

Key – Highland (Easter Ross) Support Service

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Type of inspection:
Unannounced

Completed on:
17 September 2025

Service provided by:
Key Housing Association Ltd

Service provider number:
SP2003000173

Service no:
CS2015337672

About the service

The service, Key - Highland (Easter Ross), is operated by Key Housing Association Ltd, a registered social landlord that provides accessible housing and support in 17 local authority areas across Scotland.

The care at home service provides support to adults and young people with a disability living in their own homes and in the community.

The care at home service provided personal care, support and advice to people with learning disabilities and complex care needs.

People who use the service can access support in emergencies outwith their allocated support times. Overnight support can be provided to individuals that required this level of service.

About the inspection

This was an unannounced inspection which took place across three dates: onsite on 12 and 13 September 2025, and remotely on 14 September 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed previous inspection findings, registration and complaints information, intelligence gathered throughout the inspection year, and documentation submitted by the service.

To inform our evaluations, we:

- spoke with 11 people using the service
- spoke with six family members
- spoke with staff and the management team
- received feedback from one visiting professional
- received additional feedback via an MS Form
- observed practice and daily life
- reviewed relevant documents

Key messages

- Staff supported people to achieve personal goals and meaningful experiences that enhanced wellbeing.
- Medication practices were strengthened through targeted training, improved systems, and clearer oversight.
- Staff felt well supported through regular supervision, mentoring, and opportunities for reflective practice.
- People were supported by familiar staff who knew them well, promoting consistent and person-centred care.
- Staffing arrangements were stable and well-managed, ensuring continuity and reliability in support.
- Care and support planning reflected people's preferences and routines, promoting independence and choice.
- Some personal plans required to be updated, highlighting the need for stronger oversight and consistency.
- Staff were actively involved in service development, contributing ideas that supported continuous improvement.

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 staff team?	5 - Very 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, as several important strengths clearly outweighed areas for improvement.

People experienced care that supported their physical and emotional wellbeing. Staff were proactive in identifying health needs and acted quickly to ensure the right support was in place. They worked effectively with external professionals, including general practitioners, mental health teams, and specialist nurses, enabling timely assessments and interventions. One professional told us, "Staff are responsive and ask appropriate questions." This collaborative approach ensured people received the right care at the right time.

Staff were confident and well-informed in managing complex health needs. They had access to clear protocols and advice sheets, including for diabetes and epilepsy, which supported safe and consistent care. Staff were confident about how to support people. These examples demonstrated that staff were prepared to act quickly and in line with people's care plans, helping to keep people safe.

People were supported to manage their health confidently, including help with attending appointments. One family member said, "I don't have to worry I know that all health matters are planned and organised by staff." This approach reduced anxiety for families and contributed to positive health outcomes.

Nutrition and hydration were well supported. People had access to food and drink that met their needs and preferences. Staff understood dietary requirements and supported people to make healthy choices. Mealtimes were relaxed and respectful, and people were involved in planning menus and preparing meals.

People had access to specialist support, including mental health and dietary advice. Staff worked closely with professionals such as dietitians and specialist nurses, ensuring people received timely and tailored care. One staff member told us, "This kind of support helps us to stay ahead of the care." We heard that some people had been supported to manage their weight, which was important to them and reflected positive health outcomes.

Staff encouraged regular movement and outdoor activities, supporting people to stay active and healthy. People were supported to take part in walks and prescribed exercises, contributing to their physical and emotional wellbeing.

People were supported to celebrate personal milestones, such as birthdays. Staff helped organise events that were meaningful to individuals. One person said, "I had the time of my life." These experiences strengthened relationships and promoted a sense of fulfilment.

Staff carried out safety and maintenance tasks, including equipment checks and prompt repairs, ensuring living areas were clean and hazard-free. These actions helped people feel safe and comfortable in their environment.

A training gap was identified for one staff member who had not yet received instruction on using a specific piece of equipment. This had not impacted care during the inspection, and the staff member was not expected to use the equipment unsupervised. The manager confirmed that training would be arranged. While this was a minor issue, continued oversight will help ensure all staff remain confident and well-prepared to meet people's needs.

How good is our staff team?**5 - Very Good**

We evaluated this key question as very good, as significant strengths supported positive outcomes for people and clearly outweighed areas for improvement.

Staffing arrangements were well organised and supported consistent, person-centred care. People were supported by familiar staff who knew them well, helping to build trusting relationships. One family member told us, "My loved one has a core staff group that know them very well, otherwise it wouldn't work." This was reflected in the warm and respectful interactions we observed.

Staffing levels were stable, and rotas were managed effectively to ensure continuity. Rotas were usually prepared in advance and took account of people's preferences. For example, when a mismatch in working styles was identified between a person and a support worker, the manager responded promptly by adjusting the rota. This led to improved outcomes and a more positive experience for the person involved. While some staff felt rotas could be issued earlier to support work-life balance, the overall system promoted reliability and consistency.

The service had taken proactive steps to address recruitment challenges, including recent recruitment drives. The use of agency staff was minimal, and where used, they were regular and familiar with the service. One agency staff member told us, "I feel part of the team, I even come to team meetings." This helped maintain consistency and supported positive relationships.

Staff worked well together and supported each other, creating a warm and respectful team culture. Regular opportunities for reflection and idea-sharing helped strengthen practice. Managers held informal drop-ins, and staff told us they felt able to approach leaders for support. One staff member shared, "It's a great place to work - we all really care." This helped build trust and a positive working environment.

Staff were supported through regular supervision, which helped ensure safe and consistent care. Managers used trackers to monitor practice and identify issues early. A trialled questionnaire helped staff prepare for supervision sessions. One staff member said, "We get regular feedback and know what's expected of us." This promoted accountability and supported reliable care.

Leaders maintained oversight through direct observations and regular care shifts. With three in-house trainers, the service responded quickly to training needs, offering tailored sessions when gaps were identified. Managers also maintained effective oversight of training through a clear system. A traffic light matrix helped staff track compliance, and monthly spotlight sessions supported ongoing learning. Completion rates were monitored, and staff were prompted to complete outstanding training. As a result, people experienced safe, consistent care from a well-informed workforce.

Staff also benefitted from coaching and mentoring, including extra support for managers and new team members. One staff member shared, "The extra support has really boosted my confidence." A team-building day helped improve communication and morale, while digital tools such as a Teams channel supported connection and shared learning.

Overall, staffing arrangements were responsive, well-managed, and contributed to a motivated team delivering high-quality care.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several important strengths positively impacted people's experiences, although some inconsistencies in planning remain.

People benefitted from accessible and person-centred planning tools. Each person had a monthly planning booklet in their home, containing key information about their care, preferences, and routines. Staff used these booklets to guide daily support, helping ensure care was tailored and consistent. Their accessibility supported continuity and helped staff deliver responsive care.

Most personal plans were well-developed and reflected people's needs and preferences. Plans included details such as preferred routines, how people liked to spend their time, and how they wanted to be supported. This helped people make choices about how they lived and promoted independence. In some cases, planning enabled people to reduce the support they needed or change how it was provided, showing that care was flexible and empowering.

Staff used behaviour support plans to understand and respond to people when they felt stressed or upset. These included helpful information about what upset them, preferred support strategies, and calming techniques. One family member told us, "There used to be upset every day, but now it's so well planned and managed that it's very rare. It's a huge improvement."

Staff used consistent language across records, such as behaviour charts, which helped identify patterns and respond in a way that made people feel safe and understood. One person said, "Staff know what helps me calm down, they don't rush me."

Staff met regularly with specialist nurses to review care and support. These open and trusting relationships helped identify risks early and ensure care was adapted to meet changing needs. This supported timely interventions and improved outcomes for people.

Legal arrangements were in place and used appropriately to support decision-making. Families told us they felt included and informed. One relative said, "Staff keep in touch with us at every stage." Legal powers were used to guide decisions and uphold people's rights.

Risk assessments and safety plans were used to support people to do the things they enjoy, rather than restrict them. Staff worked with people to understand what mattered to them and helped manage risks in a way that promoted independence. Where restrictions were in place due to legal orders or court decisions, people were supported to understand what this meant and how to follow the conditions safely.

While planning was generally strong, we found some inconsistencies across the service. In a few cases, personal plans were missing key updates or did not fully reflect recent changes in support. This could lead to confusion or gaps in care if not addressed. Staff recognised this and were committed to improving documentation. This openness to improvement is positive, but stronger oversight is needed to ensure consistency. **(See Area for Improvement 1)**

The provider was preparing to introduce a digital care planning system to improve how plans are recorded, reviewed, and shared. Staff had been informed, and early preparation was underway. While this is a positive step, the system had not yet been rolled out and will require time to become fully embedded.

Areas for improvement

1. To ensure care remains consistent and responsive, the provider should improve the quality and consistency of personal plans across the service. This includes making sure plans are regularly updated to reflect people's current needs, preferences, and any changes in support. Staff should be supported to review and strengthen documentation, ensuring it clearly guides care and promotes positive outcomes.

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

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

4.27: I experience high quality care and support because people have the necessary information and resources.

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 get the most out of life, goals and aspirations should be included in people's care plans. The progress of goals and aspirations should be evaluated regularly and care plans reviewed on a minimum six monthly basis.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6); and

'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 area for improvement was made on 17 March 2023.

Action taken since then

People were supported to achieve personal goals that brought joy and enhanced wellbeing. We heard examples of people attending a local concert, going on holidays, and celebrating birthdays. Staff helped plan and facilitate these experiences, which promoted emotional wellbeing and strengthened people's connection to their community. One person told us they had a great time at the concert, and another shared how much their birthday celebration meant to them. These examples reflected a person-centred approach and contributed to positive outcomes.

Staff knew people well and understood their likes, dislikes, and aspirations. This was reflected in care plans and daily support. While goals were not always formally recorded, staff were able to describe how they supported people to work towards what mattered to them.

Reviews were taking place, and the manager was taking steps to improve how goals are documented and evaluated. This commitment to improvement, combined with the positive impact on people's experiences, demonstrates that the area for improvement has been addressed.

This area for improvement has been met.

Previous area for improvement 2

So that people are getting the right medication at the right time, the provider should follow their medication improvement plan. This should include:

- a) simplifying the ordering and recording of medication;
- b) staff being confident and competent in medication processes; and
- c) clear and robust audit trails and quality assurance system in place to identify areas of improvement required.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 17 March 2023.

Action taken since then

Leaders took clear and proactive steps to improve medication practices across the service. Staff completed targeted training, and those involved in previous errors received refresher sessions. Regular competency checks were introduced alongside a new risk assessment tool, and routine observations were planned. Staff told us these changes had improved their confidence and reduced stress, contributing to safer and more effective care.

A new process for ordering medication was implemented, led by a designated team leader who reviewed it monthly. This helped ensure medication was ordered promptly and consistently, reducing the risk of missed doses. Staff described a positive working relationship with the local pharmacy, which improved communication and supported timely access to medication.

A structured medication error response system was introduced to improve accountability and outcomes. Staff and managers described it as clear and easy to follow, with defined steps for reporting, supervision, and investigation. Leaders used the system to track issues and support staff, strengthening oversight and promoting safer care.

New staff were supported to learn safe medication practices through a shadowing checklist as part of their induction. Staff who needed additional support received coaching to build confidence. One staff member told us, "It's my first care job – I needed extra time to build up my confidence and it has really helped." This approach promoted safer care and supported staff development.

Medication audits and counts were carried out regularly, helping identify errors quickly and ensure timely action. Leaders used these checks to monitor practice and maintain high standards.

The service continued to strengthen its relationship with the local pharmacy, which helped streamline processes and resolve issues quickly. This supported safer care and ensured people received the right medication at the right time.

While the new systems are still embedding, we did not identify any negative outcomes during the inspection. Continued monitoring will be important to ensure consistency and sustainability across the service. Based on the improvements made and the positive impact on people's experiences, we consider this area for improvement to be met.

This area for improvement has been met.

Previous area for improvement 3

So as improving outcomes for individuals remains a focus, the provider should identify and prioritise improvement activities that will enhance person-centred care and support. This should include reinstating face to face staff meetings, staff supervision and training.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.11); and

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

This area for improvement was made on 17 March 2023.

Action taken since then

Staff reported feeling well supported in their roles, with regular supervision sessions in place. A new model of supervision was being trialled, which encouraged reflective practice and helped staff critically evaluate their work. This supported professional development and contributed to improved care quality.

The provider had reinstated face-to-face staff meetings, which strengthened communication and team collaboration. Staff told us these meetings helped them feel more connected and informed, and they appreciated the opportunity to share ideas and feedback.

Staff also had access to peer support and informal mentoring, which helped build confidence and consistency in care practices, particularly for newer team members. One staff member told us they felt more confident as a result of the support received.

Staff said they felt listened to and involved in how the service is run. They were able to contribute ideas during team meetings and supervision, which helped shape service improvements and fostered a culture of openness and shared responsibility.

These actions reflect a commitment to enhancing person-centred care and support. Based on the improvements made and the positive feedback from staff, we consider this area for improvement to be met.

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.

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