

# Sense Scotland Supported Living: Dundee 1 & Surrounding Area Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
17 March 2025

**Service provided by:**  
Sense Scotland

**Service provider number:**  
SP2003000181

**Service no:**  
CS2016348011

## About the service

Sense Scotland Supported Living: Dundee 1 & Surrounding Area is registered by the Care Inspectorate to provide a support service - care at home and housing support service, for people with learning and/or physical disabilities living within their own homes. The service is provided by Sense Scotland, a voluntary sector provider of services for people with learning and/or physical disabilities.

The service operates in Dundee City and is situated near to local amenities and public transport links. There are five properties in an enclosed courtyard where there is also an office base for staff. Three other properties are situated adjacent to the courtyard. At the time of the inspection the service was supporting seven people.

## About the inspection

This was a short notice announced inspection which took place on 11 and 12 March 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:

- visited with five people using the service and spoke with two of their representatives. A further one representative shared their views with us via a customer service questionnaire
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The service used innovative approaches to include people in their reviews.
- Attention was given to ensuring people have access to information about their health care and treatment choices.
- Difficulties with recruitment and staff retention had, at times, impacted people's experiences. Improvements to quality assurance would enhance key practice areas.
- Care plans were detailed and person-centred.

## 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?	4 - Good
How good is our staff team?	4 - 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 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 should be enabled to have as much control as possible over their physical and emotional wellbeing. The service went to great lengths to involve people in decision making around their health care. This included translating health leaflets and medical visits into formats that the person understood, for example Makaton or picture symbols. This evidenced a creative approach to supporting people to be informed and have choice. We saw evidence of health support being sought when required, without delay. Where people had legal representatives, they told us they felt fully involved in monitoring and managing their loved one's health. This helps to ensure that people experience treatments that meet their needs and are effective.

A positive approach to being healthy and active was promoted. People told us they attended chair yoga, dance classes, swimming and boccia. We saw people out walking and being active in the community. Through our conversations with support workers and review of team meeting minutes, we could see a strong commitment to helping people be active. One staff member told us, "It's about helping people to have a good life" another stated, "We must help people to live a fulfilled life." Relatives we spoke with commented that some support workers were more confident than others in encouraging their loved ones to be active and that this, at times, impacted their experiences. Section 'How good is our staff team?' of this report reflects this feedback.

People had been successfully supported with weight loss, where this was an identified health need. A nutritious approach to supporting people to eat well had been promoted. We saw people being fully included in menu planning, food shopping and meal preparation. One supported person told us that support workers help them to cook and be independent at home "It's all 50/50. Teamwork makes the dream work." This evidenced people benefitting from their care and support.

Our sample review of medication administration found people were getting their prescribed treatments. As required protocols were in place and had good detail around when the medication should be administered. A body mapping system would enhance practice around application of topical medications. This feedback was given to the service. Some errors were identified in the information recorded on medication administration records (MARs). Although this was a discrepancy in the printout at pharmacy level, the service failed to identify this as part of their auditing process. Area for improvement in 'How good is our leadership?' section of this report applies.

**How good is our leadership?****4 - Good**

For this section, we evaluated quality assurance and improvement planning. Quality assurance are checks that make sure any issues are identified, and action taken to make improvements.

We evaluated this key question as good where several strengths impacted positively on outcomes for people. Some areas for improvement were identified to strengthen practice and drive service improvement.

Leaders of a service should be able to demonstrate having the skills and knowledge to drive improvement. Support workers told us, "Can't compliment them [leaders] high enough" and "They, [leaders] made me feel confident, as I lacked this to begin with." We saw best practice guidance being promoted through regular supervisions and core team meetings. Leaders also took the time to seek feedback from supported people.

Relatives told us that the leaders of the service were approachable, and any concerns had been addressed timeously.

We saw various systems in place to oversee quality of care. These included audits of medication, support plans, environment, and health care logs. The service also had monitors in place to evaluate compliance of these audits and any actions required to support improvement planning. Changes within the leadership team had resulted in minor disruption to the frequency of these audits. The leadership team acknowledge this and had a plan to re-commence these from April 2025. This was documented within the service improvement plan. This evidenced the service being responsive to where improvement was needed.

The service improvement plan was comprehensive and regularly reviewed. This is important as it helps services to adapt to people's needs and ensure that support worker development is focussed on the right areas. The improvement plan we saw had been made available in easy read format. We could also see service updates were given to stakeholders in a provider newsletter. This keeps people receiving care central to progress.

Our review of MARs found discrepancies and had resulted in errors on the recording of a person's prescribed medication. This evidenced that the quality assurance that had been carried out was ineffective. Area for improvement 1 applies. The service should also focus on enhancing the quality of support plan audits to ensure they are clear and up to date. See section 'How well is our care and support planned?' for details. Area for improvement 1 applies.

**Areas for improvement**

1. Effective quality assurance identifies errors in practice and areas for improvement, without delay. This should include, as a minimum, audits of medication administration records and care/support plans.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: '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. For this area of our inspection, we looked at staffing arrangements and how well the staff team worked together.

We observed support workers engage with people meaningfully, using people's preferred communication styles. Supported people told us they were "happy." One person told us their support worker was "excellent." Support workers we spoke with told us team working and communication was good, "We are a really good team and work well together." Various information sharing systems were in place and teams had used these to share essential information about people's needs. This helped to ensure that people using the service benefited from good working relationships.

Newer support workers told us the "induction was comprehensive." Support workers we spoke with told us they had regular supervisions, and found these supportive forums. Our review of records found some slippage with the frequency of supervisions and observations of practice. The service was aware of these lapses and evidenced their commitment to improving this.

Processes for assessing staffing requirements and distribution of staff should be effective and meet the needs of people using the service. We saw that service had developed systems to ensure that people had consistent support workers, where possible. This included a list of support worker skills and knowledge, against supported people's needs. This gave us confidence that practice was safe. It was also clear that time had been taken to get supported people's preferences as to who was in their core team. This evidenced a commitment to putting the needs of supported people at the forefront of care delivery.

Despite this, the service had experienced difficulties with support worker retention and recruitment. The use of agency support workers was required, at times, to ensure safe staffing numbers. One relative told us, "They [support workers] don't all have confidence in how to approach their needs." Another explained that it was obvious when more experienced and familiar support workers were on shift as their loved one had a more meaningful day.

The service was in the process of onboarding new support workers and expected this to improve their ability to offer a more consistent service within the next month, reducing the reliance on agency. The service evidenced promoting people's needs and a commitment to improving people's experiences. This picture is reflective of the national challenges in recruitment across the health and social care sector.

**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.

The service had taken innovative steps to include people in their reviews, in ways that were meaningful. People were encouraged to lead their reviews and present their own achievements and set their own goals. For example, one person presented their review in the format of a cabaret show, signing songs and sharing their experiences. Another person video recorded their review and signed the whole meeting in Makaton, sharing picture evidence of things that they had done and things they wanted to do in the future. For people who had legal representatives, they were also fully involved, one relative said, "It [review] was brilliant." Review minutes were translated to formats accessible to the supported person. This is excellent practice and keeps people central to how their care and support is delivered.

Care and support planning should maximise people's capacity and ability to make choice. Support plans we reviewed were detailed and gave good person-centred guidance. People's voices were clearly recorded and independence promoted. Relatives told us they were involved in support planning, one commented that the "paperwork is very good."

Despite us finding some very good practice in this area, there were elements of support planning that would benefit from improvement. Plans we reviewed had areas scored out and handwritten updates in replacement. Some of these were difficult to read and confusing. Information about people's epilepsy needs lacked clarity. We also found inconsistent information about how to support people to reach agreed outcomes. We suggested the service use its quality assurance systems to promote consistently good practice across all areas of care and support planning. Area for improvement 1 in 'How good is our leadership?' section applies.

It is essential that where people are subject to restrictive practices, that these are regularly reviewed and a positive risk-taking culture promoted. We found that the service could enhance its practice here, ensuring that all areas of restrictive practice are recognised as restrictive and reviewed in line with best practice guidance. Area for improvement 1 applies. This protects and upholds people's rights.

**Areas for improvement**

1. To support people to have full, meaningful, and purposeful lives, the provider should review all restrictive practice used within the service, promoting a positive risk-taking culture and comply with best practice guidance. This process should include, as a minimum:

- a) any restrictions in place they are supported by the appropriate legal framework
- b) any restrictions have restraint reduction plans in place and are reviewed regularly.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 09 June 2023, the provider must ensure quality assurance processes are robust, effective, and used to inform meaningful improvements for the service. To do this, the provider must, at a minimum:

- a) Ensure quality assurance activities are effectively used and identify and rectify discrepancies in documentation.
- b) Ensure the development of a detailed and useable service development plan.
- c) Ensure supported people and their representatives are involved in further development and implementation of the improvement plan.

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

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6) and 'I benefit from a culture of continuous improvement, with the organization having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 3 February 2023.**

#### Action taken on previous requirement

We found sufficient progress had been made across the service's quality assurance. We reviewed a comprehensive improvement plan that was regularly reviewed and updated. Supported person involvement was promoted. Feedback from relevant stakeholders was gathered to support improvement.

Although improvement was still required in some areas of quality assurance, the services' capacity for improvement gave us assurance these would be addressed. Area for improvement in section 'How good is our leadership?' applies.

**Met - outwith timescales**

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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