

Care Me Ltd Support Service

142a Ferry Road
Edinburgh
EH6 4NX

Telephone: 07838494040

Type of inspection:
Announced (short notice)

Completed on:
3 March 2026

Service provided by:
Care Me Ltd

Service provider number:
SP2023000108

Service no:
CS2023000165

About the service

Care Me Ltd is a privately owned care at home service, providing care and support to adults in West Lothian.

The provider Care Me Ltd has been registered by the Care Inspectorate to provide the service since 06 June 2023.

About the inspection

This was an announced (short notice) follow up inspection, which took place on 2 March 2026. The inspection was carried out by an 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 2 staff and management
- Observed practice and daily life
- Reviewed documents

Key messages

- The service had improved leadership processes and documentation
- Requirements and areas for improvement had been met
- Personal plans had improved and accessible information, including risk assessments

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 good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

How good is our leadership?

4 - Good

Requirements from the previous inspection have been met, see outstanding requirements sections of this report for additional information.

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

How good is our staff team?

4 - Good

Requirements from the previous inspection have been met, see outstanding requirements sections of this report for additional information.

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

How well is our care and support planned?

4 - Good

Requirements from the previous inspection have been met, see outstanding requirements sections of this report for additional information.

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

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

Requirements

Requirement 1

By 10 December 2025, to ensure that people's care and support needs are met effectively, the provider must ensure staff knowledge, competency and development needs are met well.

To do this, the provider must, at a minimum:

- a) provide ongoing support, regular supervision and appraisal opportunities for all staff, to reflect on their practice and wellbeing with detailed records kept
- b) ensure all staff have the appropriate knowledge and skills for their role

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 3.14 which states, "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".

This requirement was made on 23 October 2025.

Action taken on previous requirement

- Supervision matrix has been developed to ensure that staff have the right level of support to develop and work within guidance and best practice
- Supervision processes have been developed and implemented
- Practice discussions ensured that staff were working towards developing their knowledge and skills for their role

Met - outwith timescales

Requirement 2

By 10 December 2025, the provider must ensure that information within personal plans contains relevant information on the health, wellbeing and safety needs of the person, to ensure people receive the appropriate care and support.

To do this, the provider must, as a minimum:

- a) ensure that all information is accurate within personal plans
- b) ensure people and their representatives agree with the content of personal plans
- c) formally review personal plans at least every 6 months
- d) ensure all information related to people's care and support is easily accessible for staff
- e) ensure personal plan audits are implemented and regularly completed, ensure actions are implemented.

This is to comply with Regulation 45(2)(b)(ii)(iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), 1.15 which states, "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.

This requirement was made on 23 October 2025.

Action taken on previous requirement

- More robust information and risk assessments had been developed and included in personal plans
- Support plans were detailed and clear, with information across different sections, which all ensure that staff actions were identified
- Processes for auditing plans has been developed implemented

- New reviewing processes had been developed and implemented
- People and their relatives had been involved in reviewing their personal plans

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure the health, wellbeing and safety of people, the provider should ensure the appropriate use of standards, quality frameworks and codes of practice are used to evaluate staff practice.

This should include but not be limited to, developing and implementing regular quality assurance audits and establishing dynamic improvement processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 3.14 which states, "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".

This area for improvement was made on 23 October 2025.

Action taken since then

The service has ensured that oversight and practice documentation includes and refers to appropriate guidance, legislation and frameworks.

Quality assurance processes had been developed and implemented well.

Previous area for improvement 2

To ensure the health, wellbeing and safety of people, the provider should ensure that quality assurance and improvement influence positive outcomes for people.

This should include but not be limited to, developing and implementing regular quality assurance audits and establishing dynamic improvement processes.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) 4.19 which state that, "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes"

This area for improvement was made on 23 October 2025.

Action taken since then

Alongside the development of practice documentation and personal plans, audits had been developed to ensure that people's outcomes were met.

Self-evaluation processes had been completed, with a range of action plans developed to develop the service and positive outcomes for people, especially in terms of health and wellbeing.

Previous area for improvement 3

To assure people that the provider is promoting their safety and protection, the provider should ensure that all notifiable incidents are reported to the Care Inspectorate within the stated timescales.

This should include but is not limited to updating and cascading information on notification reporting guidance to all appropriate staff in the service. Also reporting all notifications to appropriate organisations it works with, following agreed guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 4.18 which state; 'I benefit from organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

This area for improvement was made on 23 October 2025.

Action taken since then

Documentation related to notifications processes had been developed and implemented.

The service had determined appropriate levels of responsibility for managers and staff in terms of oversight of notifications to other agencies and regulators.

Previous area for improvement 4

To ensure the health and wellbeing of people, the provider should ensure that information about the person's care and support are shared with other staff.

This should include but not be limited to ensuring that all staff are formally recording detailed care and support completed for each person, and that documentation is available for all staff to access.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS), which states; 4.27 "I experience high quality care and support because people have the necessary information and resources".

This area for improvement was made on 23 October 2025.

Action taken since then

Daily handover processes had been developed and were being negotiated with the staff team, to ensure that processes gathered the right information to handover to staff, while not being overly complicated.

This was a good piece of consultation work with the staff team.

Previous area for improvement 5

To ensure that people's rights are maintained and respected the provider should ensure that any legal powers to make decisions for people being supported, should be clearly stated within the person's personal plan.

This should include but not be limited to ensuring that all staff are aware of legal authority held for each person, and that documentation is available for all staff to access.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) 4.1, which states "My human rights are central to the organisations that support and care for me" and (HSCS) 2.3, which states "I am supported to understand and uphold my rights".

This area for improvement was made on 23 October 2025.

Action taken since then

Personal plans had been developed to ensure that the specifics for decision making were clear.

The manager agreed that specific information related to POA and DNACPR should be added in due course to the documentation.

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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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