

VPJ Healthcare Services - Domiciliary Care Support Service

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Type of inspection:
Announced (short notice)

Completed on:
6 March 2026

Service provided by:
VPJ Healthcare Services Ltd

Service provider number:
SP2023000415

Service no:
CS2023000411

About the service

VPJ Healthcare Services - Domiciliary Care provides a care at home support service for adults in their own homes, in Aberdeen City and Aberdeenshire.

At the time of inspection they were supporting two service users.

About the inspection

This was an announced (short notice) inspection which took place on 3, 4 and 5 March 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 two people using the service and one of their family
- Spoke with three staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- The two people using the service were very happy with it.
- The staff were well trained, and well supported by management.
- The service is well organised to take on additional clients in the future.

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?	5 - Very Good

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

People's health and wellbeing was supported to a very good standard.

People told us they were happy with the carers and with the company. They said that the carers do all that is asked of them, and are respectful in their homes. One person said they saw no reason at all why they would not continue to use VPJ. Relationships between people and carers seemed genuine and warm. One person's niece confirmed that her aunt seemed happy with all the carers and she had no concerns at all.

It was easy to identify the tasks that were required at each visit, through the care plan. People's plans outlined the key tasks for each visit. Any changes were documented, such as a decrease in someone's ability to mobilise. The information about this change was clear and easy to track. There was specific mention of the occupational therapist and the moving and handling adviser, and this reminded carers where the guidance came from, and where to seek help if required. The expected tasks were being completed regularly, as directed in the care plan. Completion, and any extra information, was recorded in the daily notes, which were clear. It was easy to see what the carers should do, and had done. There were evening 'catch up' meetings which acted as a handover when staff changed shift. It gave a useful designated time for the managers and carers to discuss anything that needed to be acted on.

The medication was a little bit cumbersome because one person had a pre-filled monitored dosage box from the pharmacy, and medication from the pharmacy to take when they required which was recorded on a medication and recording sheet (MARS). They also had some over the counter pain medication. The person had capacity to understand all of this but needed support with popping the tablets out of their containers, and buying the over the counter medication. The carer fully understood what was happening with all the medication. However, the MARS was not accurate. There were initials in the wrong box, and there were several gaps in signature boxes in the preceding weeks. This was discussed with the manager who agreed on the importance of accurate recording to ensure safe medication procedures for the people and for staff, and assured us that this would be improved.

People may need the carers to use their cash or their bank cards to do some shopping. The carers were recording how much money they were given, how much they spent, and they kept all the receipts, so the people could see what their money had been spent on. The carers were not keep a running tally of how much should be in the money container, so there was no checking system in place. We recommended that a more robust system be implemented which would included the carers checking the cash together at each shift change. This would be particularly helpful when there are other organisations involved and they too are handling cash and doing shopping. Any discrepancies or errors would be noticed on the same day and could be quickly investigated and recorded as such. This would safeguard the people and the staff. The manager agreed and assured us that a new, more robust system would be implemented.

How good is our staff team?

5 - Very Good

The numbers of staff and the way they worked together was at a very good standard.

There were enough staff to cover all the care people needed, and for everyone to have adequate time off shift. The carers said they did not feel overworked.

Staff were recruited using a very good system. It was easy to track progress through the recruitment process, and to view records such as proof of address, right to work in the UK, disclosure of criminal conviction details, and references. Conversation with the manager showed that aspects such as someone having an issue with their previous employer were explored and considered before any offers of employment were secured. This meant people could feel sure that their carers were safe and suitable for working with them.

The training for carers covered a wide range of topics and was spread throughout the year, which helped staff to consolidate their learning over time. The records showed that staff training was up to date. If training was not up to date a reminder email would be sent, and if carers did not do the training they would be spoken with, and if the situation could not be resolved they would not be able to work with the company. That helped to ensure a skilled and knowledgeable workforce. Competency was also assured through regular visits to people's homes by the manager. These provided an opportunity to ask the clients whether they were happy with the support being provided, to observe staff practice and record keeping, and to model good practice if required. These were good review situations and should always be recorded so anyone in the company who needs to, can see how staff and clients are doing. The manager confirmed there was a recording sheet available for these visits and they will ensure a supply is put in each house, to facilitate easy recording.

The carers said they would be happy to call and ask about anything if they were unsure. They were in contact with a manager each evening, and these conversations were recorded. This showed good support for staff and meant issues could be identified, discussed and resolved appropriately.

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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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