

Capernaum Healthcare Ltd Support Service

6 West Pilton Brae
Edinburgh
EH4 4BH

Telephone: 07950391369

Type of inspection:
Announced (short notice)

Completed on:
17 June 2025

Service provided by:
Capernaum Healthcare Ltd

Service provider number:
SP2022000202

Service no:
CS2022000300

About the service

Capernaum Healthcare Ltd, is a privately owned care at home, support service providing care and support in the Edinburgh area, to adults in their own homes and within their community.

The Provider, Capernaum Healthcare Ltd, has been registered to provide this service since 4 October 2022.

About the inspection

This was an Announced (short notice) inspection which took place between 10 and 16 June 2025. The inspection was carried out by an 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 three people using the service and one of their family
- Spoke with staff and management
- Observed practice and daily life
- Reviewed documents

Key messages

- People described being happy with their care and support
- Quality assurance processes were managed well
- Staff were observed being compassionate and respectful towards people
- Staff recruitment processes did not follow safer recruitment guidance and required improvement
- Staffing arrangements were managed well, with people experiencing consistency in staff supporting them
- Personal plans were person centred, but lacked detailed guidance on supporting people and medication information

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
How good is our staff team?	3 - Adequate
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.

Interactions between staff and people experiencing care were compassionate and friendly. Staff showed genuine warmth and had clearly built respectful rapport with people they supported. One relative commented "they are lovely people, the most respectful". This meant that people were able to feel at ease within their own homes with staff supporting them.

Staff described the support required by people and the ways that they ensured that people's health and wellbeing were supported well. Staff appeared to know people well and what their needs and preferences were. This ensured people were confident in their care and support. One relative commented "I feel safe that these guys know what they are doing".

Medication was managed well with minimal issues. There was however, a lack of support and medication information within people's personal plans, which had the potential to impact on people's care and support (see requirement one within section 5).

People were supported with eating and drinking if required. Staff arranged simple meals and drinks that met people's preferences and wishes. Meal times were relaxed and unhurried, where people could enjoy their chosen meal. This ensured that people had time and space to enjoy their food and drinks.

How good is our leadership?

4 - Good

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

The service used a range of quality assurance processes to ensure standards were met in terms of staff practice. This included spot checks on staff administering medication, moving and handling, along with Infection prevention and control. We discussed with the manager how these could be developed further to gain information from staff on their understanding of processes and best practice. The manager agreed to consider developing the processes to enable them to have an overview of staff knowledge as well as practice.

The managers documented processes appropriately within the service, however some had not been dated. We discussed the importance of dating documentation with the managers, who agreed they would audit documentation going forward to ensure all vital information was available. We will follow this up at our next inspection.

The service had completed a self-evaluation based on the quality improvement framework, which had identified what was working well within the service and areas for improvement. The service had not developed this information into a formal improvement plan. We discussed this with the manager, who agreed that this would be the next step in the service's development. We'll follow this up at our next inspection.

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

The service had a robust and detailed recruitment policy, which highlighted the need for safe recruitment processes to be used when recruiting staff. The service had not followed this policy or safer recruitment guidance appropriately or consistently (see requirement one). This had the potential to have a negative impact on people experiencing care.

Staffing arrangements had been managed well with people experiencing care describing having the same staff, whom they knew well. This consistency of staffing was comforting for people, and had supported the development of trusting respectful relationships.

People could have weekly confirmation of their staffing rota at the beginning of each week, sent via text if they wished. This meant that people knew in advance who to expect and when.

Staff appeared to work well together and communication was good. Staff exchanged information at monthly team meetings and via electronic systems to ensure their colleagues had up to date information. This ensured that people could be confident that staff had up to date information about their care and support.

Requirements

1. By 26 September 2025, to ensure the safety of people experiencing care, the provider must implement recruitment processes that ensure compliance with recruitment guidance and codes of practice.

To do this the provider must, as a minimum:

- a) ensure information on candidates employment history is appropriately checked
- b) ensure candidate references are appropriate and in line with safer recruitment guidance

This is to comply with Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the suitability of workers is consistent with SSSC Codes of practice for employers of social service workers. Code 1.3 "Ask for and provide accurate and appropriate references to share information relating to a person's suitability to work in social services".

How well is our care and support planned?**3 - Adequate**

Each person using the service had a personal plan. These documents contained a variety of information about the person, their preferences and some information on their background. Information related to the person's medication and medical conditions was limited. This meant that there was potential that staff would not have all the information required in the event of a medical emergency, (see requirement one).

Information about how to support the person with their personal care, moving and handling and other routines and preferences, was limited in it's detail. Staff had developed their understanding of people's needs and wishes, but this was not recorded well within the personal plans (see requirement one).

Personal plans were written in an accessible and person centred way, with people having a written copy within their homes, and staff having access to this online.

Daily notes were used to pass on information about each support session. This meant that information about the person's care and support was easily accessible.

Requirements

1. By 26 September 2025, the provider must ensure that information within personal plans contains relevant information on the health, welfare and safety needs of the person, to ensure people receive the appropriate care and support.

To do this, the provider must, as a minimum:

- a) ensure all information related to people's medication and medical conditions is available within the personal plan
- b) ensure all support required with medication is detailed within personal plans
- c) ensure that all support required by people is detailed within their personal plans, to ensure all staff can follow the correct way to care and support the person
- d) ensure all relevant and emergency contacts details are within the personal plan
- e) ensure that risk assessments are completed where appropriate and are contained within the personal plan
- f) ensure all assessed capacity and legal powers documentation is available within the personal plan

This is to comply with Regulation 45(2)(b)(ii)(iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), 1.15 which states, "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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