

J R Care Community Services Housing Support Service

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Type of inspection:
Announced

Completed on:
19 February 2026

Service provided by:
J R Care Ltd

Service provider number:
SP2023000281

Service no:
CS2024000475

About the service

JR Community Care is registered as a care at home service. The service operates 24 hours a day, throughout the year, according to the needs of the people it supports. Care and support are provided to individuals living in their own homes, predominantly within the Edinburgh area. The registered provider is JR Care Ltd.

At the time of this inspection, one person was using the service.

About the inspection

This was an announced inspection which took place on 17 February 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 registration information, information submitted by the service and intelligence gathered. In making our evaluations of the service we:

- Spoke with one relative.
- Held telephone interviews with three support workers.
- Met with the registered manager of the service.
- Reviewed a range of documents.

Key messages

- We received adequate feedback from the relative of the person receiving care and support.
- Staff were described as kind, caring and attentive.
- Staff had been recruited safely, with appropriate pre employment checks in place.
- Staff were not registered with the Scottish Social Services Council, despite this being a requirement for registered care services and their care workers.
- We were not satisfied that the level of training provided enabled staff to fully meet people's needs. There was limited evidence of staff understanding being assessed or learning being consolidated following training.
- There was no evidence to demonstrate that staff had been effectively inducted, or that they received regular, formal support, supervision, or observations of practice.
- There was a lack of effective management oversight, along with communication and direction of staff was of concern, as this has the potential to impact negatively on the general wellbeing of people using the service.

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 leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	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. While the strengths had a positive impact, key areas needed to improve.

We spoke with a relative who told us that person-centred care was being delivered to their loved one. Staff were described as kind, caring and attentive. Centred care was being delivered to their loved one. Staff were described as kind, caring and attentive.

People were supported by a small, consistent group of staff whom they knew well. Relatives found this reassuring, as it helped to build trusting relationships. One relative commented, "Having staff consistency is important for my mother due to her support needs".

Staff arranged visit times to suit people as much as possible, and they did not feel rushed during visits because adequate travel time had been scheduled. This helped people feel relaxed when receiving care and supported a person-centred approach.

Support plans provided staff with sufficient guidance to meet care needs. This meant people could be confident that staff were informed and worked consistently to help them achieve their identified outcomes.

We noted that medication administration records (MAR's) were being used in a situation where only medication prompts were required, and requested that this practice be reviewed.

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

We learned that the manager was based elsewhere and had additional work commitments. As a result, there was insufficient management oversight of the service. This affected several essential areas, including oversight of people's care needs, staff support and supervision, observation of staff practice, quality assurance processes, and the overall day-to-day running of the service.

Effective systems for assessing and monitoring quality are vital for driving service development and improvement, ultimately leading to better outcomes for people. The provider must strengthen their quality assurance arrangements across all aspects of the service. This should include, but not be limited to, regular observations of practice and spot checks. All audits undertaken must feed into a comprehensive improvement plan with clearly identified actions and timescales.

Our discussions with the care provider indicated that there were gaps in understanding around the regulatory responsibilities of the Care Inspectorate. This included areas such as our inspection framework, how service performance is evaluated, and the requirement for staff to be registered with the Scottish Social Services Council. Strengthening knowledge in these areas will help ensure the service continues to meet people's care needs, support positive outcomes, and align with the National Health and Social Care Standards.

There was insufficient capacity and skill within the service to identify where improvements were required, to develop effective improvement and development plans, and to embed changes in practice.

The lack of effective management oversight along with communication and direction of staff was of concern, as this has the potential to impact negatively on the general wellbeing of people using the service. Please see Requirement One.

Requirements

1. By 14 April 2026 the provider must ensure people have confidence that the service they use is led well and managed effectively.

To do this, the provider must at a minimum:

- (a) The management have effective oversight of the day-to-day delivery of care to service users to ensure their care needs are fully met.
- (b) The management have a visible presence within the service and engage with service users, relatives and staff to support the development of management oversight required.
- (c) The management engage in a meaningful way with service users and staff about the quality of the service and take action to address improvements identified, to ensure improved outcomes for service users,
- (d) Implement and utilise quality assurance systems to drive forward improvements.

This is in order to comply with Regulations 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 the care and support is consistent with the Health and Social Care Standards which state that “I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes”. (HSCS 4.19)

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

Staff had been recruited in a way that ensured they were safe to care for people. Recruitment practices were appropriate, clearly documented, and supported by the necessary checks.

However, we identified that, apart from the manager, none of the care staff were registered with the Scottish Social Services Council (SSSC), despite this being a requirement for all registered care at home services. There was insufficient management oversight to ensure staff were registered, including monitoring any conditions attached to their registration within the required timescales. Please see Requirement One. There was insufficient management oversight to ensure staff were registered, including monitoring any conditions attached to their registration within the required timescales. Improvement was needed. Please see Requirement One.

Improvements to staff induction and training were essential to ensure managers could demonstrate that training provided met the needs and outcomes of the people supported.

Although most training was delivered online, there were inadequate checks by management to confirm that staff had gained the necessary skills and knowledge to meet people's care needs. This should have been supported by observations of practice, reflective discussions, and individual learning and development plans.

At the time of inspection, there were no appropriate arrangements in place to support staff other than remote contact by phone. While staff told us they were comfortable with this arrangement, it does not reflect good practice. Management must be visible within the service to meet with people supported, their families, and staff, and to ensure people's wellbeing is safeguarded. Please see Requirement Two.

Requirements

1. By 10 March 2026, the provider must ensure all staff employed within the registered service in roles that fall within SSSC regulated categories are registered with the Scottish Social Services Council (SSSC).

To do this, the provider must at a minimum:

- a) Verify that all staff who require SSSC registration hold an active registration or have submitted an application within the required timeframe.
- b) Maintain accurate and up to date records of each employee's registration status, renewal dates, and conditions of practice.
- c) Monitor ongoing compliance, including ensuring staff complete required post registration training and learning (PRTL).
- d) Notify the SSSC of any concerns about a worker's fitness to practise, as required by legislation and the SSSC Codes of Practice.

This is in order to comply with Regulation of Care (Scotland) Act 2001 – Staff registration with the SSSC.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state that "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11)

2. By 14 April 2026, to ensure people experience high quality care and support delivered by a competency, confident and well supported workforce, the provider must ensure that all staff receive regular, planned and recorded supervision, appropriate training which is assessed for learning outcomes with ongoing observations of practice.

To do this, the provider must at a minimum:

- Implement a structured supervision system that ensures all staff receive supervision at the frequency stated in the service's own policy.
- Ensure supervision records are completed, stored appropriately, and demonstrate reflective discussion, identification of learning needs, and follow up actions.
- Develop and maintain an Up To Date training matrix, that clearly shows mandatory, refresher and role specific training, including due dates and completion status.
- Ensure all staff complete mandatory training within expected timescales, and that training is evaluated for effectiveness.
- Introduce a planned programme of direct observations of practice, carried out by suitably skilled senior staff, with written records that identify strengths, areas for development, and agreed actions.

- Use information from supervision, training and observations to inform ongoing workforce development and to ensure staff practice meets expected standards.

This is in order to comply with Regulation 15 - staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the care and support is consistent with the Health and Social Care Standards 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)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Personal plans offered a meaningful and well-rounded insight into each individual's life, including their personal history, family circumstances, preferences, wishes, and long term aspirations. We found these plans to be written clearly and thoughtfully, containing the right level of detail to guide staff in understanding the person, and supporting them in a way that reflected their needs and choices and aspirations.

We found these plans to be written clearly and thoughtfully, containing the right level of detail to guide staff in understanding the person and supporting them in a way that reflected their needs and choices.

Regular six monthly reviews were carried out, providing a structured overview of the care being delivered. These reviews captured the discussions held, the progress made, and any actions agreed upon to ensure support remained appropriate and responsive. This consistent and reflective approach has been considered when evaluating this Key Question.

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 leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
2.4 Staff are led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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