

SSCN Healthcare Housing Support Service

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Service provided by:
Support and Social Care Network Ltd

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About the service

SSCN Healthcare are part of Support and Social Care Networks Ltd which is a privately owned company.

The service provides a combined care at home and housing support service to people living in their own homes in various localities of Edinburgh, Inverclyde and Fife. The service is managed from an office in Edinburgh.

At the time of the inspection the service was being delivered to 156 people.

The provider's aim and objectives states that; "We pride ourselves in delivering the best service to all our clients in the comfort of their own homes and in the community. We make the personalisation of social care a practical reality for you by supporting you to achieve your goals and lead your life the way you want.

We do this by working in partnership with you, your family, your carers and other people in your life. You will be at the centre of all we do and together we will find creative ways to meet your needs to achieve personal goals and aspirations."

About the inspection

This was a full inspection which took place between 28 May - 3 June 2025. The inspection was carried out by two inspectors and one inspection volunteer 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 16 people using the service and 12 of their family representatives.
- We met 13 staff and management, observed practice and daily life and reviewed documentation.
- We also spoke with four involved professionals.

Key messages

- There was improvement around aspects of medication administration and related systems which supported management oversight via quality assurance processes.
- Staff were recruited safely, in line with best practice guidance.
- The service need to develop aspects of personal planning, including end of life care and topical medication administration guidance.
- There was good consistency of staff providing support. This enabled people to build positive working relationships with care workers.
- Staff had access to training relevant to the support they provided.
- The Provider needs to improve record keeping around staff who worked in the service and maintain safe storage of confidential records.
- Staff highlighted good values and understood key principles around the delivery of person-centred care.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We assessed the overall grade for this key question as adequate. We identified some strengths, as well as some significant areas for improvement around supporting people's wellbeing. Improvements will help develop current practice and enable SSCN to deliver consistently positive outcomes for people who experience care.

People and their family representatives we met during home visits told us staff worked with kindness, good humour, respect and diligence. Staff were described as being understanding of people's needs. They delivered support at a pace appropriate to people's circumstances and abilities.

We heard, "I like the staff who visit me, I never feel rushed, they always encourage me to do what I can for myself."

We observed respectful interactions during our visits. This was confirmed by people we met, "they are polite and respectful when they provide care, my xxxxxxx really values this, it offers me reassurance too."

Some people we spoke with highlighted that staff did not always adhere to established agreements around cancelling visits at short notice. We found some examples of this. Cancellation of visits by a person with significant cognitive impairment led to them not receiving the support they required.

There were other missed visits since the time of the last inspection. Some were due to scheduling errors and miscommunication, others were attributed to issues like vehicle breakdown. Although this was not a systemic issue, the service should ensure that scheduling is effective and that there is adequate contingency in place to ensure visits and the delivery of essential care takes place as scheduled.

There were improvements around aspects of medication administration practice. People were generally supported to take medication as per prescriber's instruction. However, we also identified some areas of concern, focussing on; staff crushing medication, topical medication administration and its impact of pressure sore prevention.

We saw guidance for staff which indicated they should crush medication before administering it to a person with swallowing difficulties. Crushing medication without professional guidance is contrary to established good practice and potentially places people at risk.

The service did not provide detailed instruction for staff around topical medication application. There were no body maps used to guide effective administration practice. Some personal plans did not accurately record which creams were in use, nor did they offer staff detailed insight into where creams were to be applied.

During inspection, a visiting healthcare professional raised significant concerns around aspects of end of life care, focusing on breakdown in skin integrity and repositioning practice. We found that there was a consistent lack of detailed guidance to support staff working with people who experienced end of life care.

Another healthcare professional highlighted concerns around the quality of topical medication administration and standards of personal care provided to a patient they were involved with.

In order to prevent poor outcomes, the service must ensure they provide staff with detailed care planning documentation. This documentation must accurately outline topical medication administration and provide repositioning guidance. Body maps should indicate where creams are applied and how to do so effectively. Staff must also pro-actively raise and escalate concerns to involved professionals in order to prevent tissue breakdown and mitigate against risk of pressure sores.

We made requirements which address crushing medication, topical medication, skin care repositioning and personal planning. (See Requirement 1 and 2)

Requirements

1. By September 30, 2025

The service must ensure that all personal plans outline risk, health, welfare and safety needs in a coherent manner which documents how needs are met.

In order to do this the service must ensure that personal plans are:

- Accurate, sufficiently detailed and reflect the care planned or provided.
- Where relevant, personal plans must incorporate body maps and clearly indicate which topical creams are used to maintain skin integrity. The personal plan must provide staff with detailed guidance around the application of all prescribed topical medication.
- Personal plans must have detailed guidance around people's repositioning needs, Where there is risk of tissue breakdown, the service must ensure that staff know when they should escalate any concern.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4 – requirement for records all service must keep-keeping. And SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users. And regulation 5(1) - requirement for personal plans.

2.

By September 30, 2025

The provider must ensure people are supported safely with their medication to support their health and wellbeing.

To do this, the provider, must at a minimum ensure:

- Medication administration practice is safe and follows best practice.
- Medication Administration Records accurately detail all prescribed medication, dose and times of administration in line with the prescriber's instructions.

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

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

How good is our leadership?

3 - Adequate

We assessed the overall grade for this key question as adequate. We identified some strengths, as well as some significant areas for improvement around aspects of leadership in the service.

The service had developed systems and processes which allow management more effective oversight of the efficacy of care delivery. Audits were taking place around the likes of visit scheduling, staff practice, care planning documentation and medication administration.

These approaches helped management oversight of quality in the service. Whilst audits were generally effective, we still found deficits in aspects of personal planning, as outlined in Key Question one of this report.

Since the time of the last full inspection, the Scottish Social Services Council (SSSC) have undertaken a fitness to practice investigation, in relation to a former employee of the company. The service has been unable to timeously provide key details around the individual concerned, when requested to do so by SSSC investigators or the case holding Inspector from the Care Inspectorate.

In order to safeguard people and assist potential adult protection and fitness to practice enquiries, the service should develop systems which enable more effective oversight of people currently or previously employed in the service. We made an area for improvement around this aspect of record keeping. (See Area for Improvement 1).

Improvement was needed around safe storage of archived documentation, associated with people who had received care from the service. A member of the public raised a concern with the Care Inspectorate around confidential paperwork being found on the street outside the service's former premises. This matter was reported by the service to the Information Commissioner.

We have received assurances that all archived material is now securely stored. In order to protect people's right to confidentiality, we made an area for improvement around safe storage of archived material. (See Area for Improvement 2).

There was scope for management to develop quality assurance approaches further. The Care Inspectorate promotes self evaluation involving people who experience care. This will help ensure the service have meaningful involvement from key stakeholders and clearly measurable service quality processes and improvement plans. (See Area for Improvement 3).

Areas for improvement

1. The service should ensure they keep accurate records of each person employed, whether they are in paid employment or employed on a voluntary basis in the service. This should include details of their role and responsibilities, and where and when they worked in the service.

Adult care services: Guidance on records you must keep and notifications you must make-Care Inspectorate guidance-March 2025.

See also:- SSSC Codes of Practice for Employers - Code for Employers of Social Service Workers

5.7 'Cooperate promptly with SSSC investigations and those of other authorities, including providing documents, attending hearings and responding to the findings and decisions.'

See also:- Health and Social Care Standards-My Support, My Life

4.23 'I use a service and organisation that are well led and managed.'

2. The service should ensure that all confidential records relevant to people experiencing care are safely stored and archived.

Health and Social Care Standards-My Support, My Life

4.1 'My human rights are central to the organisations that support and care for me.'

4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

4.23 'I use a service and organisation that are well led and managed.'

3. The service should develop approaches to self evaluation and service improvement, meaningfully involving people who experience care in the creation of service improvement plans and self evaluation.

Health and Social Care Standards-My Support, My Life

4.6 'I can be meaningfully involved in how the organisations that support and care for me work and develop.'

4.7 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.'

How good is our staff team?

4 - Good

We evaluated the service's overall performance in this key question as good. This meant positive outcomes for people outweighed areas for improvement.

New staff were recruited in line with best practice guidance "Safer Recruitment Through Better Recruitment." This meant people using the service could be confident staff were appropriately vetted prior to commencing their employment in the service.

People experiencing care provided positive feedback about the staff providing their support, saying, "they are a credit to their work." We also heard, "they are good at supporting me, we get on well and I look forward to my visits."

We observed some good care delivery during home visits when we accompanied staff undertaking support. We saw several care giving episodes involving use of equipment. Transfers were well facilitated, staff worked effectively, with kindness, diligence and due care.

It was clear that staff had built good relationships with the people they supported, and their family members. This helped build good relationship and supported the delivery of positive care outcomes.

When we interviewed staff, they consistently identified strong practice values reflective of the service's aims and objectives, as well as key principles found in the Health and Social Care Standards.

Staff were very enthusiastic about their work, saying they felt valued by the people they supported. Whilst some staff identified areas of practice and learning they wished to develop, it was clear that training provision supported them to provide good care.

The service should consider ways to promote further learning, associated with the likes of Autism, Mental Health and Parkinson's Disease. This will augment existing training and enhance staff skills when working with people experiencing these conditions.

The service were good at balancing skills mix whilst pairing staff who worked as part of a dedicated team. Newer staff received mentoring from their peers and this helped them integrate into the service.

New staff benefited from a robust induction. This included peer feedback on their practice and observations of their work from management. Observations of practice also focused on established workers and helped ensure good oversight of care delivery.

How well is our care and support planned?

4 - Good

We evaluated the service's overall performance in this key question as good. Positive developments outweighed any areas for development and contributed to positive outcomes.

People experiencing care, and their family representatives, said they were involved in the design of personal plans and care delivery strategies, from the time of initial assessment, service reviews and informal discussion on an on-going basis.

Personal plans were generally good at outlining people's routines and self care abilities. People's nutritional preferences were outlined and there was good background information and life history details. This helped support person-led care delivery.

Some personal plans lacked detailed guidance around skin care, repositioning and topical medication administration. There needed to be a greater focus on describing risk management measures, particularly around risk of falls. (See requirement 1, Key Question 1 of this report).

Service reviews were taking place routinely. We saw that these reviews were wide ranging, covering all aspects of care delivery. People were invited to comment on the quality of their care and appraise the outcomes arising from it.

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

Requirements

Requirement 1

By 21 October 2024,

The Provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.

Notifications must be submitted in line with "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2016, Care Inspectorate).

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must (a) make proper provision for the health, welfare and safety of residents and SSI 2011/210 regulation & SSI 2011/28 regulation 4(1)(b) - requirement about records, notifications and returns

This requirement was made on 24 July 2024.

Action taken on previous requirement

The service is providing notifications of significant events in line with the regulatory guidance, "Records that all registered care services (except childminding) must keep and guidance on notification reporting" Care Inspectorate, February 2016.

This requirement was met at the follow-up inspection from 28/1/2025.

Met - outwith timescales

Requirement 2

By 21 October 2024,

The provider must ensure that personal plans identify all risk, health, welfare and safety needs in a coherent manner which documents how needs are met.

In order to do this personal plans must:

- Ensure that they are accurate, sufficiently detailed and reflect the care planned or provided.
- Ensure that planned support is guided by detailed risk evaluations which are current and up-to-date.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4 – requirement for records all service must keep-keeping. And SSI 2011/210 regulation 4(1)(a) – requirement for the health and welfare of service users. And regulation 5(1) – requirement for personal plans. And regulation 15(b)(i) requirement about training.

See also:- Health and Social Care Standard, My Support, My Life (2017);

3.18 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.'

4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

This requirement was made on 24 July 2024.

Action taken on previous requirement

Whilst we noted improvement around personal plans, there were still deficits in aspects of care guidance. These focused on the likes of: skin care, repositioning and topical medication administration

Not met

Requirement 3

By 21 October 2024,

The provider must ensure people are supported safely with their medication to support their health and wellbeing.

To do this, the provider, must at a minimum ensure:

- a) the medication system is safe, up-to-date, accurate and follows best practice
- b) care plans and risk assessments contain detailed information on how a person is to be supported with their medication.
- c) people are supported in line with their assessed needs with records kept to detail the support provided.
- d) Medication Administration Records accurately detail all prescribed medication, dose and times of administration in line with the prescriber's instructions.
- e) staff receive medication training and ongoing refresher training in line with their roles and responsibilities.
- f) staff competency in the administration of medication must be regularly assessed and reviewed to ensure they can support people safely.
- g) implement quality assurance systems based on best practice guidance to effectively monitor compliance and identify areas for improvements. Actions identified must be implemented.

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

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

This requirement was made following an upheld complaint investigation, on 23 September 2024.

This requirement was made on 23 September 2024.

Action taken on previous requirement

There was improved performance around key aspects of this requirement, with some areas still needing further development.

Staff had all undertaken relevant medication training. Refresher training was now offered at intervals which supported good practice.

Management had developed quality based approaches, with an emphasis on observations of staff practice.

Medication systems had developed and there were quality based audits which helped ensure appropriate oversight of the efficacy of administration practice.

Personal plans lacked appropriate guidance around aspects of topical medication administration.

A personal plan contained supporting guidance around crushing medication. This guidance was not endorsed by a healthcare practitioner.

Not met

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 to ensure adequate nutritional intake and promote personalisation, people should be supported to engage in planning a balanced diet, which reflects their tastes and preferences.

This is to ensure care and support is consistent with Health and Social Care Standard, Health and Social Care Standard, My Support, My Life (2017)

1.33 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.'

This area for improvement was made on 24 July 2024.

Action taken since then

Personal plans had improved guidance around supporting people with eating and drinking, with more detail around people's choices and tastes.

Previous area for improvement 2

To ensure that the service is responsive to concerns raised, the Provider should address any complaint within the timeframes outlined in the organisational complaints policy.

Complaints and the response should be well documented and evidence how the Provider arrived at resolution.

This is to ensure care and support is consistent with Health and Social Care Standard, Health and Social Care Standard, My Support, My Life (2017):

4.20 'I know how, and can be helped, to make a complaint or raise a concern about my care and support.'

4.21 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.'

This area for improvement was made on 24 July 2024.

Action taken since then

The service generally responded appropriately to concerns and any complaints made since the last inspection. We found one example whereby the response was not sufficiently swift. This was not reflective of the overall improved performance seen at this inspection.

Previous area for improvement 3

In order to ensure that reviews are sufficiently detailed and outcomes focused, the provider should ensure that all staff are trained and able to implement their learning around capturing people's views.

This is to ensure care and support is consistent with Health and Social Care Standard, Health and Social Care Standard, My Support, My Life (2017):

1.9 'I am recognised as an expert in my own experiences, needs and wishes.'

2.17 'I am fully involved in developing and reviewing my personal plan, which is always available to me.'

This area for improvement was made on 24 July 2024.

Action taken since then

Personal plans showed a greater focus on personalisation and captured greater details of people's desired outcomes. Service reviews were routinely undertaken.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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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