Eildon Housing - Learning Disability Service
Housing Support Service

29/30 Station Avenue
Duns
TD11 3HW

Telephone: 01361 889 138

Type of inspection:
Unannounced

Completed on:
18 August 2026

Service provided by:
Eildon Housing Association Ltd

Service provider number:
SP2003001963

Service no:
CS2004056798

About the service

Eildon Housing - Learning Disability Service provides a service to adults with Learning Disabilities living in their own homes and in the community. Support is provided by two staff teams located in the Scottish Borders. The service provider is Eildon Housing Association Ltd.

The service operates from an office at the development in Duns Scottish Borders, with an additional office in Kelso. The service is specific to the needs of the individual with support varying from a few hours a week to 24-hour support. At the time of this inspection, the service was providing care and support to 14 people.

About the inspection

This was an unannounced inspection which took place from 11 to 14 August 2026 between 09:00 and 17:30. 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 eight people who use the service.
- considered questionnaire responses from seven people who use the service, two of their relatives, two visiting professionals and six staff.
- spoke with ten staff and management.
- observed practice and daily life.
- reviewed documentation.

Key messages

• People were relaxed with their staff and enjoyed positive and trusting relationships with them.
• People led active lives, pursuing a variety of hobbies and leisure interests. They enjoyed spending time with their friends, neighbours and staff.
• Staff recognised individuals' abilities, supporting them to make day-to-day decisions and have control over their lives.
• Managers and staff worked well with external health professionals, promoting people's health, safety and wellbeing.
• Robust quality assurance processes gave effective management oversight and ensured people's support was responsive, safe and well-coordinated.
• Managers promoted consistent and cohesive leadership, helping to drive positive outcomes for people.
• People could be assured of the provider's commitment to continuous improvement.

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

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 shared very positive relationships with familiar staff who treated them with respect and as equals. People told us they liked their staff; one person said, "everything is good" and another commented, "they make me laugh".

People led active lives, pursuing a variety of hobbies and leisure interests. We saw that people were relaxed and enjoyed spending time with their friends, neighbours and staff. These warm, trusting relationships helped people feel valued, enhancing their overall wellbeing.

Staff knew people well and recognised their individual abilities, encouraging them to maximise their independence. One person commented, "I'm being supported to do more for myself." People made their own day-to-day decisions and had opportunities to control aspects of their lives that mattered to them. This promoted independence, choice and a sense of ownership over their daily lives.

Managers had well-established links with a wide range of external health professionals. Staff were proactive in seeking clinical advice, enabling people to access support from professionals such as speech and language therapists, dietitians and physiotherapists. Regular multi-agency meetings ensured people's physical and mental wellbeing was reviewed in a structured and consistent way. Prompt communication and timely updates to documentation meant staff could respond effectively when people's care and support needs changed. This supported a coordinated approach, promoting individuals' health, safety and wellbeing.

Staff had received training in specialist areas relevant to people's needs, including autism, diabetes and anaphylaxis. This helped them understand people's needs and provide the right support. While guidance within most personal plans was clear, we identified a small number where improvements could be made. We spoke with the manager, who responded promptly and took action to address this.

Medication processes were managed well and medicines were stored securely. Records of prescribed medication were completed accurately, with oversight from senior staff helping to maintain good standards. Clear guidance helped staff provide consistent, personalised medication support which was responsive to individuals' needs. People benefitted from safe and effective support to take their medication.

The provider had an area for improvement from the previous inspection relating to 'as required' medicines. Please refer to the section: 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

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.

Managers promoted and modelled effective teamwork and a supportive culture within the service. Staff told us they felt supported by their managers. Good communication was underpinned by regular team meetings and recently introduced senior strategy meetings. These forums enabled important information to be shared

and key decisions to be made. This promoted a consistent and cohesive approach to leadership, helping to drive positive outcomes for people.

Regular care reviews were held, giving people and their representatives an opportunity to provide feedback about their support. The senior team maintained a comprehensive programme of quality audits and checks covering all aspects of the service. Clear systems were in place to monitor progress, review actions and ensure improvements were implemented promptly. These robust processes provided the manager with effective oversight of the service's performance and helped sustain consistently high standards, ensuring people experienced safe, well-coordinated and responsive care and support.

The service's improvement plan had recently been reviewed and it was positive to see all actions aimed at promoting people's health and wellbeing had been completed. Other actions were specific, measurable and clearly linked to improving outcomes for people. The plan could be further strengthened through clearer evidence of the views of people using the service and other stakeholders. The manager told us they had plans to evaluate the service, including gathering feedback through surveys. This demonstrated a commitment to continuous improvement and provided assurance that the service was focused on achieving positive outcomes for people.

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 promote the best possible health and wellbeing outcomes for people, the manager should ensure medication documentation is managed consistently across the service.

This should include, but is not limited to:

a) Establishing consistent storage and location of medication-related documents within the electronic care management system to support staff access and continuity of care.
b) Implementing clear and reliable processes for recording outcomes following the administration of 'as required' medication, to enable effective monitoring and review.

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

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)
and
"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This area for improvement was made on 23 October 2025.

Action taken since then

The manager had established consistent processes for documenting individuals' 'as required' medication.

Relevant information was recorded on the electronic care management system, enabling staff to access clear guidance on the administration of specific medicines. This included the purpose of the medication and the circumstances in which it should be administered.

A clear template was in place for staff to record the outcome of any 'as required' medication administered. This supported more effective monitoring and review of health outcomes and enabled relevant information to be shared with healthcare professionals when required.

These improvements demonstrated good medication management practices and helped to ensure that individuals received their medication safely and appropriately.

This area for improvement has been met.

Previous area for improvement 2

To ensure information is reported to the Care Inspectorate timeously, the provider should submit notifications as required and in line with 'Records that all registered services (except childminding) must keep and guidance on notification reporting'.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This area for improvement was made on 23 October 2025.

Action taken since then

Improvements were made to the recording of accidents and incidents within the service, ensuring that the senior management team could promptly identify notifiable events.

As a result, there was a significant increase in the number of notifications submitted to the Care Inspectorate.

This demonstrated an improved understanding of reporting responsibilities and the importance of sharing relevant information with the Care Inspectorate in a timely manner.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

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

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.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

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 cànain eile ma nithear iarrtas.

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.