

Moray Housing Support Services Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Enable Scotland (Leading the Way)

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CS2014329674

About the service

Moray Housing Support Services provides a housing support and care at home service to adults living in Moray. The service was supporting people living in their own homes across Keith, Buckie, Elgin and Forres.

The service is provided by Enable Scotland and offers care and support to adults with a range of needs, including learning and physical disabilities. At the time of the inspection, 18 people were being supported by the service.

About the inspection

This was a short-notice announced inspection which took place between 1 July 2025 and 10 July 2025. The inspection was carried out by two inspectors 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 six people using the service and five of their family
- spoke with 19 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported to lead meaningful lives.
- Staff communicated well with people.
- People were supported to maintain their health and wellbeing.
- Medication management needed to improve.
- Management oversight and effectiveness of quality assurance processes needed to improve.
- Staffing had improved but some people did not always receive their planned support hours.
- People's support 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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

We received mostly positive feedback about the care people received. A person told us 'I am having a good life just now. My support is better than it used to be', while some relatives told us, 'the carers are fantastic' and 'my relative has a staff team who are all very caring and compassionate. They promote choice and are a really good team'. This meant that, overall, staff treated people with dignity and respect, and support was delivered in a person-centred way. One person did tell us that they felt let down by the service. We discussed their concerns with the service who assured us that they would work with the person to understand the issues and improve their care delivery.

Staff communicated with people well. People had communication tools, such as pictorial planners, which were tailored to meet their individual needs. Staff spoke to people in ways that were appropriate and respectful. For example, when people required staff to be clear and direct, this was done with kindness and without being abrupt. People therefore benefitted from communication, that was right for them.

People had meaning in their lives. Staff supported people to take part in things which gave them purpose. For example, a person proudly spoke about the work they do and the sports trophies they had won while another spoke about enjoying the concerts they regularly attended. This had been made possible by the service helping people identify opportunities and then providing appropriate support to enhance their experiences, skills and independence. This meant people felt more satisfied with their lives. People's general mood and wellbeing was improved because of this.

People were supported to maintain their health and wellbeing. Staff were alert to changes in people's presentation, and the service had positive links with the local health professionals such as the GP practices, community nursing service and the learning disability team. This approach improved people's experiences by supporting them to access services that benefitted their wellbeing.

The service had improved how it records medication since the last inspection, especially for 'as required' medicines. However, it had not yet applied these improvements consistently for everyone. Different households used different paperwork, which made it harder for staff to consistently record why 'as required' medication was given and whether it worked. Some protocols for these medicines were missing or needed updating. We spoke to the leadership team about this, and they assured us they will take action. This should help staff offer medication to people when needed and check if it has been effective.

We also found that people's creams and ointments didn't have opening dates recorded. This increased the risk of using products that may no longer work, which could harm people's skin health. We had identified medication management as an area for improvement at the last inspection. We've now updated this to include improved management of 'as required' and topical medicines (see area for improvement 1).

Areas for improvement

1. To ensure that people's health and wellbeing benefits from a robust medication management system, the provider should ensure up-to- date medication records are fully completed. This should include but not be limited to:

- a) Ensuring detailed and up-to-date guidance is available for staff to support the use of 'as required' medication
- b) Ensuring staff consistently record why 'as required' medication was given and its effectiveness
- c) Ensuring opening dates are clearly recorded for topical medication
- d) Ensuring topical medication is appropriately disposed and new medication ordered and in place before medication is no longer safe for use
- e) Ensuring that processes and approaches to support medication management are consistent and any differences are based on people's needs or wishes.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly, because key areas need to improve.

The service has struggled with stability in the leadership structure locally with a few changes at the team facilitator level. The service manager post was also vacant at the time of the inspection. Support for staff and people had been impacted negatively as a consequence with a relative telling us 'There have been a lot of team leads. This means if there is ever a problem, it can be hard to deal with'. This had also impacted negatively on staff morale with a staff member telling us 'There have been a lot of management changes. Atmosphere can often be quite down'.

The service was being supported by two senior managers while awaiting the newly appointed service manager and a team facilitator to start in their role. This had offered the service some much needed stability and we received very positive feedback about the support and leadership they had offered. We were told 'A lot of meetings are happening now and things are improving' and 'I raised these concerns with my supervisor and felt nothing was done about it but I have recently raised it with the senior managers and feel like I have been heard and something is being done about it'. As a result, the overall trust in leadership was beginning to improve. The senior managers assured us that they would continue to support the new service manager once they were in post to ensure staff and people continued to build faith in management.

The service had developed a service improvement plan. This contained a range of relevant actions for completion within clear timescales. The leadership team were using the plan well to track the improvements being made with each area of practice. This meant people benefitted from a culture of continuous improvement within the service. The service could improve this further by ensuring feedback from people and staff was reflected in and contributed to the improvement planning. This will ensure that people and staff are involved in improving the service in a spirit of genuine partnership.

The service used different approaches to support people, but these did not always reflect the wishes or needs of the person. For example, some people were included in their staff team meetings, which helped build stronger relationships and led to better outcomes. However, another person was told they could not attend their staff team meetings, even though they wanted to be involved and were able to take part. This took away their opportunity to direct their own care and impacted negatively on their self-esteem and their relationships with staff and management. This also highlighted a lack of effective oversight of how the service was being delivered in different areas.

There were various quality assurance checks in place such as financial audits, medication checks, and staff competency observations. However, staff did not always complete these checks accurately. For example, one person's monthly medication check failed to identify that their 'as required' medication sheets were not being completed. When issues were picked up by the checks, these did not always lead to improvement in care, for example medication checks for a person picked up on missing signatures and inaccurate counts but no actions were recorded in the remedial action plan and the check was not reviewed and acted upon by team facilitators. This meant that the quality assurance processes were not being effective at improving outcomes for people (see area for improvement 1).

Areas for improvement

1. To protect people's health and wellbeing, the provider should ensure that management oversight and quality assurance processes are effective and all systems are used robustly to ensure people receive safe care. This should include but not be limited to:

- a) Ensuring all audit forms are completed fully and accurately
- b) Ensuring actions needed from audits are noted correctly and used to inform positive changes to the service provision and people's experiences
- c) Ensuring that processes and approaches to support people are consistent and any differences are based on people's needs or wishes.

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?

3 - Adequate

We evaluated staffing as adequate. Strengths were apparent but there were also weak areas that needed to improve to ensure positive outcomes for people.

People's experiences of their staff team were variable. Some people experienced a stable staff team with low turnover which meant staff knew people very well and were able to form stable meaningful relationships that led to better outcomes for the person. For example, a relative told us 'We have had a stable staff team for years. They all bring something different that adds to my family member's life experiences'. This meant people's wellbeing benefitted from their care and support.

However, other people had seen frequent staffing changes which made it harder for staff and people to form strong relationships. Some staff and people also told us that their schedules changed often at short notice.

This meant that staff could not always plan activities ahead of time or had to change plans on the day. For example a staff member said 'had a plan made to go get flowers from the garden centre and plant in the garden with a person but I was told last minute I needed to go support someone else and the staff member who replaced me could not drive which meant they didn't get the flowers' while another told us 'I was pulled from that person to here and we had planned to go swimming with them. We don't tell them till the day, in case plans have to change because we don't want to let them down'. This meant people were not consistently able to get the most out of life.

As previously discussed, there had also been frequent changes at the team facilitator level which had negatively impacted support for staff and people. However, we received a lot of positive feedback from people about their care staff, and from staff about the support and working relationships they had with other carers. This meant staff generally worked well together for the benefit of the people they supported.

Recruitment processes were thorough and completed in line with current guidance. Staff selection was based on candidates' individual values, experience and match with the interests of person they would be supporting. This showed that people's individuality was valued and respected by the service. Prior to lone working all staff were required to carry out a period of induction and shadowing with more experienced colleagues. Consequently people could get to know their staff well, helping them achieve better outcomes.

Some new staff and people using the service told us that shadowing periods were occasionally too short for staff to properly understand individuals' needs. In some cases, new staff were shadowing others who had only been in the service for a few weeks themselves. This increased the risk of poor outcomes for people. We shared this with the leadership team, who assured us that they would address this for all future shadowing opportunities.

The service had managed to improve staffing levels in some areas which meant people were receiving consistent support when their regular carer was on leave. This improved outcomes for people and families. A family member told us 'We have a new staff member on board so there is consistent care during holidays too. This makes such a difference for us all'.

However, due to a combination of vacancies and sickness absence, some people's two-to-one support was not consistent, support hours were banked at times to deliver support when more staff were available, and some staff were often working excessive hours. This increased the likelihood of a negative impact on people's routines and outcomes. We had previously made a requirement regarding this, which we have extended to allow the service more time to continue improvements to staffing levels. Please see 'What the service has done to meet any requirements we made at or since the last inspection' section for more details.

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.

People were supported to develop detailed personal planning information such as service designs and support strategies. These were very comprehensive, clearly setting out people's needs and wishes. For example, one person had significant anxiety related to food and their support strategies offered clear and detailed information regarding how they should be supported to manage this. This increased the likelihood of people getting the support that was right for them.

However, people's support documentation did not always contain relevant information and guidance, which

had a potential impact on the care and support provided. For example, not all support strategies were updated to reflect changes in people's needs or new activities they were now engaging in. As a result, there was conflicting information available to staff. We discussed these concerns with the management to ensure that care and support were given consistently in line with people's wishes and needs (see area for improvement 1).

Plans were accessed on the service's digital system. Staff were able to record notes and review plans at the point of delivering care via handheld devices. Staff were familiar with the system and were able to demonstrate how they would input information. This was beneficial because it meant staff had access to people's most up to date information when they needed it. The notes recorded were usually quite detailed and therefore gave a good overview of the person's day and support provided to them. However, at times there were no daily notes recorded for a visit. This meant there was a risk of important information not being passed on which could negatively impact people's health and wellbeing (see area for improvement 1).

People had regular reviews to discuss their support needs. These were recorded and the support information was updated to provide good guidance for staff. However, some of the review decisions did not detail the actions that needed to be taken, for example the need to update the support strategies or risk assessments. This meant that guidance could be out of date, and people were less likely to receive care that suited their current health and wellbeing needs (see area for improvement 1).

Areas for improvement

1. To promote people's wellbeing staff should ensure that people receive the care that is right for them. To do this, the provider should:

- a) Ensure that people have relevant and up to date support planning information that reflects their current needs and wishes
- b) Ensure that staff keep clear records of the support they have provided to people at each visit
- c) Ensure that actions needed following care reviews are noted correctly and followed through to inform positive changes to the support planning information and service provision.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that:

'My personal plan is right for me because it sets out how my needs will be met as well as my wishes and choices' (HSCS 1.15).

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

Requirements

Requirement 1

By 27 May 2025, the provider must ensure that people's needs are met by the right number of staff. To do this, the provider must at a minimum:

- a) Ensure there are sufficient numbers of staff to support people in line with their assessed needs such as two to one support.
- b) Ensure there are enough staff available and trained to provide each person's support during periods of staff absence such as annual leave.

This is in order to comply with section 7(1)(a),(b) and (c) and Section 7(2)(a) and (e) of the Health and Care (Staffing) (Scotland) Act 2019.

This is in order to ensure that staffing is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 25 March 2025.

Action taken on previous requirement

There had been some improvement to staffing levels which meant that support provided to some people had improved during periods of staff absence. However, due to a combination of vacancies and sickness absence, some staff were still working excessive hours and there were not enough staff at times to support people in line with their assessed need such as two to one support. It was evident that the service had been working hard to improve staffing levels but needed more time to achieve this.

This requirement had therefore not been met and we have agreed an extension until 3 October 2025.

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

To ensure that people's health and wellbeing benefits from a robust medication management system, the provider should ensure up to date medication records are always available and fully completed, including detailed guidance to support the use of 'as required' medication.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 25 March 2025.

Action taken since then

Staff had medication administration recording sheets available for each person we visited. The service had protocols in place for 'as required' medication but some of these were missing at times or needing updated. There had been some improvements to staff recording reason and effectiveness for offering 'as required' medication to people, but this was not consistent yet for each person supported with medication. Staff were also not recording opening dates for topical medication such as creams and ointments which meant that some products being used were no longer safe to use.

This area for improvement had therefore not been met but we have amended and restated this to include topical medication.

Please see area for improvement 1 within 'How well do we support people's wellbeing?' section for more details.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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