

Edinburgh Homecare T/A Meloosha Homecare Edinburgh Housing Support Service

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Type of inspection:
Unannounced

Completed on:
16 May 2025

Service provided by:
Edinburgh Homecare Ltd T/A
Meloosha Homecare Edinburgh

Service provider number:
SP2015012633

Service no:
CS2022000387

About the service

Edinburgh Homecare, trading as Meloosha Homecare Edinburgh, provides a care at home and housing support service to adults with physical disabilities, mental health support needs and older people in their own homes.

The service is managed from an office in the Gyle area of Edinburgh. At the time of the inspection, a service was being provided to approximately 150 people throughout Edinburgh.

About the inspection

This was an unannounced inspection. We visited the service on 7 and 8 May 2025, followed by time examining evidence remotely. 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 and obtained feedback from people using the service and their representatives.
- spoke with and obtained feedback from staff and management.
- observed practice and daily life.
- reviewed documentation.

Key messages

- Staff interactions with people were warm, compassionate and friendly.
- People enjoyed seeing consistent staff who were familiar to them and understood their needs, wishes and preferences.
- Good processes were in place to support people with their prescribed medication.
- The manager had an improvement plan in place, however had not commenced a process of self-evaluation which could further promote improved outcomes for people.
- Whilst audit processes were in place these were not completed consistently and improvements were essential to provide better management oversight of the quality of the service.
- Teams of staff worked well together, demonstrating effective communication with each other and senior staff.
- Personal plans contained guidance for staff about people's needs and planned outcomes, however they did not include details of people's wishes in relation to future care planning (sometimes referred to as anticipatory care planning). The manager must take steps to ensure future care is discussed with people and is documented in their personal plan.

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?	4 - Good
How well is our care and support planned?	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 this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We accompanied staff on care visits and observed positive interactions which were warm, compassionate and friendly. Staff were considerate on entering people's homes and called out to announce their arrival.

People told us they were happy with their support, and they shared a good rapport with familiar staff, describing them as 'helpful', 'polite' and 'patient'. One person said there was 'nothing staff can do better'. Some relatives expressed thanks to staff, with one stating it was a 'great relief to have friendly care' from the provider.

Staff had access to clear guidance around people's wishes and preferences in relation to their care and support needs. Staff demonstrated good knowledge about people's health conditions and how this impacted on their day-to-day experiences. People could be confident of having the right support to help maintain their physical health and wellbeing.

Comprehensive processes were in place to ensure people had the right support to take prescribed medication. People were supported and encouraged to maintain as much independence as possible and where needed, staff were trained to provide full assistance. Records of medication administration were maintained including the use of body maps for topical medication.

Staff were attentive to people's food and fluid needs, providing support to prepare meals and drinks if required. Details were available for staff to read in personal plans, including individuals' preferences and dietary requirements. Whilst most meals were provided by relatives, we found most people were reliant on ready meals. We spoke with the manager to suggest the quality of people's meals could be discussed during six month review meetings, to share ideas about promoting good nutrition.

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

Complaints and compliments were logged and most people were satisfied with actions taken to resolve any concerns. Where issues were still outstanding, we were assured the management team was working with people and their representatives to resolve any difficulties. Whilst people felt listened to, it would be good to see more structured means of gaining feedback to help influence improvements in the quality of the service, such as an annual survey.

The manager had an improvement plan in place which highlighted areas for development in the service. Whilst some actions had been reviewed, it was not clear when most improvements were expected or had been achieved. There were no details of who had been involved in developing the plan, nor whether people's views and experiences had been included. We spoke with the manager about the benefits of self-evaluation and how the process could be used to promote improved outcomes for people using the service.

Audit processes were established for senior staff to complete, to ensure good outcomes for people. Audits

and tracking systems were in place to check issues such as administration of medication, personal plans, care reviews and training. We found an inconsistent approach in the completion of some checks, which did not support robust management oversight.

We spoke with the manager who had a good awareness of current challenges and what was working well. The senior team had faced a number of significant changes since the last inspection and a good level of quality assurance across all aspects of the service had not been sustained. In particular, oversight of six month reviews and staff training was unclear, where timescales and deadlines could be missed. The manager must take steps to ensure quality assurance processes are more cohesive and consistent, giving improved management oversight. **See requirement one.**

Requirements

1. By 18 August 2025, the manager must ensure quality assurance systems are used effectively to improve the continuous management of people's care. This must include, but is not limited to:

- Improved management oversight of all aspects of the service, including six month reviews and staff training, and
- The use of consistent and cohesive audit processes.

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

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

'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?

4 – Good

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

There were good systems in place for scheduling where staff were deployed in small teams providing support across four main localities. People enjoyed consistent support from staff they knew well. Staff were reliable and punctual. People were informed if staff were going to be late and they knew who to anticipate throughout the day.

We saw some examples of good team work where staff communicated effectively with each other. Staff felt supported by their seniors and told us they could always contact their line manager at the office. Staff were flexible, supporting their team to provide cover for periods of annual leave or short notice absence.

There is an outstanding area for improvement around ensuring agreements are in place about people's preferred day and time to receive support. For further information, please refer to the section:

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

Staff had the relevant knowledge and skills to respond to people's care and support needs and help them strive to achieve positive outcomes. Senior staff carried out spot checks and observations of medication administration to ensure staff competence. People benefitted from staff who were confident and understood their role.

Recruitment processes were thorough and completed in line with current guidance. Staff selection was based on candidates' individual values, experience and previous training. Prior to lone working all staff were required to carry out a period of induction and shadowing with more experienced colleagues. Consequently, people could be confident their staff were recruited appropriately and safely.

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

People should be confident staff have sufficient and accurate information to deliver their care and support safely and in line with their wishes. Personal plans were in place for everyone, with information and guidance about the person's needs and planned outcomes.

There was information about people's lives which helped staff make meaningful connections with them. Risks were assessed, giving staff information about how to keep people safe.

We found however personal plans did not include details of people's wishes in relation to future care planning (sometimes referred to as anticipatory care planning). The manager should take immediate steps to ensure people and their representatives are supported to discuss and document their preferences for future care and support. **See requirement one.**

To achieve the best possible outcomes, people experiencing care should be empowered to have meaningful input into reviewing their own support. Some people were involved in regular reviews of their care. However records we examined were unclear and we were not assured that everyone had the same opportunity to make comment on the quality of their service.

The manager should take steps to ensure a clear process of care reviews is in place, including clear management oversight. We have made reference to improvements needed to management oversight in the previous section '**How good is our leadership**'.

Requirements

1. By 18 August 2025, to ensure personal planning reflects people's outcomes and wishes, the manager must ensure support plans contain current, clear and meaningful information which reflects people's wishes and preferences for future care planning.

This is in order to comply with Regulation 4 (1)(a)(Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

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 positive outcomes for people experiencing care, the provider should ensure they discuss with people, and/or their representatives, their preferred day and time to receive support.

This should include, but is not limited to, ensuring that a record of the initial visit is completed, and any actions and discussions are recorded and acted upon if required.

This area for improvement was made on 19 September 2024.

Action taken since then

The provider had a process of recording initial meetings with people being introduced into the service. The meetings were recorded within the electronic care planning system, however the notes did not include details of the person's preferred day and time to receive support.

During the inspection, the manager made amendments to various templates to ensure this is discussed in future.

This area for improvement has not been met and will be reviewed at a future inspection.

Previous area for improvement 2

To support positive outcomes for people experiencing care, the provider should ensure that people receive support in line with their assessed needs.

This should include but is not limited to, ensuring that people receive support for their allocated time frame.

This area for improvement was made on 19 September 2024.

Action taken since then

We saw evidence of people receiving support in line with assessed needs. Support was provided in a planned way and discussions took place with people who requested care and support at alternative times.

This area for improvement is met.

Previous area for improvement 3

To support positive outcomes for people experiencing care, the provider should ensure they effectively communicate with people, their representatives and other professionals involved in their care and support.

This should include, but is not limited to, ensuring that people's emergency contacts are recorded within their care plans and ensuring that when people or their representatives contact the service, the service acknowledges receipt of communication, and the contents of the communication is recorded and responded to appropriately.

This area for improvement was made on 19 September 2024.

Action taken since then

We saw evidence of people's key contacts and emergency contacts recorded in initial assessments and personal plans.

This area for improvement is met.

Previous area for improvement 4

To ensure people who experience stress and distress can be confident that care and support staff consistently understand and respond to their needs, the provider should ensure:

- a) all staff are trained in relation to supporting people who experience stress and distress;
- b) personal plans clearly set out interventions to support people who experience stress and distress; and
- c) managers regularly assess staff competencies in supporting people who experience stress and distress.

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

This area for improvement was made on 6 June 2023.

Action taken since then

Since the last inspection staff had been trained in relation to people who experience stress and distress as part of dementia training. Personal plans and risk assessments included details of how staff should respond to support people experiencing stress and distress. Spot checks were carried out to ensure staff competency.

This area for improvement is met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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