

Greymate Care Ltd Support Service

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Type of inspection:
Announced (short notice)

Completed on:
20 January 2026

Service provided by:
Greymate Care Ltd

Service provider number:
SP2022000159

Service no:
CS2022000233

About the service

Greymate Care Ltd is registered to provide a service to adults including older people in their own homes and in the community. Their office base is in Aberdeen.

At the time of inspection, the service supported 55 people, mainly within Aberdeen City.

About the inspection

This was a short notice announced inspection which took place between 12 January and 20 January 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for this 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 to or received feedback from 16 people using the service and 16 of their family, friends or representatives
- spoke to or received feedback from 24 staff and management
- reviewed documents.

Key messages

- People experienced warm, respectful and compassionate care from staff who knew them well and built trusting relationships.
- Consistent staffing and a stable workforce meant people benefitted from continuity, reduced anxiety and care that responded quickly to changes in their needs.
- Staff were well supported through effective teamwork, visible leadership and regular supervision, which contributed to safe and coordinated care.
- Training, induction and competency processes were generally effective, helping ensure staff were confident and well prepared for their roles.
- Personal plans were generally person-centred but some required updating.
- Six-monthly reviews of people's care were not consistently completed.
- Observation of staff practice should be more consistent to strengthen oversight.

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, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People and relatives told us that staff were kind, respectful and dependable. Many described care staff as "part of the family," which helped them feel secure, listened to and emotionally supported. One person told us that staff "never appear rushed and always take their time," while another commented, "I have never felt more cared for by such professional yet friendly people." These experiences reflected the strong, trusting relationships that staff had built with people and contributed positively to their wellbeing and dignity.

People benefitted from a high level of continuity, with most receiving support from a small and consistent staff team. This meant staff understood people's needs well, recognised changes promptly and acted quickly when additional support or professional advice was required. This reduced the risk of harm and helped ensure people experienced safe and responsive care. Consistency also reduced anxiety for people living with mobility difficulties, long-term conditions or cognitive impairment. One relative explained, "We only ever see two carers. They support my relative to shower regularly, which is often challenging." This demonstrated how trust and familiarity with staff contributed to positive outcomes for people.

We observed staff delivering safe and compassionate personal care. Staff offered choice, encouraged independence and used appropriate moving and handling techniques. They communicated sensitively, and equipment was used safely. As a result, people's health and wellbeing benefitted from the quality of care and support provided.

Staff generally followed safe medication practices and there were very few errors. However, we noted regular handwritten amendments to one person's medication administration recording sheets. At times, these did not include all the information from the pharmacy label, such as the exact dose or frequency. This meant staff did not always have the full instructions, increasing the risk of medication errors. We raised this with management, who had begun to address the issue and assured us this would be monitored closely. This should help reduce the risk of future errors and support safer outcomes for people.

People's personal plans were generally detailed and person-centred. However, some plans contained out-of-date or inconsistent information, such as discrepancies in the mobility equipment a person used. Others lacked meaningful detail about what mattered to individuals, such as their interests or preferences. This can affect staff's ability to deliver consistent and person-centred care, particularly when staff are new or unfamiliar with the person. We advised the service to review and update all plans as needed. This will help ensure people receive accurate and reliable support and should further strengthen relationships between people and staff.

The service responded promptly when people's needs changed and sought professional input where required. External professionals spoke positively about timely communication and effective collaboration, which supported good decision-making and benefitted people's health. Personal plans and risk assessments were updated following professional advice, which helped safeguard people's wellbeing during periods of change. However, regular six-monthly reviews were not consistently completed, contributing to some of the inconsistencies noted earlier. Without regular review, there is a risk that people's changing needs may not be fully evaluated or planned for (see area for improvement 1).

Some adult support and protection (ASP) concerns and misconduct issues had been managed internally but had not always been notified to the Care Inspectorate. While people remained safe, inconsistent notifications reduced external oversight. The manager assured us this would be addressed for any future concerns, which should further protect people's health and wellbeing. We will review progress with this at the next inspection.

Areas for improvement

1. To protect people's health and wellbeing, the provider should ensure that people's personal plans are up-to-date, reflect their needs, wishes and preferences, and are reviewed at least once every six months.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

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.

Staffing arrangements supported consistent, safe and person-centred care. The service had no staff vacancies at the time of the inspection and maintained a stable workforce, which meant people were supported by staff who knew them well and understood their routines and preferences. This continuity strengthened relationships and helped reduce anxiety for people who relied on familiar carers. Bank staff were available and often moved into permanent roles, helping maintain stability across the service.

Staff told us they felt well supported in their roles. They described management as approachable, visible and responsive, and said they had confidence seeking guidance when needed. Care coordinators reported receiving extensive support from the manager, and staff consistently said the team worked well together, valued each other's input and shared responsibility for raising concerns. We also observed effective teamwork, which benefitted people who required assistance from two staff. This positive team culture helped maintain high standards of care and ensured people experienced compassionate and coordinated support.

Induction, training and competency processes were generally effective. New staff received a well-structured induction covering key areas such as infection prevention and control, safeguarding and person-centred care. Classroom-based competency assessments were detailed and included scenario-based and practical elements, which helped identify knowledge gaps. This made it easier for the manager to monitor and support staff with learning and development needs. Staff supervision was also consistent, constructive and supported ongoing development. These arrangements meant staff were confident and well prepared, which benefitted people's safety and wellbeing.

The service responded promptly when performance concerns arose. Disciplinary investigations were thorough and well recorded, helping reduce risk and ensuring lessons were learned. Staff feedback during the inspection was positive, with many describing the service as supportive and committed to continuous

improvement.

When completed, observations of staff practice were well documented and clearly demonstrated how staff practice influenced the quality of people's care and support. However, records often showed that staff had left before the manager or coordinator arrived, meaning some staff had not been observed in over a year. This inconsistency meant management did not always have up-to-date assurance about staff practice. This had the potential to increase risk for people, particularly where there had previously been concerns about staff practice. Improving the reliability and recording of practice observations will help identify support needs early and maintain safe practice, thereby safeguarding people (see area for improvement 1).

Team meetings were held regularly and attendance was good, but minutes were not recorded. Without written records, it was difficult to evidence discussions, agreed actions or follow-up, and this reduced opportunities for learning and improvement across the service. Management responded positively when this was highlighted and committed to taking minutes of all future meetings. This will help ensure actions are monitored and progress tracked, supporting the wellbeing of both people and staff.

Recruitment processes were mostly safe and well documented, with appropriate references, right-to-work checks and interview scoring. However, most interviews were carried out by a single panel member, which is not in line with best practice. Management assured us that a minimum of two interviewers would be present for all future interviews. This will help strengthen fairness, support objective decision making and reduce bias, and reassure people that staff are recruited safely and appropriately for their roles.

Areas for improvement

1. To support people's safety and wellbeing, the provider should ensure that the practice of all care staff is observed regularly and recorded accurately.

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).

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?	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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