

# Sense Scotland Supported Living: Dundee 2 & Surrounding Areas Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
9 June 2025

**Service provided by:**  
Sense Scotland

**Service provider number:**  
SP2003000181

**Service no:**  
CS2004061990

## About the service

The service provides a 24 hour, care at home and housing support service, for people with learning and/or physical disabilities, who live in their own homes. At the time of the inspection the service supported 11 people.

## About the inspection

This was an unannounced inspection which took place between 6-7 June 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:

- spoke with five people using the service and four of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff recognised people as individuals and this promoted some very good outcomes for people.
- People were supported to engage in meaningful activities.
- People received good support to access appropriate healthcare in their community.
- Medication practice had improved.
- Staff demonstrated high levels of motivation and enthusiasm.
- Staff told us they were well supported.

## 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 staff team?	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.

We observed warm, supportive and kind interactions between staff and the people they supported. One person shared "all the staff are lovely" and this was echoed by family/relatives, one family member shared, "my loved one is very happy and content."

Staff recognised people as individuals and this promoted some very good outcomes for people. For example, it was important to one person to have protected time to contact their loved ones in private. This was respected by the service and helped them feel valued and connected. Family members agreed with our observations and outcomes. For example, "staff have taken the time to get to know my loved one, and it has really paid off" and another shared my loved ones life has changed dramatically, they have better quality of life since Sense Scotland have been involved." As a result, people were relaxed, happy and confident in their surroundings. This contributed positively to people's emotional wellbeing.

Staff were attentive and responsive to people's health and wellbeing needs. For example, we found staff advocated on behalf of people to ensure they received the right care, from the right person and at the right time. As a result, people accessed timely support which improved their overall health and wellbeing.

People received good support to access appropriate healthcare in their community. Staff accompany people to their appointments and support around this was flexible and tailored to meet people's individual needs. This meant people received co-ordinated care, which had a positive impact on their physical and emotional wellbeing. One family member shared "it has taken the burden from me and I have complete reassurance."

People were supported to engage in meaningful activities. For example, one person was supported to go swimming each week, while another enjoyed going out for walks or a trip to the shops. Each person had a detailed record of what was meaningful to them and how it should be done included in their personal support plan. Records of weekly activities were audited and evaluated to ensure they met people's needs and preferences. We heard that one person's activities were under review to meet their changing needs. This ensured people spend their time purposefully to promote feelings of wellbeing.

People were supported to go on holiday providing valuable opportunities for new experiences and enjoyment. One family member shared "this has really opened up his world, these opportunities would not have happened for him otherwise."

People were supported to access their local community. During the inspection, we observed some people being supported to attend a local event together. This helped people stay active and feel connected to their local area.

One of the services had a communal area. People told us they enjoyed accessing this space. One relative shared "it has a very homely feel." The space was used for a wide range of individual and group activities including get together meal with people living in the service. This helped develop a sense of community for people.

Accidents and incidents were well managed and clearly documented. There was leadership oversight and we could track any actions taken. Incidents forms were audited monthly. As a result, any risks were identified and dealt with promptly helping to prevent future occurrences. This promoted people's physical and emotional well being.

Communication assessments were in place to support each person's unique communication needs. Staff were good at recognising behaviour as a form of communication and were able to interpret this to identify different moods. For example, when someone was happy, upset or frustrated. Staff were able to respond appropriately and this provided people with reassurance and supported their emotional wellbeing. However, there were some opportunities to explore additional methods or tools that could further enhance how some people communicate. Leaders in the service had identified this as an area for development and we are confident they will drive this forward.

People and their appropriate representatives were fully involved in making decisions about their physical and emotional wellbeing through their personal plans. Statutory reviews were up to date, and people, along with their representatives were actively involved in this process. One person shared "I have a voice and can speak up and I am listened to" and a family member shared "I feel very much included". As a result, people felt included, listened to and more in control of their care, which positive contributed to their overall wellbeing.

Medications were well managed. People benefited from a robust medication management system. We were confident people received the right medications at the right time. This promoted their health and wellbeing. The service had an outstanding area for improvement regarding medication. We assessed that this has been met. We reported our findings under the following sections of this report: **'What the service has done to meet any areas for improvement made at our since the last inspection.'**

## How good is our staff team?

## 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.

Staff demonstrated high levels of motivation and enthusiasm. Morale among the team was visibly positive which contributed to a supportive working environment. One staff member shared "its a great team here" and another "we lean on each other and have a great time with the clients." This had a positive outcome on the quality of care provided.

We observed staff engaged with people in a consistently compassionate and dignified manner. One person shared "You couldn't get better staff, I am so happy here." As a result, people's right were respected and upheld.

Staffing at the service was stable. The provider recently recruited permanent staff to support consistency of care. Where there were gaps in the rota, regular relief staff who were familiar with people were used to maintain continuity for people. People told us they were cared for by a reliable and consistent staff team. For example, one person shared "I cannot fault the staff" and a family member shared "They are brilliant." This contributed to a positive care experience.

Staffing needs were regularly reviewed and adjusted to make sure they met people's changing needs and preferences. For example, one person's mental health had declined and they required a core team of staff to make them feel safe. This service was aware of this and they were in the process of making these changes.

People were able to choose who provided their care. For example, some people preferred to be cared for only by female staff, and their wishes were respected. This helped people feel safe and more in control of their daily lives.

Staffing was well planned and organised. Rotas were planned and completed in advance. This helped ensure appropriate cover was in place and supported consistent care for people. Contingency plans were in place to cover staff absence or illness. This helped ensure that people continued to receive safe and consistent care, even when unexpected staffing issues arose.

Staff told us they were well supported. Staff received regular support check ins and this included one-to-one support and group meetings. This was reflected in a supervision tracker for leaders. Staff told us that leaders in the service were approachable and operated an open-door policy, which allowed them to seek help or guidance when they needed it. As a result, staff felt confident and well prepared to meet people's needs.

We were confident staff had access to the right training to carry out their roles effectively. This supported them to provide safe, person-centred care and contributed to positive outcomes for people's health and wellbeing. The service had an outstanding area for improvement regarding training. We assessed that this has been met. We reported our findings under the following sections of this report: **'What the service has done to meet any areas for improvement made at our since the last inspection.'**

Leaders in the service carried out regular observations of practice. This included medication practice and moving and assisting. There was a matrix in place to ensure this happened regularly and stayed on track. This meant people could be confident staff practice was being observed consistently and appropriately.

Staff were empowered to support and guide their colleagues. For example, if a staff member was unsure about a task, another staff member would provide guidance and complete a practice support log. This included practical tasks such as how to carry out a fire drill. As a result, staff felt more confident in their roles which helped ensure people received safe and consistent care.

There was a robust induction with a probationary period. All new staff had a probationary period which allowed the provider to assess competence for the role and identify any issues or training needs. New staff undertook a structured induction plan and were given the opportunity to shadow experienced staff to learn about people's support needs. This meant staff had the necessary information to undertake their role and meet people's needs.

Recruitment of staff was organised and well managed. People could be confident they were being looked after and cared for by a staff group who had received appropriate pre employment checks. This was in line with safer recruitment principles and promoted people's safety.

Staff meetings took place regularly and were well attended. Key topics were discussed. For example, legislation and safeguarding. This helped to keep staff informed and up to date.

## 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 have their medication administered in a safe way the service provider should ensure staff have the appropriate knowledge, guidance and training for administering medication. The service provider should also review and audit medication practice regularly.

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 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 21 July 2022.**

#### Action taken since then

Medication practice had improved. There was a notable reduction in the number of errors, which had been recognised by family members also. One relative told us "for a while there were a lot of errors, but I've noticed a big improvement in this."

All staff were up to date with their medication training and received regular observations of practice. When errors were identified, robust procedures were in place to support improvement, including additional training and increased supervision. This gave us confidence any issues were being addressed promptly and effectively to keep people safe.

Effective medication practice was a key focus during staff supervisions. Staff were asked to complete scenario-based exercises before meeting with their manager. This helped to continuously assess their knowledge and understanding whilst ensuring safe and competent practice.

A range of audits were in place including daily cross checks carried out by senior staff on duty. These systems reassured us that any errors would be identified and acted without delay.

This area for improvement has been met.

#### Previous area for improvement 2

To support the wellbeing of people, the provider should ensure that staff undertake all training, which is appropriate to their role.

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

'I have confidence in the people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 21 July 2022.

## Action taken since then

Staff had access to a wide range of in-person, online and practical training to build their skills and confidence. Staff told us they felt confident and competent in their roles. We observed this to be the case during the inspection.

There were good levels of compliance with training, and this was reflected in a training matrix. Training needs were identified through regular supervision sessions, observations and changes in people's care needs. For example, one person had a significant change in their health and wellbeing and staff were given additional training. This supported person-centred care and good outcomes for people.

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.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 staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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