

Care4U 247 Ltd Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Care4U 247 Ltd

Service provider number:
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Service no:
CS2019377205

About the service

Care4U 247 Ltd (known by people supported as Care4U) is registered to provide housing support and care at home services for people with mental health issues, drug and alcohol related issues, learning disabilities and dementia living in their own homes or temporary supported accommodation. The care service has an office base in the Murrayfield district of Edinburgh. At the time of inspection 184 people were being supported mainly in North Edinburgh district. Care and support packages ranged from a few hours of support a week to 24 hour support in single and shared tenancies.

About the inspection

This was an announced inspection (short notice) which took place between 09 and 13 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 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 12 people using the service
- spoke with 9 relatives of people supported
- received feedback from our questionnaire from 14 people and 2 relatives
- spoke with 3 visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People experiencing care and their families were satisfied with the quality of the care and support received in their homes.
- Staff interacted warmly and respectfully with people.
- People experienced a consistent support team who knew them well.
- Staff received training that was appropriate to their role.
- People's personal plans were thorough, however six months reviews were not being completed.
- The planning of the support visits was well organised and significantly late or missed visits were not an issue.
- Staff were supported in an informal way, though face-to-face supervision needed to happen regularly.
- The service needed to strengthen its recruitment processes to meet current legislative standards.

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?	5 - Very Good
How good is our staff team?	3 - Adequate
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced very good health and wellbeing outcomes as a result of their care and support. Staff interactions with people experiencing care and support were warm, encouraging and focused on promoting people's independence. Staff spoke about individuals with respect and demonstrated patience in their day to day practice. People's wellbeing benefited from being treated with compassion, dignity, and respect.

Staff were clearly committed to achieving the best possible outcomes for the people they supported. Care was delivered at a pace that suited each individual. People were regularly supported by the same staff, who took time to get to know them well. This meant that trusting relationships were formed between people and the staff who supported and cared for them.

Staff used safe and reassuring techniques when assisting people to mobilise. People we spoke to were satisfied with the quality of the care and support received in their homes.

People's comments included:

'They are good at their job, no missed visits either'.

'I love and look forward to the day I see my support worker. I consider my visits as if I am seeing my good or even best friend'.

'Happy with my service'.

People described good communication from staff, including being informed of any changes to their rota or if staff were running late. Communication systems for family members were well developed, ensuring relatives were kept updated. Relatives spoke highly of the staff team.

One family member commented:

'The communication is perfect, I get contacted twice a week to check in how it is going and to discuss plans for next week. Workers are good at letting me know any concerns or anything to be celebrated.'

Staff demonstrated strong knowledge of people's needs through detailed personal plans and support guidance. Preferences were respected, and people were supported to maintain independence wherever possible.

Risk assessments were completed when required and focussed on people's abilities. This ensured a positive risk taking approach which promoted people's independence.

People were supported and encouraged to take part in a wide range of meaningful activities, including long walks, shopping, football matches and going on holiday. Staff also helped people maintain contact with family and friends.

The service demonstrated flexibility in adapting visit times to accommodate people's plans and routines.

The service also recruited a part time activity coordinator whose role was to signpost people to existing

community resources and to facilitate group activities for those who are most isolated or not connected to other social groups. This showed that people were supported to get the most out of life.

People were supported to maintain a healthy diet whilst their right to choose was respected. People were included in meal planning, shopping and food preparation when able. This promoted well-being while maintaining individual's independence wherever possible.

Medication systems were very good. Staff had received training in the administration of medication which helped them gain confidence in their practice. Audits related to the administration of medication took place daily. Observations of staff practice in this area were also in place. This helped ensure that staff continued to administer medication safely.

Staff and managers demonstrated strong knowledge of people's health and wellbeing. People benefited from regular engagement with external professionals, including GPs, social workers, learning disability teams, and other specialists. This ensured people received timely and appropriate health support.

One professional told us:

'The care provided has been excellent with staff providing person centred care. Appropriately seeking advice when required and taking on board any advice or suggestions given by myself. The management also are very proactive and a joy to work with.'

Systems were in place to safeguard people from potential harm and staff were aware of their responsibilities in this area. People's finances were safeguarded both at team level and through additional quality assurance measures. This ensured that people experienced safe care and support. Staff demonstrated strong values and a clear commitment to those they supported.

Quality assurance systems were effective. Accidents, incidents and complaints were recorded, monitored and responded to appropriately. This helped the service remain responsive to change. This meant that people's health and wellbeing was benefiting from their care and support.

How good is our staff team?

3 - Adequate

3.1 Staff have been recruited well

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

The recruitment of new staff required strengthening to ensure that people experiencing care remained safe. During the inspection, we identified that key elements of safe recruitment practice were not consistently followed. When sampling staff recruitment files, we found instances where support staff had started employment before the completion of all pre employment checks. This included situations where Protection of Vulnerable Groups (PVG) membership had not been confirmed and where both references had not been obtained.

We raised these concerns with the service, and they responded promptly by implementing more robust recruitment procedures. However, this remains an area requiring improvement. Sustained compliance over a longer period is needed before we can be assured that these improvements are embedded and consistently applied in day to day practice. We have therefore made this an area for improvement (see Area for Improvement 1).

Newly appointed staff received induction training in core care areas before supporting people. They also received enhanced support and shadowing opportunities with more experienced colleagues before working independently. These measures demonstrated that systems were in place to reduce risk to people experiencing support.

3.3 Staffing arrangements are right and staff work well together

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experiencing care spoke positively about staff and valued the support they received. Comments included:

'They are brilliant and do everything'

'Tremendous, they are always on the go, really magical'.

Staff had access to a wide range of training, delivered both online and in person. We found good attendance and completion rates for mandatory training, including medication, adult protection, and moving and handling. Specific training was tailored to individual support needs, demonstrating that the service recognised the importance of equipping staff with skills relevant to the people they supported.

All sampled staff were appropriately registered with the Scottish Social Services Council (SSSC).

Staff consistently demonstrated an understanding of their training and applied this knowledge in their day to day practice. Through conversations with staff, we found that they were confident in their roles and knowledgeable about how to support and care for people safely. Staff spoke positively about their work and expressed pride in being part of the service. This demonstrated a commitment to both the service and the people they were supporting and caring for.

People experiencing care, and their relatives, also spoke favourably about the staff team.

Family members told us:

'They have gone above and beyond, they have done everything that we needed and more'.

'More than happy to be honest with you, I can't fault them in anyway'.

The planning of the support visits was well organised and we found no evidence of significantly late or missed visits. People experienced a consistent team of staff who knew them well. The service used its own bank staff to cover absences and annual leave. This promoted continuity for people using the service and allowed people to develop good relationships with staff.

People told us they received the rota weekly, and that they were informed of any changes. They also reported good communication from both support workers and the office, including being notified when staff were running late.

Staff told us they felt supported, listened to, and able to communicate effectively with the office team. Staff also reported feeling safe at work. The out of hours rota was functioning well, with responsibilities shared across five senior staff.

Staff described having regular team meetings and good informal support from managers. Management carried out periodic quality checks, including observing staff practice in people's homes.

However, supervision records showed that staff were not receiving regular formal face to face supervision. It is important that staff have protected time to reflect on their practice, discuss learning needs, and consider their professional development. These discussions should take place during formal supervision and annual appraisal meetings. We have made this an area for improvement (see Area for Improvement 2).

Areas for improvement

1. The service should ensure that safe and effective recruitment practices are in place in line with good practice and national safer recruitment guidance.

In order to achieve this the service should undertake the following:

- Ensure that reference and Protection of Vulnerable Adults checks are completed for all staff working with the vulnerable adults
- Ensure that these checks are fully completed before any member of staff begins employment.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. The service should ensure that staff are well led and managed.

In order to achieve this the service should undertake the following:

- Management to undertake regular one to one supervision with staff including a written record and actions.

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

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

3 - Adequate

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

Personal plans contained comprehensive and meaningful information. The sampled plans were person centred and clearly reflected people's needs, their preferences, likes, dislikes, and the specific support required to help them participate in preferred activities and social opportunities.

We found very detailed descriptions of triggers and factors that may contribute to anxiety or distress, alongside clear examples of behaviours that may occur when someone is distressed. The plans provided explicit guidance for staff on how to respond safely and effectively, including strategies to minimise potential harm. These approaches included personalised coping techniques and suggested activities designed to improve mood and thought patterns. This level of detail supported staff to deliver consistent and proactive care.

Where risks were identified, the service had completed risk assessments to reduce these risks. This promoted positive risk taking while ensuring that people remained safe.

Plans also emphasised maintaining independence, outlining what people could do for themselves and where they needed support. They reflected people's decision making abilities and identified who should act on their behalf when required. This supported choice, autonomy, and control. Plans included relevant contact details for family members and health professionals, enabling timely communication when issues arose.

Most daily notes were person centred, sufficiently detailed, and offered a clear overview of each person's day. This level of recording enabled staff to deliver responsive care across shifts and to identify any changes in a person's wellbeing at an early stage.

However, six monthly reviews of personal plans, as required by legislation, were not taking place. Approximately half of supported people had not received a formal review in 2025. Regular reviews are essential to ensure that personal plans remain accurate and responsive as people's needs and outcomes change. The service should ensure that all people experience timely reviews so that their care and support continue to align with their preferences and desired outcomes. We have made this an area for improvement (see Area for Improvement 1).

Areas for improvement

1. To support people's health and wellbeing, the service should undertake reviews of personal plans every six months. The service should ensure that people are meaningfully involved in developing and reviewing their personal plans and involve people who are important to them.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

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

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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