

Monteith Personal Care Management Ltd Support Service

Unit 4
Castlebrae Business Centre
Peffer Place
Edinburgh
EH16 4BB

Telephone: 01316 610 001

Type of inspection:
Announced (short notice)

Completed on:
8 April 2026

Service provided by:
Monteith Personal Care Management
Limited

Service provider number:
SP2015012619

Service no:
CS2015342700

About the service

Monteith Personal Care Management Ltd, is a private company registered to provide a service to older people and adults living in their own homes, and in the community within Northeast Edinburgh. At the time of the inspection the management team consisted of a care director, registered manager a senior care manager and a care manager.

At the time of the inspection the service was supporting 90 people.

About the inspection

This short-notice announced inspection took place 8 April 2026. We visited the registered office to review documentation and meet with the management team.

The purpose of the inspection was to assess the service's progress in addressing the requirements identified at our inspection held 8 December 2025. Feedback was provided to the manager on 8 April 2026.

The inspection was undertaken by one inspector from the Care Inspectorate. In preparation, we reviewed a range of information about the service, including: previous inspection findings, registration details, submissions from the service and intelligence gathered since the last inspection.

As part of our evaluation, we:

- Examined documentation relevant to the focus areas of this follow-up inspection.
- Met with the service's management team.
- Consulted with external professionals.

Key messages

- Following the introduction of digital recording systems and the recruitment of a care coordinator joining the management team, management oversight and quality assurance systems had been enhanced; all designed to support positive outcomes for people using the service.
- The service had attempted to consult with people, relatives and staff. With using some of their feedback and other relevant information, the manager had implemented a comprehensive improvement and development plan for the service.
- Staff benefited from meeting with management either as a team or individually. Meetings were recorded well with actions agreed.
- New care plan templates had been introduced, which was a work in progress. However, we assessed these plans provided enhanced information to lead and guide staff to meet people's care and support needs.

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

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

We made a requirement at our last inspection for improved systems and processes, to support effective management oversight of care and support delivered to people.

At this inspection, we reviewed a range of evidence, including a live tracker of staff out in the field delivering care, monitoring the arrival and departure times of staff on visits to people's homes, along with a variety of improved quality assurance measures. This included but was not limited to spot checks of staff performance, satisfaction surveys, an improvement and development plan with detailed actions, and management meetings which were documented well.

In addition, the manager has recruited a care coordinator to the management team, who's responsibility is to have oversight of the day to day delivery of the service, enabling senior management to focus more on quality assurance and strategic objectives.

The evidence sampled informed us that the improvements made have been embedded within day to day practice of the service, and now need to be sustained. This has been reflected in our re-evaluation of this key question.

How good is our staff team?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

At our last inspection, we made an area for improvement for the manager to meet with staff either in a group setting (team meetings), or on an individual basis (supervision) on a regular basis, and that these meetings capture discussions held and actions agreed.

Following a sample of reviewed documentation, we noted that a team meeting had been held, along with supervision meetings, all of which had been recorded well. These improvements have been reinforced through purposeful observations of staff practice by the management team, supported by reflective accounts and refresher training where appropriate.

The evidence sampled informed us that the improvements made have been embedded within day to day practice of the service and now need to be sustained. This has been reflected in our re-evaluation of this key question.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

At our last inspection, we made an area for improvement for the manager to ensure people's care plans reflected their assessed care and support needs, with detailed guidance for staff to follow.

At this inspection, we reviewed a range of evidence, including care plans, medication records, and daily notes recorded by carers. Evidence sampled informed us that progress has been made in meeting this area for improvement. There was now greater clarity regarding the support individuals required. Additionally, the use of electronic records for supporting people to take their medication, had strengthened practices and enhanced the access and speed for the manager to undertake medication audits.

Moving forward, the provider should ensure that these improvements are sustained. This expectation has been reflected in our re-evaluation of this key question.

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

Requirements

Requirement 1

Requirement 1 – Management oversight and Quality assurance.

By 31 March 2026, you must ensure people have confidence the service they use is led well and managed effectively. To do this, the provider must at a minimum:

- (a) The management have effective oversight of the day-to-day delivery of care to service users to ensure their care needs are fully met.
- (b) The management have a visible presence within the service and engage with service users, relatives and staff to support the development of management oversight required.
- (c) The management engage in a meaningful way with service users and staff about the quality of the service and take action to address improvements identified, to ensure improved outcomes for service users.
- (d) Fully utilise quality assurance systems to drive forward improvements and support positive outcomes to service users.
- (e) Implement an improvement and development plan with specific, measurable, achievable, relevant and time-bound (SMART) objectives.
- (f) Record discussions held and actions agreed as a management team, to support continuous improvement and management oversight of the service.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 8 December 2025.

Action taken on previous requirement

Management oversight and quality assurance have strengthened following the introduction of digital recording systems and the addition of a care coordinator to the management team. The service has also increased its engagement with people, relatives and staff, using their feedback to develop and implement a comprehensive improvement and development plan.

Met - within 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

The provider should ensure there is a structured both regular team meetings and support and supervision system in place for staff, (which incorporates observations and reflections of practice) and is delivered in line with the providers relevant policies and procedures. This is to support the ongoing development of staff, ensuring they are competent, skilled and able to reflect on their practice to continue to meet people's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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". 3.14

This area for improvement was made on 8 December 2025.

Action taken since then

Staff now have regular opportunities to meet with management both individually and as a team. These meetings are well documented, with clear actions agreed, strengthening communication and accountability across the service.

Previous area for improvement 2

To ensure care and support consistently informs all aspects of the care and support people experience and in the way the person prefers and needs, the manager should ensure there is sufficient detail to inform and guidance staff on moving and handling people safely. This includes, but not limited to moving and handling assessments, risk assessments, and anticipatory care planning.

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

This area for improvement was made on 8 December 2025.

Action taken since then

New care plan templates have been introduced, and although still being developed, they provided clearer, more detailed guidance to support staff in meeting people's care and support needs.

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
3.2 Staff have the right knowledge, competence and development to care for and support people	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.