of more formalised staff training. Some training had been completed, with other dates planned. An analysis of what further training the manager and staff required was underway, but not yet complete.

Regular observations of staff practice had started, and had helped inform training needs, and improved outcomes for people experiencing support.

Staff spoke positively about improved opportunities for training, and reflective discussion. A policy on supervision and appraisal had been developed; however, the service was not recording formal face to face supervision.

We evaluated that there had been sufficient progress to evaluate this requirement as met, with outstanding aspects covered by a new area for improvement made within this report under the key question, 'How good is our staff team?'

#### Met - within timescales

### Requirement 5

By 5 January 2026, to meet people's care and support needs effectively, the provider must ensure that care planning, risk assessment and review processes are robust and detailed.

To do this, the provider must, at a minimum:

- a) Review the content of personal plans and risk assessments to ensure they accurately reflect all health and wellbeing needs, and contain detailed and clear information about how people want to be supported.
- b) Schedule, conduct and record care plan reviews at least every six months.
- c) Involve people, their families (where appropriate) and involved professionals in review processes and maintain accurate records of their involvement.
- d) Ensure personal plans and review documents are available to people, their families (where appropriate) and staff.

This is to comply with Regulation 5(1) and (2) (Personal plans) 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:

'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 1.15); and

'I am fully involved in developing my personal plan, which is always available to me' (HSCS 2.17).

**This requirement was made on 16 September 2025.**

### Action taken on previous requirement

People's personal plans and risk assessments had been updated and improved, with more personalised information on support preferences and goals. Plans provided clear guidance to staff on what support was needed, and how this should be provided. There was information in the plan that promoted independence. There was some evidence that people and their relatives had contributed to the plans being reviewed and updated, however there was no record kept of the review itself. We asked the manager to improve recording of review discussions and agreed actions, and ensure this was available to people and their relatives, as appropriate. We were confident that the manager would action this further improvement and will consider progress at the next inspection.

**Met - within timescales**

## 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 support people's health and wellbeing, the service should improve the quality of all documentation, including but not limited to health monitoring charts, medication support and daily recordings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 16 September 2025.**

### Action taken since then

Documentation kept in people's homes had been reviewed and improved. Staff completed health monitoring charts that were proportionate to the type of care needed, which remained mainly domestic and companionship based. The service had clarified that people being supported did not require assistance to manage medication, and this was reflected in records kept. Verbal reports of care provided were given to family members on a daily basis, which reflected the preference of people experiencing support.



This area for improvement has been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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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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