

Eskmills Project Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
12 February 2026

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2008180855

About the service

Eskmills Project is a combined housing support and care at home service registered to support adults and older people with learning disabilities, physical disabilities or mental health needs in their home and in the community. The level of support provided varies depending on people's assessed care and support needs. The service provider is the Church of Scotland Trading as Crossreach.

At the time of the inspection 30 people living in Edinburgh and East Lothian were using the service.

About the inspection

This was a short notice announced inspection which took place between Wednesday 4 and Thursday 12 February 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- observed nine people being supported in their homes
- spoke with three family members and reviewed eight feedback questionnaires
- spoke with 17 staff, attended a team meeting and reviewed 22 feedback questionnaires
- met with the leadership team
- reviewed five feedback questionnaires from visiting professionals
- reviewed documents in connection with people's care and support
- reviewed documents relating to staffing and the management of the service.

Key messages

- People experienced warm and friendly interactions.
- Staff were keen to broaden people's horizons and encouraged them to take part in a range of activities in the community.
- Communication with people's family was positive.
- Staff training needed to improve.

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?	4 - Good
How good is our staff team?	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?

4 - Good

We evaluated the performance of the service under this key question as good. We found several strengths regarding the support provided and how these supported positive outcomes.

We observed kind and thoughtful interactions between staff and the people they supported. By knowing people well staff were able to create a homely environment that suited their wishes and needs, and offered stability. They were respectful of people's need for space. Staff worked closely with family members to learn about people's personality and their likes and dislikes. People were supported to express their wishes by using talking mats and pictorial choices, where this suited their communication needs. Good efforts were made by staff to offer choice in the activities people were engaged in. This meant that people benefitted from calm interactions with the people around them.

A visiting professional told us: "The staff I met were keen to offer optimum support to enhance the wellbeing of their clients".

Staff were enthusiastic about offering people new experiences to enrich their lives. We heard that people enjoyed many activities in the community, including bus trips, sports activities, shopping, and going out for lunch. Some people who had recently joined the service were described as thriving. They were building new friendships, gaining independence, were calmer, and more talkative. Staff discussed and recorded people's achievements with people monthly so that these could be shared with family and other professionals during six-monthly reviews.

A staff member commented: "We strive to find suitable activities for all service users to enjoy, we support our service users to be as independent as they are able to be."

People were supported to look after their long term health, for instance by attending specific health checks or dentist appointments. There was evidence that health advice was followed through. For some people it may be appropriate to discuss and record their or their legal guardian's view on their future health care. The leadership team agreed to consider this.

A family member told us: "Staff at Crossreach are very attentive and considerate to my relatives needs."

The leadership team were in the process of standardising the quality of people's support plans. Where support plans followed a clear structure they offered staff good guidance on the person's health care needs, and included information from health professionals. They also included detailed information on stress triggers, how these could be recognised and anticipated, and the most helpful approach to supporting the individual. Despite audits on support plans taking place some support plans contained out of date information. They were therefore less helpful as a guide to a person's care and support needs. We made an area for improvement about this (see area for improvement 1).

The service had developed good processes to ensure that people were supported to take their medication in a safe and accountable manner. Recording procedures were clear and staff knew them well. Daily checks of individual's medication stock and recording were planned. Support plans gave staff guidance on how each individual could be supported to take their medication, including covert medication. All staff received training in the administration of medication and some staff had recently attended a refresher training event on the topic.

However, the positive implementation of the medication procedures was not consistent across the service. Although medication audits were taking place, it was not clear whether these discrepancies were identified or acted on. We made an area for improvement about this (see area for improvement 2).

There were good systems in place to ensure that people's financial transactions were well recorded. People's financial guardians told us that they were happy with how money was spent and that they were kept well informed of all transactions. However, some arrangements, though agreed with people's financial guardians, were not as accountable, or person-centred as they should be. This includes sharing a shopping kitty across two households and paying for bills in cash to a co-habitee. We discussed the need to review this practice. We made an area for improvement about this (see area for improvement 3).

Learning from incidents and accidents was positive. This was because staff understood the need to record and report these. Accidents and incidents were collated and reviewed with a view to reducing their occurrence. Staff showed a good understanding of the complexities around capacity and choice and their role in protecting people from harm. Where there were protection concerns, they made appropriate referrals. They worked well with other professionals to protect people from harm whilst promoting their right to a full life. The use of team meetings, leadership team meetings, MS team chat within staff teams and monitoring meetings with the local Health and Social Care Partnership meant that there was good managerial oversight of concerns about people's wellbeing.

Areas for improvement

1. To support positive outcomes for people experiencing care, the provider should continue to improve and update support plans so that they are all of an equally high standard. This will ensure that staff have easy access to up to date guidance they need to meet people's care and support needs.

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

'My support 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' (HSCS 1.15).

2. To support positive outcomes for people experiencing care, the provider should undertake robust auditing of medication records and undertake competency checks with all staff and provide supportive mentoring where necessary to ensure that they implement the medication procedures correctly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

3. To support positive outcomes for people experiencing care, where people are co-habiting and have shared expenses such as, but not limited to, bills and the purchase of household items, the service should review how these are paid for. This is to ensure that all financial arrangements are as person-centred as possible.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

How good is our staff team?

3 - Adequate

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

Staff spoke positively about their role in supporting people and offering them the best opportunities they could to enjoy life. We saw respectful and thoughtful interactions between staff and the people they support, and with their peers. Since the last inspection, the staff pool had grown considerably, with a mix of newly recruited staff on permanent and relief contracts. Staff recruitment was robust and focussed on staff having strong caring values.

A family member told us: "(My relative) has confidence in them."

All staff had opportunities to get to know the people they were supporting by reading their support plans, contact with families, learning from colleagues whilst shadowing them in their work. This meant that staff quickly became familiar with key aspects of people's care and support needs.

A visiting professional told us: "Staff have good relationship with the client, friendly atmosphere at home."

Staff attended team meetings, had time together at the start and beginning of their shifts, and noted how each person's day had been. These activities meant that they shared day to day information about people's wellbeing well. This promoted good continuity of care. The roll out of the use of MS teams chat by all staff will enhance communication further. Plans were in place to replace paper based recording with an online recording system. Staff and the leadership team were looking forward to this development. They anticipated it would improve communication within the organisation and with people's families.

The leadership team was making good efforts to ensure that people were supported by staff teams with the right skills and gender mix to meet their care and support needs. We also saw that, in group settings, staff could make day to day adjustments to the rota. This flexibility meant that they could use the best match between the person being supported and their staff to promote positive outcomes.

Despite these efforts we were concerned that in some staff teams there were a significant number of newly recruited staff. These staff had not yet completed all the core training, such as de-escalation skills and adult protection, whilst being in post for between 3 to 12 months. This meant that we could not be confident that all staff had the necessary skills and knowledge to support people in their day to day care. We made a requirement about this (see requirement 1).

In addition, for those people with particular support needs it would be beneficial to record the skills and knowledge staff need to competently meet their needs, for instance stoma care and behaviour support strategies. This will give confidence that staff are appropriately matched to each person who they support and have the necessary skills and knowledge required. Staff shared mixed views of the availability of training specific to their role. Some asked for more guidance about the impact of ADHD and Autism.

Some staff were being encouraged to take on additional responsibilities, for instance being the link worker for the pharmacist, a person's key worker, or on call advisor. This was a positive addition to their professional development. Where staff were acting up to a more senior position, they received appropriate mentoring to gain confidence in their role. Staff at all levels benefitted from supervision and the opportunity to reflect on their practice and their professional development.

A visiting professional shared: "Those team members I have met have been keen and enthusiastic. Some of them appear to have good experience and understanding of the needs of our mutual clients, and others appear to engage well with suggestions on how to improve care and quality of life for our clients."

The management structure and lines of accountability were clear. Staff knew who to speak with if they had any concerns, including out of hours. Most staff told us that they felt well supported and confident in their role.

A member of staff commented: "My line manager is open to suggestions which supports staff to freely communicate valuable observations that help improve the care we provide."

Requirements

1. By May 31 2026, to ensure staff have the right skills and knowledge to meet people's assessed needs the provider must at a minimum:

- (a) identify the skills and knowledge needed to support each person's health and wellbeing.
- (b) ensure that all staff have received the necessary training to support people's assessed care and support needs.
- (c) ensure that all staff are competent in the skills and knowledge needed to support people's assessed care and support needs.
- (d) ensure that staffing arrangements are checked so that all people are supported by staff with the right skills and knowledge to promote their wellbeing.

This is in order to comply with section 8(1)(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) 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).

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 support people's healthcare needs, the provider should ensure that medication changes are double signed and state who the authorised prescriber was.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 1.24 which state that: Any treatment I experience is safe and effective.

This area for improvement was made on 24 June 2024.

Action taken since then

The service's medication policy instructs staff to double sign any changes to a person's medication. Audits of people's medication administration records were undertaken quarterly. From our sample of the audit reports there were no concerns about this area of practice. People can be confident that the treatment they experience is safe and effective.

This area for improvement is met.

Previous area for improvement 2

To support positive outcomes for people experiencing care, the provider should ensure that any concerns related to people's care and support is responded to appropriately. This should include, but is not limited to, ensuring the service's complaint policy and procedure is implemented when required.

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 24 June 2024.

Action taken since then

Since the last inspection, we found that the service had not recognised a complainant's concerns as a complaint. As a result, the service did not follow or implement its complaints policy and procedure. This demonstrated that the required improvement had not yet been achieved.

The provider was aware that staff understanding and application of the complaints policy and procedure required further development. To support improved outcomes and ensure complainants have confidence in raising concerns, the provider had included this within the service's improvement plan as an ongoing area for development.

As the necessary progress had not been made, this area for improvement is not met.

This area for improvement is therefore not met.

Previous area for improvement 3

To promote people's safety and well-being and minimise any risks to them, the provider should assess all incidents and report all adult support and protection concerns to the Care Inspectorate and relevant agencies. This should include, but is not limited to, ensuring appropriate records are kept of referrals made or discussions with other agencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 4.23 which state that: I use a service and organisation that are well led and managed.

This area for improvement was made on 24 June 2024.

Action taken since then

Staff were clear about their responsibility to record and report incidents, protection concerns and near misses. We saw that these were reviewed by the leadership team and escalated further when necessary. This meant that the registered manager had good overview of incidents affecting people and staff. Concerns were discussed at team meetings, leadership meetings and at meetings with the Health and Social Care Partnership. In addition, opportunities to learn and reduce risk were well considered.

This area for improvement is met.

Previous area for improvement 4

To support people's health and wellbeing, the provider should ensure that care plans contain details of how to recognise if a person is experiencing pain and sets out the steps to take to manage this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 1.15 which state that: 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 area for improvement was made on 24 June 2024.

Action taken since then

People's support plans included good information about how people communicated and could be understood. They also described how individuals expressed their discomfort and pain. From our observations of practice and discussions with staff, it was apparent that they could interpret people's behaviours well and were able to determine when a person was in pain. Each support plan contained a pictorial document that people could use to indicate their pain levels. People can be confident that measures were in place to support staff to recognise and respond to their experiences of pain.

This area for improvement is met.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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