Eildon Ltd - Support Services
Housing Support Service

Eildon House
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Telephone: 01463 711 588

Type of inspection:
Unannounced

Completed on:
10 June 2026

Service provided by:
Eildon Limited

Service provider number:
SP2012011849

Service no:
CS2012308692

About the service

Eildon Ltd - Support Services is registered to provide a care at home service and housing support for people with an assessed need living in their own home. The staff are divided into two teams, one operating in the Highlands and one in Aberdeenshire.

The service provides support which enables a person to safely remain in their own home and community by meeting a range of health and social care needs.

The provider is Eildon Limited.

About the inspection

This was an unannounced inspection which took place on 1 to 9 June 2026. The inspection was carried out by three inspectors 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 50 people using the service and 15 of their family
- spoke with 23 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were cared for with kindness and respect from staff who had developed trusted relationships with them.
- Families spoke highly of the care their relative received in enabling people to remain in their own home.
- People benefitted from staff teams who worked well together and were dedicated to delivering quality care and support.
- Professionals valued the flexibility and responsiveness of the service in meeting people's needs.
- People receiving care and support felt valued as individuals and were confident in how staff communicated their health changes with relevant professionals.
- Managers had made improvements in monitoring the quality of the services provided.

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?	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 people's outcomes and outweighed areas for improvement.

We observed people receiving warm, compassionate care that was based on building meaningful relationships with staff. One person told us, "They treat me with respect and are lovely and so nice to me and everything I ask, they help me with" and another confirmed, "They are very caring and will always try to help me if I ask anything of them." This meant people felt confident to express their needs and wishes.

People were involved in making decisions about their physical and emotional wellbeing through detailed care plans. Families were involved, where appropriate, and we heard feedback from people about how well staff supported their choices because they knew what was important for them. One family member told us, "My relative loves the staff and they would be lost without them" and another confirmed, "Staff know my relative so well and pick up on when they are feeling poorly." This meant people could be assured that their personal outcomes were at the centre of their care and support.

Staff in the service understood their role in recognising changing health needs and addressing any health concerns. We consistently heard positive feedback from professionals about effective communication with managers and diligence of the staff in providing care in challenging circumstances. One professional told us, "The staff I have observed have been warm, professional, and confident in their practice. They manage issues effectively and adapt well to the unique challenges that arise" and another confirmed, "Eildon provide staff who have experience, are kind, caring and understand their job role." This meant people received the right care at the right time from the right people.

People had as much control as possible over their medication and benefited from effective medication management. We discussed some examples with the provider of how medication recording and administration could be further aligned with best practice guidance and identified where this should improve. (See Area for improvement 1) We observed how people's wellbeing benefitted from support with food and drink and how this was monitored. One example, was how staff ensured snacks and fluids were readily available between support visit times and another example, was how skilled staff support ensured a person ate a meal that they would otherwise have declined. This meant people were safe and they were encouraged to maintain their health and wellbeing.

Areas for improvement

1. To ensure people experience high-quality support that is right for them, the provider should ensure accurate recording and administration of time-sensitive medications, including administering medication in accordance with prescriber's recommendations.

This should include but is not limited to, ensuring protocols are in place for 'as needed' medication.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership? 4 - Good

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

Managers evidenced how they were responsive to feedback and used learning to continuously improve. We heard from staff how managers were approachable and available for guidance and advice. One staff member told us, "We work well together as a team, if anyone needs anything we can ask each other and that's really good" and another confirmed, "Leadership and management is good, and office staff are so good to us." This meant people benefitted from staff who felt supported and developed positive working relationships with each other.

Staff demonstrated how they monitored people's experiences of their support and how managers responded to people's views. We heard positive feedback from professionals about the high quality of care and support provided by Eildon. One professional told us, "I feel able to raise any concerns and have confidence that they will be listened to and followed up appropriately" and another confirmed, "The quality of care delivered by Eildon appears to be of high standards, it is noted that staff usually have built a good rapport with people and deliver care in a very person-centred way". This meant, as far as possible, people using the service were provided with the right care and support to meet their outcomes.

Managers demonstrated a clear understanding of what was working well and what improvements were needed. One example, was identifying how to further support staff with their professional qualifications, and another was developing a clear and agreed protocol for when people are discharged from hospital. Management oversight was informed by a detailed and updated service improvement plan.

At the last inspection we made an area for improvement about developing regular auditing of key areas of performance within the service. We discussed with managers how using self-evaluation would further evidence how the wishes and outcomes of people using the service were driving service improvements forward. The service had made progress with embedding new systems but we identified a lack of consistency across the region. We discussed with managers how more time would support the service to continue these positive developments. The area for improvement was therefore not met and will be reviewed at the next inspection. (See under section 'What the service has done to meet any areas for improvement made at or since the last inspection').

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 ensure people experience high-quality support that is right for them and have confidence in the organisation providing their support, the provider should continue to ensure that concerns about people's wellbeing are reported, accurately recorded and consistently applied across the service.

This should include but is not limited to:

a) Continuing to record referrals to relevant professionals and any follow-up actions that are required.

b) Clear guidance for staff on how to monitor people's health conditions, such as skin care, and escalate concerns about people's wellbeing.

c) Informing people, or their representative, and staff about the outcome as appropriate.

d) Ensuring clear protocols are in place for 'as needed' medication and their effectiveness recorded.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This area for improvement was made on 12 September 2025.

Action taken since then

Managers and staff demonstrated a clear understanding of when and how to escalate any concerns about people's wellbeing. We saw evidence of actions being followed up and effective recordings of communications with relevant professionals. We heard positive feedback from people, families, and professionals about regular updates they received about outcomes of any issues raised. This meant people felt confident in the care and support they received. We identified where clear protocols were not consistently in place for 'as needed medication.'

This area for improvement was met but an updated area for improvement will be applied to reflect our inspection findings about medication, including the use of 'as needed' medication protocols.

Previous area for improvement 2

To ensure people have confidence in the organisation providing their care and support, the provider should document quality assurance activities such as, regular audits within the service.

This should include but is not limited to, ensuring self-evaluation is informed by feedback from people using the service, their families, staff and external professionals and evidenced within the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 12 September 2025.

Action taken since then

Managers had made significant improvements in auditing key areas of quality assurance across the service. However, we identified a lack of consistency in the frequency, content and detail of the audits that managers were completing. We saw no evidence of using self-evaluation to inform improvement, although the service evidenced learning from feedback. The service would benefit from more time to further embed their quality assurance activities.

This area for improvement was not met and will be reviewed at the next inspection.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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