

# Overnight Home Care Service Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
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**Service provided by:**  
City of Edinburgh Council

**Service provider number:**  
SP2003002576

**Service no:**  
CS2010275546

## About the service

The Overnight Home Care is a support service that provides care at home, including personal care and repositioning support, to people in their own homes between the hours of 22:00 and 07:00. The service has undergone a period of change and restructuring over the last year. The service is based on a reablement model of care, where support is provided for approximately six weeks while overnight care needs are assessed. The provider is the City of Edinburgh Council.

The service operates as four teams of two carers working across the city of Edinburgh. At the time of the inspection there were 53 people receiving either one or two support visits during the night. The service also responds to emergency requests for support.

## About the inspection

This was a short notice announced inspection which took place between 24 and 30 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 three people using the service and six of their relatives
- Considered care survey questionnaires completed by four people and four relatives
- Spoke with 10 staff and management
- Considered questionnaires completed by six staff
- Reviewed documents
- Spoke with one visiting professional and reviewed questionnaires completed by six professionals.

## Key messages

- People, their families, and involved professionals valued the service and rated it highly.
- People's health and wellbeing benefitted from responsive and person-centred support.
- Staff were well trained and well led.
- Strong links with specialist services promoted people's independence.
- Good quality assurance processes ensured high quality care and support.
- The service improvement plan would benefit from incorporating the views of people experiencing care.

## 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 leadership?	5 - Very Good
How well is our care and support planned?	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

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 and their families valued the service very highly. We heard consistent reports about the positive impact of receiving support. One person said, "It's been great, been a big help. Very satisfied with the carers support." A relative commented, "They are doing what they said they were going to do so [my relative] could get home from hospital. It is giving her peace." This demonstrated that people experienced positive health and wellbeing outcomes as a result of their support.

The service had been running with a significant number of staff vacancies for the last year, causing some time pressure on existing staff. Some people experiencing support were aware that staff were limited in time, however on the whole this had not affected their experience of care. People told us that they felt safe in the knowledge that the staff team would be visiting them overnight. One person said, "They are very efficient. One does this, one does that, they work well together. I don't feel rushed." This demonstrated that people received support at their own pace from a dedicated team of staff. We were further reassured to hear during the inspection that the provider had given the go ahead for the vacant posts to be advertised.

Systems were in place to safeguard people from potential harm, and staff were aware of their responsibilities in this area. Where people required support with medication, this was managed well. All staff had completed training appropriate to their role, including medication administration, infection control and moving and assisting people. This meant that people experienced care that was safe and effective.

Staff were aware of their role in assisting people to access health care and were well trained and confident in supporting people with a variety of health conditions. When people were unwell, staff took prompt action to ensure they had access to the appropriate health professional. Senior staff took an active role in facilitating effective partnership working with a range of specialist professionals. Families we spoke with said that the service communicated any changes or concerns with them well. We concluded that good communication and collaborative working made a significant and positive contribution towards keeping people safe and well.

Staff continually assessed people's care needs and documented this clearly. Any changes or concerns were communicated quickly. Appropriate and timely referrals were made which supported people to access additional assessment when this would be beneficial, for example from occupational therapists, physiotherapists and bladder and bowel specialists. This partnership working enabled people to have control over their own health and wellbeing through access to appropriate equipment and aids.

## How good is our leadership?

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.

The manager and other team members utilised a range of quality assurance measures to maintain service standards, with regular checks and audits carried out. Supervision and team meetings happened regularly and provided an opportunity for staff to reflect on their development and support needs. Despite a period of change, and ongoing staff vacancies, staff we spoke with felt well supported, and able to raise any issue in

supervision. Leaders were available for more informal support outwith traditional office hours for staff who were working overnight. This meant that people benefitted from a staff team that were well supervised and able to reflect on their development needs.

The manager had good oversight of staff skills and performance. There were clear expectations of staff in relation to their own learning and development. Staff told us their training experiences and opportunities for development were plentiful, and they were confident in their role. This meant that people experiencing care could be assured their staff were skilled, competent, and knowledgeable. The manager told us that they planned to strengthen this good practice by completing more regular observations of staff practice.

A self-assessment of the service had been completed and an improvement plan was in place. Significant changes and restructuring were in progress. The manager discussed ideas for future developments with us during the inspection visit. People using the service could be confident the provider had a positive approach to quality assurance and improvement.

People experiencing care and their representatives were invited to comment on the service at the end of their support, and feedback received was very positive. The manager had identified the need to consider other opportunities for involving people and their families in service development but had been unable to progress this due to other demands. We will consider progress on this at the next inspection.

People were able to contact leaders when they needed to and were confident that they would be listened to. One person said, "I can phone up at any point, everybody I have spoken to has been really good." The provider had a clear complaints procedure and policy in place. A log was kept of complaints, though none had been received. The provider had developed an accessible leaflet advising people how to make a complaint; however, this was not always present within the support plans we sampled in people's homes. This meant that some people were unsure how they could make a complaint to the provider or to the Care Inspectorate. The manager took steps to address this during the inspection.

A log of accidents and incidents was kept, alongside a record of more general issues affecting people's wellbeing. Both were well recorded and reflective, and used to drive improvements in the service. Notifications were made as expected to the Care Inspectorate. This demonstrated that the service responded to and learnt from unforeseen events.

## How well is our care and support planned?

**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.

The service had moved towards a reablement model of care, which meant that people received support for a short period while assessment of their longer-term overnight needs was completed. New requests for support were received each day, and we observed that the team worked efficiently to respond to these requests and put support in place as quickly as possible. A home visit was completed prior to support starting, which was appreciated by people and their relatives as it explained what to expect. This meant that people benefitted from a personalised and responsive approach to care planning.

People receiving care had a personal plan within their homes that had been compiled with their input and, where appropriate, that of their relatives. Personal plans were well recorded, proportionate, and contained the necessary information and risk assessments to ensure that support was provided in a safe and effective manner. People we spoke with felt that their personal plan reflected their needs well. One person

commented, "I feel the staff really know me and are always kind and friendly." This showed that strong support planning led to very good care which met people's needs.

Personal plans were live documents and were amended as new information was gathered. Staff were proactive in reporting any changes in people's health, mobility, and general wellbeing. This informed whether any changes were needed in care planning, for example an earlier or additional visit. Office staff were seen to be quick to respond to the information shared by staff, with people's support visits and personal plans amended as needed. One professional said about the service, "It's person centred and very responsive to clients' changing needs." This evidenced that the service continually reviewed people's experiences to ensure that people received the right support at the right time.

Contacts for relevant health professionals and family members were noted in personal plans. Where people had an appointed legal proxy, this was also recorded. This meant that people could be quickly contacted when issues arose.

We observed that the service excelled at supporting people to achieve reablement goals, such as improved mobility or reduced dependence on overnight care, however people's individual goals and outcomes were not always clearly documented within their support plan or review. The manager advised that this was an area they wished to develop. We will consider progress on this at the next inspection.

The provider held reviews regularly, and people we spoke with felt included in the support planning and review process. Staff were sensitive about the impact of a potential reduction in support or change to a new provider. We heard that the team worked hard to support people with any proposed changes. This included staff providing shadowing opportunities when a new agency was introduced. People and families appreciated this approach. One relative commented about the transition to a new service, "It's been very straightforward at a time when everything else was quite difficult and stressful."

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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