

# DB Effusive Care Ltd Housing Support Service

Flat 2  
12 West Pilton Green  
Edinburgh  
EH4 4HT

Telephone: +447429525211

**Type of inspection:**  
Unannounced

**Completed on:**  
11 February 2026

**Service provided by:**  
DB Effusive Care Ltd

**Service provider number:**  
SP2022000110

**Service no:**  
CS2022000155

## About the service

At the time of the inspection, DB Effusive Care Ltd was registered to provide care at home to adults and children in Edinburgh. The service was registered with the Care Inspectorate on 15 June 2022 and the provider is DB Effusive Care Ltd.

The service is currently inactive.

## About the inspection

This was a follow up complaint which took place on 11 February 2025. 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. We were unable to complete the required follow up. On attending the registered office, the premises were found to be unoccupied with no evidence of the service operating. Telephone contact was attempted; the landline diverted to a mobile number, which was not answered. A voicemail was left instructing the service to return the call. A follow up email was sent to the director and manager.

No contact has been received.

## Key messages

This was a follow up on a complaint investigation

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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

## How well do we support people's wellbeing?

2 - Weak

The evidence demonstrates significant failures in meeting the Health and Social Care Standards relating to Quality of Care and Support. The complainant was not informed of critical changes in the health of the person experiencing care. This included a fall that required paramedic attendance, which the provider later attributed this to an administrative oversight.

There was no evidence that the service had assessed or implemented effective falls prevention strategies, nor that they analysed incidents to support learning or improvement. When a person experiencing care sustained a fall, staff were instructed to leave him unattended. This resulted in a lack of essential monitoring, delayed access to medical care and additional risk whilst unsupported. Additionally, there was no evidence of the person experiencing care being supported to maintain adequate hydration from the night prior to the fall.

Across all complaints, the provider failed to supply any information to counter the concerns raised. Collectively, these findings show that the service did not ensure safe, responsive, or person' centred care, falling short of the standards that require people to be kept informed, protected from avoidable harm, supported to maintain wellbeing, and provided with timely healthcare.

### Requirements

1. By 09 February 2026 the provider must ensure that people using the service, or their nominated representatives, are promptly informed of any significant changes to their health and wellbeing, including when they become unwell or require medical attention.

## How good is our leadership?

2 - Weak

Concerns raised by the complainant over several months were not handled in line with the provider's own complaints procedure. Communication was described by the director as having "fallen short," and there were no records provided to demonstrate appropriate follow up or accountability.

Failures to maintain adequate staffing levels further indicate a lack of effective oversight, planning, and resource management. The provider's inability or unwillingness to supply basic documentation to the Care Inspectorate reinforces concerns about poor governance, limited transparency. This demonstrates the absence of robust leadership needed to ensure safe, reliable, and well co-ordinated care.

### Requirements

1. By 09 February 2026, the provider must ensure that evidence is gathered, retained, and made available to the Care Inspectorate in relation to all aspects of complaint investigations. This includes, but is not limited to, records of actions taken, communications with service users and families, and any measures implemented to address concerns.

**How good is our staff team?****2 - Weak**

Persistent missed visits, inconsistent staffing, and the provider's own admission that communication "fell short" indicate a lack of effective co-ordination and oversight within the team. The failure to maintain adequate staffing levels meant agreed care and companionship visits were not delivered, demonstrating weaknesses in workforce planning and deployment.

Additionally, the absence of records or evidence from the provider prevents assurance that staff were being guided, supervised, or supported to meet expected standards.

**How well is our care and support planned?****2 - Weak**

Repeated missed visits, inconsistent staffing, and failures to deliver agreed personal care and companionship demonstrated that care plans were not being implemented as intended. The lack of communication with the family, alongside the provider's inability to produce any records demonstrating how care was scheduled, reviewed, or adjusted in response to concerns.

This further highlights weaknesses in planning and co-ordination. Overall, the service did not demonstrate the structured, proactive approach required to ensure that care is well planned, consistently delivered, and responsive to people's needs.

**Requirements**

1. By 09 February 2026, the provider must ensure that people experiencing care have comprehensive and up to date risk assessments in place. This assessment must identify individual risk factors, including mobility, health conditions, environment, and personal circumstances, and set out clear measures to reduce the risk of falling wherever possible.

This must include but not limited to ensuring risk reduction measures are implemented, monitored and reviewed regularly and care staff are aware of and follow these measures.

**What the service has done to meet any requirements we made at or since the last inspection****Requirements****Requirement 1**

By 09 February 2026 the provider must ensure that people using the service, or their nominated representatives, are promptly informed of any significant changes to their health and wellbeing, including when they become unwell or require medical attention.

**This requirement was made on 8 January 2026.**

## Action taken on previous requirement

We were unable to complete the required follow-up. On attending the registered office, the premises were found to be unoccupied with no evidence of the service operating. Telephone contact was attempted; the landline diverted to a mobile number, which was not answered. A voicemail was left instructing the service to return the call. A follow up email was sent to the manager and director. No contact has been received.

**Not met**

## Requirement 2

By 09 February 2026, the provider must ensure that people experiencing care have comprehensive and up to date risk assessments in place. This assessment must identify individual risk factors, including mobility, health conditions, environment, and personal circumstances, and set out clear measures to reduce the risk of falling wherever possible.

This must include but not limited to ensuring risk reduction measures are implemented, monitored and reviewed regularly and care staff are aware of and follow these measures.

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**Not met**

## Requirement 3

By 09 February 2026, the provider must ensure that when staff identify a deterioration in a person experiencing care's health, medical attention is sought without delay. Management and care staff must be trained and supported to recognise signs of deterioration, escalate concerns promptly, and record the actions taken.

**This requirement was made on 8 January 2026.**

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**Not met**

## Requirement 4

By 09 February 2026 the provider must ensure that all people experiencing care are supported to maintain good hydration levels. People must have access to fluids throughout the day, and care staff must actively encourage and assist individuals to drink well, in line with their assessed needs. Records of fluid intake

should be maintained where appropriate, and staff must be trained to recognise and respond promptly to signs of dehydration.

**This requirement was made on 8 January 2026.**

#### Action taken on previous requirement

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**Not met**

### Requirement 5

By 09 February 2026, the provider must ensure that staffing levels are sufficient to meet the assessed needs of people experiencing care and that agreed visits are delivered as planned. Where staffing shortages occur, the provider must notify people and their representatives promptly, clearly, and honestly, and must evidence the steps taken to mitigate risks to service users.

**This requirement was made on 8 January 2026.**

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**Not met**

### Requirement 6

By 09 February 2026, the provider must ensure that evidence is gathered, retained, and made available to the Care Inspectorate in relation to all aspects of complaint investigations. This includes, but is not limited to, records of actions taken, communications with service users and families, and any measures implemented to address concerns.

**This requirement was made on 8 January 2026.**

#### Action taken on previous requirement

We were unable to complete the required follow-up. On attending the registered office, the premises were found to be unoccupied with no evidence of the service operating. Telephone contact was attempted; the landline diverted to a mobile number, which was not answered. A voicemail was left instructing the service to return the call. No contact has been received.

**Not met**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

<b>How well do we support people's wellbeing?</b>	<b>2 - Weak</b>
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.4 People are getting the right service for them	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak
<b>How good is our leadership?</b>	<b>2 - Weak</b>
2.1 Vision and values positively inform practice	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
2.3 Leaders collaborate to support people	2 - Weak
2.4 Staff are led well	2 - Weak
<b>How good is our staff team?</b>	<b>2 - Weak</b>
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
<b>How well is our care and support planned?</b>	<b>2 - Weak</b>
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

5.2 Carers, friends and family members are encouraged to be involved	2 - Weak
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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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