

Sense Scotland Supported Living: Perth & Kinross & Surrounding Area Housing Support Service

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Type of inspection:
Unannounced

Completed on:
18 March 2025

Service provided by:
Sense Scotland

Service provider number:
SP2003000181

Service no:
CS2016348056

About the service

This service registered with the Care Inspectorate in October 2016. Initially the service was located solely in Bridge of Earn. Sense Scotland took over the Perth-based Tulloch Hill service from the previous provider in August 2020. The service has capacity for nine people. When we inspected the service, it was providing support to eight people, who have learning disabilities and/or physical disabilities, living in their own homes.

The service states that:

"We are committed to working to our core values and working principles. Derived from families, these enshrine the organisation's ethos and guide the actions of all staff. Sense Scotland's values in practice mean we will; be open and honest, recognise individual worth, build relationships through trust, act based on individual's aspirations and needs, and be accountable."

About the inspection

This was an unannounced inspection which took place on 10 and 11 March 2025, between 0915 and 1615 hours. The inspection was carried out by two inspectors from the Care Inspectorate. An inspection volunteer assisted with telephone calls to people's families and representatives. To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Discussed care practice and support provided with people and their relatives, and staff members.
- Spoke with seven people using the service.
- Spoke with eight service user's family members by telephone.
- Spoke with seven staff and managers.
- Received feedback through care standards questionnaires from two people using the service.
- Reviewed documents.

Most people identified that they were very happy or happy with the care and support provided, and with the management of the service.

Key messages

- Staff supported people to carry out a wide range of activities. They aimed to improve people's quality of life and promote their abilities and independence where possible.
- Appropriate processes were used to monitor the effectiveness of the service. Management structures were in place to support this.
- Managers had good oversight and personal knowledge of the service's operations; however, there was a need to further develop quality assurance and audit processes. This has been identified as an area for improvement.
- People praised staff for their caring attitude and high quality support. Staff worked well together and attended to people's needs in a timely and effective manner.
- Staff told us that they had regular meetings and supervision with their line managers, and had access to appropriate training.
- Care plans were person-centred and clearly identified people's wishes and preferences. Because the care plans were skills based, they highlighted people's abilities and promoted independence.
- We discussed the need for further development around future care plans with the service managers. This will be reviewed at future inspections.

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?	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?

4 - Good

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

Staff supported people to carry out personal care, shop for personal needs, prepare meals, take their prescribed medicines, and maintain their accommodation. Staff we spoke with were interested in their work and knew people well as individuals. They aimed to improve people's quality of life and promote their abilities and independence where possible. This was reflected in people's care plans, which were skills based.

The importance of physical exercise and social engagement was recognised as an important element in people's daily lives. Many people benefitted from one-to-one support from staff. We heard about people being supported to go on holidays and short breaks in the UK and abroad, and to attend activities such as boccia, arts and crafts, shopping, and trips to the theatre. Several people (including family members and staff) took part in the Dundee Kilt Walk in August 2024 to raise funds for the service. Nevertheless, some people told us that they would like more interesting and aspirational activities. The manager stated that this would be taken forward through reviews of individual people's care and support.

People were assisted in making arrangements to access health and social care services to support their physical and psychological wellbeing. This included GPs, mental health services, dentists, opticians, dietitians, and hospital-based specialists. Contact with external professionals and any advice provided was clearly documented in care plans.

Staff communicated well with people and knew how to raise concerns about their wellbeing. Where needed, people had legal frameworks (such as Guardianship Orders) in place to support decisions around their welfare and financial matters. This helped ensure that people's wishes and preferences were known and respected.

There could have been more involvement with independent advocacy services in helping to ensure that people's views are heard at reviews and where significant changes in care are anticipated. We recognise that the availability of independent advocacy services is outside the control of the service; however, efforts should continue to try and obtain their valuable input.

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.

Appropriate processes were used to monitor the effectiveness of the service. Management structures were in place to support this. The service manager and locality manager were long-standing employees who had extensive experience in caring roles. In the last year, they had moved to management roles and were still consolidating their experience. They knew the service well and understood how it operated. Most people reported that managers were visible, could be easily contacted, and dealt with any concerns effectively.

Comprehensive quality assurance and audit systems were in place. These included reviews of care and support plans, risk assessments, medication administration, and staff training and supervision.

Trackers were also in place to identify compliance with expected standards in these areas. These mainly reflected good performance, although some gaps were evident. Importantly, managers recognised these gaps and took action to address any issues.

We were satisfied that there was sufficient day-to-day management oversight and contact with people, their families/relatives, and staff. Managers knew what was happening in the service. However, much of this was down to their personal knowledge and systems of working, rather than the use of robust organisational processes. For example, the wider audit action plan had not been reviewed for several months; the service improvement plan needed further development, to include the use of feedback that had already been obtained from people; and, on occasions, information relating to care reviews and audits was not immediately to hand. The service acknowledged this and had plans to carry out an extensive review of audit systems in the weeks following this inspection.

We recognised that the service manager and locality manager were fairly new in post and that there had been several changes in senior management posts in recent months. The managers were working hard to develop more effective oversight processes and it will take time to embed these. Better quality assurance and audit systems would allow for more effective oversight and planning around service improvements. Improved systems would also facilitate easier access by a wider range of relevant staff, which is especially important when the regular managers are not on duty.

Whilst acknowledging the abilities of the management team and their personal knowledge of the service's operations, it is important to recognise the need for comprehensive oversight systems that are accessible to all relevant parties. Managers should further develop quality assurance and audit processes so that they are more regular and effective. An area for improvement has made in respect of this. This includes two previous areas for improvement around general quality assurance/audits and medication audits, which have been assessed as not met (see area for improvement 1 under KQ 2: 'How good is our leadership?').

Clear quality assurance systems are important in ensuring that high standards of care practice are maintained with positive outcomes for people.

Areas for improvement

1. In order that the service and its managers can clearly understand what is working well and what needs to be improved, the service provider should further develop its quality assurance and audit processes. This should include improvements around:

1. Ensuring that quality assurance and audit processes take place regularly, and as planned.
2. The monitoring and reporting of medicine administration recording errors, such as missed signatures on medicine administration records.
3. Obtaining feedback from people, their families and representatives, and staff; and, evidencing the use of this when developing the service's improvement plan.

This is to ensure that care and support is consistent with the 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 and clearly outweighed areas for improvement.

People praised staff for their caring attitude and high quality support. Staff worked well together and attended to people's needs in a timely and effective manner.

Many people had one-to-one support from staff as specified in their care plans. Staffing levels were overall determined by contracted packages of care and reviewed with those funding the care and/or the relevant health and social care partnership (HSCP). Information on staffing and service provision was provided to the HSCP and was discussed at individual reviews.

Managers were supported in employment issues by a dedicated recruitment team. Pre-employment checks were carried out in line with safer recruitment practice. New staff received robust induction training and managers maintained audits around professional body registration and training needs following appointment. These audits identified some gaps in training; however, we were satisfied that there was sufficient oversight of training to allow managers to adequately address these.

Staff told us that they had regular meetings and supervision with their line managers, and had access to appropriate training. They also said that managers could be easily contacted. Whilst staff received regular supervision and appraisal, oversight of staff performance could be improved through better recording of staff supervision and competency assessments related to care and support practice. This would enable easier reference to identified actions and staff development needs.

The service was implementing training around the Health and Care (Staffing) (Scotland) Act 2019. This formed part of the online learning package. It will be important to continue with such training so that staff can understand 'safer staffing' and the implications of the Act.

The provision of regular staff meetings, supervision and training is important in ensuring that staff are supported and have the necessary knowledge and skills to deliver high quality care.

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.

Care plans were bulky but provided comprehensive information about people's care and support needs. They were person-centred and clearly identified people's wishes and preferences. Because the care plans were skills based, they highlighted people's abilities and promoted independence.

Care documents identified people's health and social care needs and the support they required. This included information about the administration of regular and 'as required' medicines. Most people and/or their representatives told us that they were involved in developing and reviewing their care plans. People's care was also discussed at regular staff meetings and individual supervision sessions. This helped ensure that staff knowledge and skills around personal care and support was current and relevant to individual needs. In isolated cases, reviews were overdue; however, managers were aware of this and had plans in place to arrange reviews.

We noted that managers tracked care planning activity and had audit systems around the quality of care and support; however, this could be further developed, especially around frequency (see area for improvement 1 under KQ 2: 'How good is our leadership?').

We discussed the need for further development around future care plans with the service managers. More information about people's preferences around unplanned events, hospital admissions, and end-of-life care would help improve their experience in such situations. The managers identified that they would work with people and staff to enhance the information available in future plans. This will be reviewed at later inspections.

Legal frameworks were in place to support people who did not have capacity to make informed decisions about their finances and welfare. This helped ensure that people's rights were protected and that their lifestyle choices were respected.

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

In order that people can spend time doing what they enjoy, the provider should ensure that social opportunities and meaningful activities are incorporated into people's day. This should include, but not be limited to, the provision of entertainment and activities, which meet the assessed needs, and reflects the choices of the people who were supported by the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 24 January 2022.

Action taken since then

We received positive feedback about most people's involvement in activities. We saw evidence of regular outings for shopping and activities of interest, which people greatly appreciated. Some people had been on holidays and short breaks, with further trips planned. They clearly enjoyed the experience of visiting different places and seeing family and friends.

Nevertheless, some people commented that their activities could be more varied and aspirational. This was acknowledged by the service and improvements in this area would be taken forward through individual reviews of care and support.

Based on our findings that most people enjoyed varied activities and the service's acknowledgement of the need for further developments, we found that overall this area for improvement had been met.

Previous area for improvement 2

In order to demonstrate a clear understanding about what is working well and what needs to be improved the provider should carry out regular and robust audits of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 17 May 2022.

Action taken since then

Based on our findings under Key Question 2: 'How good is our leadership?', this area for improvement has not been met.

A new area for improvement has been stated under Key Question 2: 'How good is our leadership?', which identifies the need for further developments around quality assurance and audit systems. The new area for improvement replaces this area improvement and includes carrying out regular and robust audits of the service.

Previous area for improvement 3

To support people to stay well and keep good health the provider should review and develop its medication audit practices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 24 January 2022.

Action taken since then

Based on our findings under Key Question 2: 'How good is our leadership?', this area for improvement has not been met.

We saw that monthly reports around the audit of medication were identifying issues, such as missed signatures on medication administration records; however, these were not being raised as issues outside monthly audits. Staff should report such matters to managers as soon as they are identified in order that any associated risks can be addressed promptly.

A new area for improvement has been stated under Key Question 2: 'How good is our leadership?', which identifies the need for developments around quality assurance and audit systems. The new area for improvement replaces this area improvement and references the importance of reporting matters, such as missed signatures on medicines administration records, to managers promptly.

It is important to note that, otherwise, we saw regular audits of medication and prompt reporting of other medication administration errors. In the cases seen, staff and managers acted appropriately in seeking professional advice and providing additional support for staff involved.

Previous area for improvement 4

Complaint area for improvement 1: complaint 08/08/2022 (2022118469)

In order to ensure good outcomes for people experiencing care, the manager should ensure that there is a robust system in place for managing people's money and personal affairs.

This is to ensure care and support is consistent with Health and Social Care Standard 2.5: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded'.

This area for improvement was made on 3 November 2022.

Action taken since then

We found that clear and robust systems for managing people's finances were in place. This area for improvement has therefore been met.

Previous area for improvement 5

Complaint area for improvement 2: complaint 08/08/2022 (2022118469)

The provider should ensure that concerns raised with staff by family members are appropriately addressed in a respectful and courteous manner.

This is to ensure care and support is consistent with Health and Social Care Standard 3.1: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention'.

This area for improvement was made on 3 November 2022.

Action taken since then

No complaints had recently been received by the service. We saw that managers had regular contact with people, their families and staff. People told us that they could easily raise concerns with managers; however, not all people knew about the service's complaints policy and procedures. The manager stated that they would ensure that the complaints policy and procedures would be more widely advertised and made accessible to people, their families, and staff members.

Given that people stated they knew how to raise concerns and the manager's intention to improve access to the complaints policy and procedures, we found that overall this area for improvement has been met.

Previous area for improvement 6

Complaint area for improvement 3: complaint 08/08/2022 (2022118469)

In order for people using the service and their families to have confidence in the organisation providing their care and support, the service should ensure that they are responsive to any concerns or complaints raised.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

This area for improvement was made on 3 November 2022.

Action taken since then

No complaints had recently been received by the service. We saw that managers had regular contact with people, their families and staff. People told us that they could easily raise concerns with managers; however, not all people knew about the service's complaints policy and procedures.

The manager stated that they would ensure that the complaints policy and procedures would be more widely advertised and made accessible to people, their families, and staff members.

Given that people stated they knew how to raise concerns and the manager's intention to improve access to the complaints policy and procedures, we found that overall this area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	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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