

North East Home Care Service East Housing Support Service

East Neighbourhood Office
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Type of inspection:
Announced (short notice)

Completed on:
28 August 2025

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Service no:
CS2004069907

About the service

NE Homecare Service East is a housing support and care at home service. The provider is City of Edinburgh Council and this service is part of Edinburgh Health and Social Care Partnership.

The service base is located in Niddrie and covers North East Edinburgh.

The service is registered to provide care and support to adults and people over 16. People who access the service are mainly older adults, who are assessed and supported with reablement after an illness or hospital stay. The service offers support between 8am and 9.30pm each day.

About the inspection

This was a short announced inspection which took place on 13, 18th August 2025. 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 six people using the service and two family members
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- feedback from one visiting professional

Key messages

- People were well supported with their health and wellbeing
- People knew the staff who visited them
- Staff encouraged people to be independent
- People were positive and motivated by the support they received
- People were supported by a range of professionals who offered their expertise
- Support was responsive to people's changing 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 well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	5 - Very 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 well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question. An evaluation of very good applies to this service as they have shown major strengths in supporting positive outcomes for people.

People were supported in their homes by staff they knew. People had support from one to four visits each day and knew what time to expect staff. We observed staff on arrival at people's homes being courteous and offered a warm greeting. People told us staff 'very nice girls, helpful', 'staff first class and very helpful', 'staff kind I recognise them, they come at the same time each day'. The service did not use agency. For people this meant they had consistent positive relationships from a staff team they knew.

For the people who required support with medication administration, systems were in place. The service encouraged people to be independent and some managed their own medications or were supported by loved ones. Staff had regular medication observations of practice and training that included annual updates to maintain competence. Regular audits were completed by the managers, they were involved in a review of the medication policy. This meant people had support from a team that were trained and skilled.

A range of professionals that included the physiotherapist, therapy assistants, occupational therapy supported people to meet their health and wellbeing needs. One person we met told us 'I'm becoming more independent now'. Staff recognised when people were unwell or needed further assessment. A professional told us referrals were appropriate, communication was good and staff follow advice. This meant people's health and wellbeing were well supported by staff and professionals who worked together.

Where people needed equipment this was provided after assessment. If staff recognised a change in people's ability they were able to make referrals for further assessment. We observed one person having support with a range of exercises to help with their mobility and another person we met was waiting to see the physiotherapist. Staff received regular manual handling training. The managers maintained a matrix to ensure training was up to date. People could be confident that staff were trained to support them and that they were prompt in reporting any health changes.

Few people had support at mealtimes. For those that were independent they chose their own menu plans and meals. Staff encouraged people to be as independent as able. One person we spoke to told us 'staff observe me doing my care and meal preparation which I'm managing by myself.' Where staff provided meal time assistance people made their own choices about what they wanted to eat and drink. This meant people enjoyed what they ate or drank at mealtimes if supported.

Staff had access to personal protective equipment (PPE) and used this appropriately when providing care in people's homes. Direct observations for staff included supervision of the use of PPE and handwashing techniques. This meant people could be confident in staff to minimise the risk of infection.

How good is our staff team?

5 - Very Good

We made an evaluation of very good for this key question as we found significant strengths in aspects of the care provided and how these supported positive outcomes for people.

We observed positive kind, warm interactions and relationships between staff and people. We observed staff to be respectful in people's homes. People we spoke to told us 'Everybody is kind'. One family member we

spoke to said, 'Staff are warm, kind, gentle and have such patience it's unbelievable', another family member saying 'the staff know how to work with someone living with dementia, they use open questions'. As a result people experienced kindness and compassion from the staff teams that cared for them.

People were visited by consistent staff teams. The rota followed a schedule of four days on four off. Staff had access to a work mobile phone to view their scheduled visits. Staff and managers were in regular contact with each other and communication about changes were by phone, text or email. At weekends and out of office hours an on call system was in place. This meant people's experienced consistent care from staff teams whom they knew.

New employees had a period of induction and were able to shadow more experienced staff. Staff completed mandatory training either face to face or online, and had the opportunity to undertake vocational courses. Staff identified areas where additional training would be helpful and managers were going to look at taking this forward. Managers had oversight of staff training and when updates were required. Team meetings were regular. This meant people could be confident staff had the skills and training to support and care for them.

Staff had supervision, direct observations of practice and annual conversations to support ongoing learning and development. Staff told us supervision was regular. One person told us they had 'open conversation that was productive.' People were able to provide feedback during staff observations of practice. This meant people received care and support from staff team that had time to reflect on their practice.

Staff told us they got on well with their colleagues and managers and felt supported. One staff member we spoke with said, 'communication is good, easy to get on with, team in our area work well together' another said, 'We have a good team here, we work together never stuck, good peer support, Whole team is outstanding no one is alone'. For people this meant they received care and support from a stable staff team that worked well together.

How well is our care and support planned?

4 - Good

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

People had a personal plan at home they or their family member had helped to complete. A family member we spoke to told us he spoke with staff about his loved ones plan, and was able to share her preferences. An electronic version of people's plans were held centrally by the managers and updated as required. Staff completed daily notes and communication updates at each visit. Risk assessments were completed and held in each plan. Some people's goals and outcomes had still to be added to their plans. Reviews were held at a minimum every four weeks with a further review at six weeks. People we spoke to told us they knew who to contact for advice and that communication was good.

Recent changes to people's plans included new paperwork for setting personal goals and outcomes to promote their independence. Staff were in the process of receiving training to assist them complete this with people. This was an area managers had recognised as an area for improvement. We will monitor this at the next inspection. Where people had legal documentation it was held in their plan. This meant people had a personal plan that was right for them.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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

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