

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

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Unannounced

**Completed on:**  
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**Service provided by:**  
Sense Scotland

**Service provider number:**  
SP2003000181

**Service no:**  
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## 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 Tulloch Hill service, in Perth, from the previous provider, in August 2020. 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'.

## What people told us

The views of people using the service and their relatives are included in the report.

## 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?	3 - Adequate
How well is our care and support planned?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	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 evaluated how well the service supported the wellbeing of people experiencing care and support and concluded that the performance of the service in this area was adequate. We identified that strengths just outweighed weaknesses.

People should expect to be treated with compassion, dignity and respect in how they are supported and cared for. We saw warm and positive relationships between staff and the people who used the service. The people we spoke to and their relatives, told us that they were well supported and cared for and treated with compassion, dignity and respect.

We observed that people benefitted from comfortable and homely environments, which were clean and generally tidy. There were outdoor areas at both locations, these had potential to be a good social area. One of these areas was poorly maintained and would have benefitted from improvement. The manager told us that they intended to speak to people and their relatives about how to improve this area.

The way people spend their time should be purposeful and promote feelings of wellbeing. Most people and their relatives said that more recently there had been slightly more opportunities for people to enjoy activities in the community. However, most relatives raised concerns that these opportunities were still limited. One relative told us that when she visited one of the houses 'it was a bit chaotic... the television was on but no one seemed interested in it'. The visitor noted that the house may have been understaffed because, although staff were clearly busy, they did not seem to have time to talk with people. The service should continue to build on these initial improvements to ensure people get the most out of life **(see area for improvement 1)**.

We looked at a sample of medication administration records (MARs) for people's daily medication. We found that there had been a few medication errors and, in some cases, MARs had not been completed to a suitable standard. We spoke to staff who gave people their medication and they told us that they checked the MARs fortnightly. We established that managers had not routinely audited the MARs. This meant that the service did not have a robust system in place, for checking the administration of medication. We concluded that people could not be completely confident that their medication was always given to them safely. The service should ensure that regular audits are completed to identify and address any errors **(see area for improvement 2)**.

## Areas 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).

2. To support people to stay well and keep good health the provider should improve the support it gives to people with their medication and review its medication auditing practices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## How good is our leadership?

## 3 - Adequate

We evaluated how good the service's leadership was and concluded that the performance of the service in this area was adequate. We identified that strengths just outweighed weaknesses.

People should expect the organisation that provides them with a service is led and managed well. We talked to relatives and they told us that, in recent months, the leadership of the service had improved. Relatives told us that the staff and managers communicated well with them. They were confident that if they needed to raise concerns these would be taken seriously by the service's leadership. Relatives and staff told us that the manager has attended reviews and taken time to become familiar with people's support requirements.

Staff and managers told us that staff supervision and team meetings had taken place, which had improved communications between them. Staff told us that they were well led and felt valued by the current manager. Staff said that the manager was approachable and encouraged them to seek support. All the staff we spoke to told us that they felt able to talk to their managers, about aspects of their work they found difficult or challenging.

One experienced member of staff told us that they 'felt re-invigorated' by the leadership and support from the management team. Another member of staff said that supervision was 'a learning process... the manager was supportive and well organised'. We have spoken to other professionals, who told us that there had been improvements in all areas of the service's management and leadership, with one commenting that 'it highlights how important a good manager is to a service'.

Following the appointment of a new manager, staff recruitment was prioritised. New staff had been recruited and the service was hoping to make further appointments. Staff told us that improved staffing levels had enabled them to provide people with more consistent support and help them to take part in activities in the community.

The service was in the process of devising and implementing audit tools, with a view to conducting regular audits of the service's performance. Whilst we were encouraged that this was a prioritised by the manager, we found that they had conducted very few audits. We have concluded that implementing robust audit processes is essential in monitoring and improving the overall performance of the service (**see area for improvement 1**).

### Areas for improvement

1. 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).

**How good is our staff team?****3 - Adequate**

We evaluated how good the service's staff team were and concluded that the performance of the service in this area was adequate. We identified that strengths just outweighed weaknesses.

People should be able to have confidence that the people who support them are well trained, competent and skilled and are able to reflect on their practice.

New staff told us that they had received an induction to the service. They said that they had spent the first few weeks shadowing more experienced colleagues and learning their role. The new staff we spoke to said that they felt their induction period had prepared them well for their role of supporting people and meeting their identified needs.

During our last inspection staff told us that the service's new manager had identified staff training as a priority. At this inspection we saw that the manager had reviewed and updated the service's training plan. Staff had recently attended adult support and protection training. Staff told us that this training had given them a clearer understanding of their responsibilities towards the people they supported.

We looked at the service's accident and incident records. These showed that staff had given clear accounts of incidents and stated what action had been taken in response to incidents. We were able to check that these reports were in accordance with the services procedures. We were also able to confirm that the Care Inspectorate was notified of incidents where this was appropriate.

Staff told us that they had undertaken more online training modules and the service's training plan confirmed this. Staff told us that they were eager to attend training courses. Staff said that training had increased their knowledge and understanding and had helped them provide people with better support.

We concluded that there had been a significant improvement in the training opportunities available to staff. This meant that people could have confidence that people who care and support them have the right knowledge and skills.

## How well is our care and support planned?

## 3 - Adequate

We evaluated how well the service's care and support was planned and concluded that the performance of the service in this area was adequate. We identified that strengths just outweighed weaknesses.

People's personal plan or support plan should be right for them because it sets out how their needs will be met, as well as their wishes and choices.

We looked at a sample of support plans. We found that support plans were well ordered and completed consistently. Support plans were easy to navigate and, in most cases, contained all the important information, necessary to support people's health and wellbeing. We found that support plans were more person-centred, than they were at our last inspection. Support plans contained information on how each person would like their support to be provided. We found that there was limited information about people's personal history, their family and their backgrounds. Further details in these areas would enhance the person-centred nature of the support plans.

Support plans reflected people's health needs. Protocols were in place for people's health needs and these made it clear when it was appropriate to refer a person to doctors and other health care professionals. Consultations with doctors and other medical professionals were documented.

Details of people's welfare guardians was held in the support plan folder. Where appropriate, people's wishes and statements from their guardians about end of life care was also recorded. Most people's support plans had been reviewed since our last inspection. The review records reflected people's desired outcomes. The effectiveness of support planning will be demonstrated once people's desired outcomes are met.

We spoke to other professionals who told us that the service had undertaken a lot of work on people's support plans, with one person saying they were 'vastly improved'. Overall, we concluded that people's support plans had improved significantly since our last inspection.

**How good is our care and support during the COVID-19 pandemic?****4 - Good**

We evaluated how well the service care and support was planned and concluded that the performance of the service in this area was good. We identified that there were a number of important strengths, which had a significant positive impact on people's experiences and outcomes.

We found the infection prevention and control (IPC) practices in the home were good. There was a good supply of cleaning materials and personal protective equipment (PPE). Staff used PPE appropriately and followed IPC guidance. When arriving at a person's house, staff and visitors were required to have their temperature taken and wear a mask. Staff knew the guidelines for reporting Covid-19 and when to isolate if they tested positive. These measures helped to reduce the risk of infection for people and they could have confidence in staff's knowledge and practice in IPC.

Cleaning schedules were in place and people were supported to keep their homes clean and safe. People's furniture and equipment within their homes was attractive, well looked after and had minimal signs of damage or wear. We looked at the laundry room in one house. People's clothing and bedding was washed appropriately. If any item needed washing at higher temperatures this was done in accordance with the guidelines. Good procedures were in place to minimise the risk of infection to people.

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

### Requirements

#### Requirement 1

By 10 April 2022, the provider must support people to ensure that their health and wellbeing is properly managed and their care and support is responsive to such needs.

To do this, the provider must, as a minimum:

- a) ensure staff receive appropriate training to recognise when people need to be seen by a medical professional;
- b) ensure that a medical professional sees people, where this is indicated;
- c) implement a system for management to audit and review staff responses to people's health needs and to take appropriate action when this does not happen.

This is 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care 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).

**This requirement was made on 24 January 2022.**

#### Action taken on previous requirement

We found that the provider had put suitable measures in place to address this requirement.

We looked at the service's staff training plan and spoke to staff about the training they had attended and which was planned. Staff had received adult support and protection training. Staff told us that this was well delivered, by the trainers and relevant to them. Staff informed us that, following the training, they had the confidence to seek support from more senior staff about when it was appropriate to seek medical attention for people. The manager had also met with staff individually and in their teams, to emphasise the importance of ensuring people were seen by a medical professional where this was indicated. Relatives told us that they had more confidence that the service would seek medical attention for their family member and said that communication about health and well-being issues had improved.

Records confirm that referrals had been made to health care professionals, where this was indicated.

**Met - within timescales**



## Requirement 2

By 10 April 2022, the provider must improve their practice of informing the Care Inspectorate of any notifiable and reportable events as detailed in 'Records that all registered services (excluding childminding) must keep records and guidance on notification reporting'.

To do this, the provider must ensure that, as a minimum:

- a) they inform the Care Inspectorate of any notifiable events;
- b) all incidents, which are detrimental to the health and welfare of the people they support, are investigated in a timely manner;
- c) all incident reports are completed within the required timeframe.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instruments 2011/210: regulation 4(1) welfare of service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'I benefit from different organisations working together and sharing information about me promptly, where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

**This requirement was made on 24 January 2022.**

### Action taken on previous requirement

We found that the provider met this requirement.

We looked at Care Inspectorate records, which confirmed that the provider had reported notifiable events, in accordance with the established guidelines. The manager had submitted incident reports within or close to the expected timeframe.

**Met - within timescales**

## Requirement 3

By 10 April 2022, the provider must ensure people are kept safe and well by workers who have the right knowledge and skills for people's care and support needs.

To do this, the provider must, as a minimum:

- a) identify and make plans for completion, by staff, any refresher training that is out of date;
- b) review and develop training so that staff have appropriate knowledge and skills to meet the range of needs and health conditions people they care for have.

This is to comply with Regulation 4(1)(a) (Welfare of users) and 15(b)(Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in 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 requirement was made on 24 January 2022.**

### Action taken on previous requirement

We found that the provider had met this requirement.

We looked at the service's staff training plans, supervision schedules and we spoke to staff.

The provider had undertaken a review of staff training needs and had completed a staff training plan. The manager had introduced regular team meetings and supervision sessions. Staff told us that the manager had ensured that they had completed mandatory training and encouraged them to undertake further training. Staff explained how training had enhance their skills and knowledge and this had helped them to provide a better service for people.

**Met - within timescales**

## Requirement 4

By 10 April 2022, the provider must ensure that people are supported to keep safe and well and their health and wellbeing are fully considered and reflected in their support plans.

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

- a) support plans must include all important information such as reviews and legal information about welfare guardianship orders;
- b) support plans must be clearer and easier to navigate, so that staff can access information effectively;
- c) quality assurance systems, which are effective at monitoring and auditing support plans, must be introduced.

This is to comply with Regulation 5(1) and (2) of The Social Care and Social Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care 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).

**This requirement was made on 24 January 2022.**

### Action taken on previous requirement

We found that the provider had met this requirement. We spoke to other professionals and we examined a sample of people's care planning folders.

We found that there had been a significant improvement in the structure and content of support planning folders. The manager had attended several care reviews and had overseen the process of improvement and the re-structuring of people's support plans. Support plans were easier to navigate and they contained clear information about people's needs, wishes and choices and how these would be met.

**Met - within timescales**

## 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 are supported by the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS 1.25) '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.'

**This area for improvement was made on 24 January 2022.**

#### Action taken since then

We spoke to some people who were supported, their relatives and members of staff. People told us that they had more opportunities to enjoy meaningful activities in the community. This seemed to have been because of slightly higher staffing levels and the easing of Covid-19 restrictions. We saw staff using their initiative by taking people out, when an unexpected opportunity to do so arose. Whilst we identified that there had been a few welcomed improvements, it was evident from what people, their relatives and staff told us that further improvements are required.

We will follow up this area for improvement at our next inspection.

#### Previous area for improvement 2

The provider should continue with their recruitment efforts to improve staff levels.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states, 'My care and support meets my needs and is right for me' (HSCS 1.19). And this is to ensure 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

The service had recently recruited staff and further appointments were anticipated. Staff told us that staffing levels had improved and were no longer having a significant impact on the support people received.

We concluded that had been significant progress has been made and the provider has addressed this area for improvement.

## Previous area for improvement 3

The provider should develop a detailed plan for all staff to receive regular support and supervision. To support positive outcomes for people, the provider should ensure staff have regular opportunities both individually and as a team to discuss and reflect on people's health and wellbeing needs and wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in 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) and 'My care and support is consistent and stable because people work together well.' (HSCS 3.19).

**This area for improvement was made on 24 January 2022.**

### Action taken since then

The provider had developed and implemented a structured supervision plan. Staff told us that they had received structured supervision. The providers supervision plans and the schedule for staff supervision, supported what staff had told us.

The provider has addressed this area for improvement.

## Previous area for improvement 4

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

We found that the provider had made limited progress regarding the auditing of medication. The staff who were qualified to administer medication conducted a limited fortnightly audit. When recording errors were made it was unclear what action was taken in response. We concluded that there was insufficient managerial oversight and auditing of the administration of medication.

We will follow up this area for improvement at our next inspection.

### Previous area for improvement 5

To support people to stay safe and well, the provider should ensure that staff receive regular input on PPE and IPC practice. The provider should review its training and monitoring arrangements for PPE and IPC practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) 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 24 January 2022.**

#### Action taken since then

See Requirement 3 (above) in respect of training plans.

The provider has addressed this area for improvement.

## 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?	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
1.4 People are getting the right service for them	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.4 Staff are led well	4 - Good

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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