

Turning Point Scotland Elgin Housing Support Service

Greyfriars Close
Elgin
IV30 1ER

Telephone: 01343 556 466

Type of inspection:
Unannounced

Completed on:
2 October 2025

Service provided by:
Turning Point Scotland

Service provider number:
SP2003002813

Service no:
CS2004061448

About the service

Turning Point Scotland – Elgin provides a service for adults who have learning disabilities who live in individual flats or bungalow accommodation within Greyfriars Court and in their homes in the community. At the time of the inspection 17 people were being supported.

Greyfriars Close is a purpose-built unit with each flat having its own kitchenette and bathroom with a bath or shower. There are communal sitting rooms, dining room, kitchen and laundry facilities. An adjacent bungalow provides two single bedrooms with a shared bathroom, kitchen and sitting room. The premises are situated in the centre of Elgin.

About the inspection

This was an follow up inspection which took place on 30 September and 1 October 2025. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with four people using the service and received feedback from three of their family
- Spoke with seven staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- There was a better atmosphere in the service with people appearing happier and more engaged with what was happening in the service.
- There were improvements in medication management and a reduction in medication errors.
- There had been a decrease in support hours missed.
- Care plans were more person centred and informative about people's needs and outcomes.
- Changes to the communal area were received positively by people using the service.
- Staff felt team work had improved and they felt more supported.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

We re-evaluated this key question as adequate as a result of the improvements to staffing.

There had been an improvement in people receiving their support hours due to increased staff availability and improved rota scheduling. Whilst there were still challenges in ensuring sufficient staff, the service utilised agency staff to support the current staff team and had good oversight on a weekly basis of support that was missed. Families told us they can see this improvement, however they would like more communication when hours are missed. The provider should continue to have this oversight to ensure people receive their support.

Families told us how 'amazing' and 'committed' the staff were in ensuring their relative was well cared for.

The provider had reintroduced the assistant co-ordinator role, as a result there was better leadership and oversight of the service delivery on a daily basis. This meant there was more structure to the staff team and any issues, for example short notice absence could be dealt with quickly ensuring continuity in the service delivery.

Staff told us, they felt more supported and happier. We observed a calmer staff team and a positive atmosphere in the service. With agency staff supporting, there had been a reduction in overtime which meant staff did not feel as tired. There was good oversight by the provider regards overtime, ensuring staff wellbeing was considered. As a result, people were benefitting from a staff team who were less task focused and able to spend meaningful time with people.

Supervision had begun to be more regular. We reviewed supervision documents and found these to be of a good standard with discussions about practice, staff's wellbeing and team working. Team meetings were more focused and respectful when discussing any concerns about people.

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

Requirements

Requirement 1

By 30 September 2025, the provider must ensure people are treated with dignity and respect:

To do this the provider must at a minimum:

- a) Ensure conversation when tenants are present is appropriate.
- b) Ensure people are involved in what is happening round about them, and conversations are meaningful to them.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI2011/210).

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

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

This requirement was made on 25 July 2025.

Action taken on previous requirement

There was an improvement in the atmosphere within the service. People appeared happier. The interactions between people and staff were respectful and person-centred. There was a more inclusive environment. People and staff were enjoying each other's company. This meant people felt respected and included.

Met - within timescales

Requirement 2

By 30 September 2025, the provider must ensure that people receive their medication as prescribed and recorded effectively.

To do this the provider must at a minimum:

- a) Ensure people receive medication at the correct time as prescribed on MARs sheets.
- b) Ensure covert protocols are clear and accurately reflected throughout care/ medication plans.
- c) Ensure records of stock are clear and simple to use.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI2011/210).

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 25 July 2025.

Action taken on previous requirement

Medication management had improved. There had been a reduction in medication errors since our last inspection. The service had streamlined documentation to reduce paperwork which had been identified as a possible cause of errors. We reviewed the new medication folder which were tidy and easy to follow. Covert protocols were clearer and reflected through people's care plan. This meant people received the right medication at the right time.

Met - within timescales

Requirement 3

By 30 September 2025, the provider must ensure people's wellbeing is supported by enabling them to enjoy all areas of their home and garden.

To do this the provider must as a minimum:

- a) Ensure all areas are clean and decluttered.
- b) Ensure communal spaces are easy for all people to use.
- c) Ensure there is a dedicated staff area, so communal areas are clearly for the tenants.
- d) Support and encourage people to use all areas.

This is to comply with Regulation 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

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

'I am in the right place to experience the care and support I need and want' (HSCS 1.20); and
'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 requirement was made on 25 July 2025.

Action taken on previous requirement

The communal areas were more homely. With decluttering and in discussion with tenant, a large table had been bought to create an area people could come together for activities they enjoyed, such as making pizzas and decorations for forthcoming events. The garden had been tidied, becoming a more welcoming space for people to use. Staff had a new dedicated room for their belongings and information they required on a day- to-day basis, for example policies. As a result, people benefitted from a clean, tidy and friendly communal area.

Met - within timescales

Requirement 4

By 30 September 2025, the provider must ensure good outcomes are supported for people by an effective quality assurance system.

To do this, the provider as a minimum ensure:

- a) Quality assurance identifies good practice and areas for improvement.
- b) Analysis of the information gathered for quality assurance leads to actions for improvements.
- c) Leaders learn and embed lessons from the improvement journey.
- d) Feedback from service users, and their families and guardians, is gathered and used as part of the quality assurance process and to inform continuous improvement.

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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 25 July 2025.

Action taken on previous requirement

The quality assurance process was more robust, with the provider, service and staff team collectively working to improve outcomes for people. Weekly meetings were held to review the action plan, ensuring a structured and comprehensive approach to service improvement. We reviewed the action plan and could track the improvements not just through the action plan but also tenant and staff meeting. Additionally, the service had begun collating feedback from families, capturing both concerns and compliments, which provided insight into the effectiveness of the changes and would help with further development. This meant people were involved in shaping the service.

Met - within timescales**Requirement 5**

By 30 September 2025, the provider must ensure the service can be supported to work effectively with people by submitting notifications to the Care Inspectorate.

To do this, the provider as a minimum:

a) Ensure notification to the Care Inspectorate are received as per guidance.

This is to comply with Regulations 4(1)(a) and 4(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 25 July 2025.

Action taken on previous requirement

The service had improved how they worked with us. Notifications were appropriate with relevant information as per guidance. The service should continue to refer to the notification guidance and seek advice if they are unsure whether a notification is required. This means the provider is meeting its legal responsibilities in ensuring the Care Inspectorate is informed of specific matters.

Met - within timescales**Requirement 6**

By 30 September 2025, the provider must ensure that staff are well supported to enable people's health, safety and wellbeing.

To do this, the provider as a minimum:

a) Ensure supervision is available to staff, both planned and unplanned.

b) Ensure, for both, there is a record of discussion which includes the wellbeing of staff.

This is to comply with Regulations 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:

'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 25 July 2025.

Action taken on previous requirement

Staff told us they felt better supported by the provider. See key question 2 'How good is our staff?'

Met - within timescales

Requirement 7

By the 30 September 2025, the service must ensure people's needs are met by the right number of staff.

To do this the provider must, at a minimum:

- a) Regularly assess and review people's care and support needs.
- b) Demonstrate how the outcome of people's assessments are used to inform staff numbers and arrangements.
- c) Use quality assurance systems to evaluate people's care experience and ensure staffing arrangements are effective in providing person-centred support.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support 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 July 2025.

Action taken on previous requirement

There had been a decrease in missed support hours. This was a result of assessment and reviewing people's care and support needs. Information were within care plans which informed staff allocation with supporting people's care and support. The provider had improved oversight of people's needs and staffing hours required to meet people's needs and continues to ensure there is sufficient staffing to meet people's needs.

Met - within timescales

Requirement 8

By 30 September 2025, the provider must ensure people are supported effectively with their health, safety and wellbeing needs, through individualised and accurate care records.

To do this the provider must, at a minimum:

- a) Ensure care plans contain accurate information that cannot be misinterpreted.
- b) Ensure care plans include people's wishes and goals as well as physical care tasks.
- c) Ensure families and guardians are fully involved in planning and reviewing for people's care.
- d) Ensure daily notes provide enough information for support to be delivered consistently through changes of staff.

This is to comply with Regulation 4(1)(a) and 5 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); and

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This requirement was made on 25 July 2025.

Action taken on previous requirement

People's support plans have improved. These are person centred clearly reflecting people's likes, dislikes and personal routine. People's goals for the future were documented, for example having a job and to remain active. There was good information about how someone may communicate whether they were happy or not. This enabled staff to understand people's feelings reducing stress and distress. There was evidence families were involved in the care planning process. Families requested daily notes were made in diaries as before. This was now in place. The notes were informative and were easier for staff to review the care and support given each day. The service should continue to embed the new support plans.

Met - within timescales

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 good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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