

Scholars Medicare Limited Support Service

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Type of inspection:
Announced

Completed on:
16 March 2026

Service provided by:
Scholars Medicare Limited

Service provider number:
SP2023000364

Service no:
CS2024000196

About the service

Scholars Medicare Limited provide care at home and support to older adults and adults with physical disabilities in their home and in the community. They are registered to provide a service within the areas of Fife, Perth and Kinross.

The service registered with the Care Inspectorate in June 2024. Service provision commenced in December 2025. At the time of this inspection, Scholars Medicare Limited had one staff member, providing care on a regular basis to three people.

About the inspection

This was an announced inspection which commenced on 11 February 2026 and concluded on 16 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:

- received feedback from three relatives, on behalf of their loved ones
- spoke with the owner, who also provides the care
- reviewed documents.

Key messages

People valued the flexible approach given by the service.

The owner evidenced being motivated with capacity for improvement.

The service had been operating since 2025 and was still developing.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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 well do we support people's wellbeing?

4 - Good

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

At the time of this inspection, Scholars Medicare Limited were providing regular support to three people. Relatives told us that the provider had excellent lines of communication with them about their loved one's presentation and/or needs during their visit. People told us that having input from Scholars Medicare Limited had been "life changing" and had positively impacted their health and social wellbeing. We heard that the service was flexible and worked to maintain people's independence.

We saw a safe system for supporting people to take their prescribed medications. This included body mapping to record the position of medication patches. Care records indicated a healthy promotion of food and fluid intake for people. A relative told us that as a result of the service encouraging their loved one to eat and drink better, and take their prescribed medication, they had experienced less falls, "She [the carer] has made such a difference'. It was evident that people's health and wellbeing was benefitting from the care and support being provided.

Other relatives commented on the social benefit of the visits from Scholars Medicare Limited, for their loved one and spoke fondly of a video they saw of their loved one having a game of dominoes with the carer. Overall, we heard positive experiences from those who were supported by Scholars Medical Care, evidencing care that was flexible and dedicated.

Comments from people we spoke with included:

"[They] are happy to see her"

"It's nice for [them] as they are alone all week"

"She is bubbly, gets [them] talking".

How good is our leadership?

3 - Adequate

We evaluated this key question overall as adequate. This was based upon the systems in place to support the service. An evaluation of adequate means we recognise strengths outweigh weaknesses. As the service develops, they will be able to evidence further, how the systems they have support good outcomes for people.

The provider was compliant with the service conditions of registration at the time of inspection. The provider had notified the Care Inspectorate promptly of changes to its business address. The provider also submitted information requested on an annual basis by the Care Inspectorate in a timely manner. As a result, people could be reassured the provider had, thus far demonstrated an ability to comply with expectations as a registered care service.

The service had policies and procedures in place covering key aspects of service delivery. The manager advised us these would continue to be reviewed and updated in line with best practice guidance and the needs of the service as it grows. We reviewed the service quality assurance policy which detailed the audits that would be undertaken to monitor standards of practice and measure the experiences of people. We suggested that the service include the frequency that they intend to undertake quality assurance checks, within this policy.

At the time of inspection, the provider had not employed any staff but had plans to do so in the near future. The provider had developed a staff induction programme which demonstrated their understanding of the need to induct and train staff in a comprehensive range of topics. All new staff would complete an induction programme which would include a mix of face-to-face training, eLearning and shadowing. The provider is a registered nurse and intended to assess competency of staff in the administration of medication. The provider was also trained in moving and handling training, which would allow them to carry out in-house, training to any new staff. We were assured the provider had understanding of the need to train, supervise and support staff. Given no staff had been employed, were unable to assess the effectiveness of this in practice at this inspection.

Since the service had not yet employed any staff, the provider was given direct support and guidance as to best practice. As a result, quality assurance systems have not been formalised. The service had the potential to grow and as so, quality assurance systems should be developed accordingly to assure safe and effective practice.

The service had been operating since 2025 and was still developing. The provider had yet to develop a service improvement plan. We suggested the provider use the Care Inspectorate 'Self Evaluation Toolkit' to help them on their improvement journey. As a result, we made an area for improvement (see area for improvement 1).

Areas for improvement

1. To support a culture of responsive and continuous improvement, the provider should ensure they develop a service improvement plan. This plan should be informed by feedback from people and as a result of quality assurance processes.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question overall as 'adequate'. This was based upon the systems in place to support the service and feedback about the provider, who at the time of the inspection was the sole carer. We recognise strengths, suggesting key areas for improvement that will enhance experiences for people, as she services expands.

People we spoke with told us the provider was reliable and consistent. Feedback included that the provider worked well with the people she supported and was flexible. One person commented, 'We put our heads together' when referring to discussions with the provider. As a result, people felt confident they could work with the provider to achieve their goals and outcomes.

Given the service was provided by one individual we considered staffing contingency arrangements. The provider told us they had an agreement with another care provider in the event of staff absence; however, these arrangements had not been formalised. We asked the provider to consider the risk to people should they be unable to provide arranged care, and to develop formal contingency plans. These should be agreed with the supported person and/or their representatives and arrangements highlighted, within the initial service agreement. This practice promotes safety and ensures everyone involved is aware of arrangements in the event of unexpected staff absence. As a result, we made an area for improvement (see area for improvement 1).

Areas for improvement

1. To promote safety and wellbeing the provider should develop contingency plans in the event of short notice staff absence. These plans should be developed in collaboration with supported people and/or their representatives, with the right permissions given in advance. Contingency arrangements should be detailed within the service agreement plan and staffing contingency policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where there were clear strengths with some areas for improvement.

We saw that time had been taken to carry out detailed, pre-assessments prior to support commencing. One relative told us about how the provider had "arranged an initial meeting and started to build a relationship" prior to the formal support starting.

People should expect their support plans to reflect their outcomes and wishes. We reviewed personal plans which were clear and accessible. Plans included key contact information and essential medical information. Plans included people's likes and dislikes, what was important to them and whom. Support plans provided detail about how people prefer to receive their care and support. This detail supports person centred care in line with people's wishes.

People and their relatives told us they had been involved in developing their support plans. We were told by relatives that plans were reviewed and up to date. We saw that plans had been signed and dated, following completion and or review. Paper plans were kept in people's homes, as well as electronic copies that had been shared with relatives. This evidenced that people have been involved in directing their care and support arrangements.

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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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