

Safe Hands Support Scotland Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Safe Hands Support Scotland Ltd

Service provider number:
SP2020013517

Service no:
CS2020379966

About the service

Safe Hands Support Scotland is a combined housing support and care at home service. It is registered to provide a service to older people and people with mental health support needs living in their own homes and in the wider community in Stirling, Falkirk and Clackmannanshire. The service registered with the Care Inspectorate in November 2020.

People receive support ranging from short visits of around 15 minutes duration to visits lasting for a few hours. Some people have visits a few times a day, while others have visits on agreed days, dependent on their current assessed needs and wishes. At the time of this inspection the service was supporting 70 people across Stirling and Clackmannanshire.

The service has its main office base in Stirling. It is managed by the registered manager, with the support of a team leader and a team of 12 care staff.

About the inspection

This was a short notice announced inspection. We contacted the registered manager on 07 October 2025 to advise them we would commence an inspection of the service on 08 October 2025. Short notice was given as the registered manager provides direct care and support to people, so notice was required to ensure the manager was available.

We inspected the service between 08 and 10 October 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spent time with the registered manager and team leader in the office base.
- Accompanied two carers while they provided support to people.
- Visited 12 people in their homes.
- Observed staff practice and got feedback from people on the quality of the service.
- Reviewed electronic survey feedback from five people who receive support and eight staff.
- Checked health recordings, support plans, staff schedules, quality assurance activities, and a variety of other documents.

Key messages

- Leaders and staff had responded well to the five areas for improvement we made following previous inspections of the service.
- People experienced support with compassion, dignity and respect.
- People experienced good support with their health and wellbeing.
- Improvement had been led well.
- Staffing levels were generally right and staff worked well together.
- Care planning had improved.

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?	4 - Good
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?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Indicator 1.1 People experience compassion, dignity and respect

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

People's health benefitted because of the support they received from the service. There was good consistency, with regular staff who were known to people visiting them at home. Staff had received training in key areas. Staff we spoke with knew people's health needs and the necessary steps to follow in the event they noticed a change in someone's presentation. Staff practice we observed was good. Staff knew people well, and interactions were warm and respectful. Staff displayed a good awareness of their role in reducing social isolation. Staff took their time to speak with people and stayed as long as necessary in the event they were concerned about someone's wellbeing. This contributed to good health and wellbeing outcomes for people.

Feedback from people and their representatives was good. Some comments included:

"I'm very happy with my support."

"The staff are very kind."

"The manager is very friendly and helpful."

"I have never had any problems with this care service."

People benefited from having access to multi-disciplinary health support when needed. The service had established relationships with a variety of health professionals including district nurses. There was evidence of staff seeking appropriate support when they had concerns about people's health and wellbeing. Staff supported people who had a number of different support needs. Staff were flexible in their support, recognising that different people needed a different style of support depending on their needs and wishes.

Medication systems were generally good. The electronic medication management system provided several safeguards and provided guidance to staff on the level of support each individual needed in order to safely receive their medication. Instructions around correct doses and times of medication were clear for staff to follow. This helped to ensure good health outcomes for people.

New staff received training in medication administration and shadowed senior staff prior to administering medication. Senior staff observed their practice during their probationary period to ensure they were administering medication safely. This would be enhanced by senior staff observing staff practice prior to them administering medication on their own, to ensure training and guidance had been effective. We discussed this with leaders in the service. They were receptive to our feedback and changed their procedures during the inspection. We will check progress at our next inspection.

How good is our leadership?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Indicator 2.2 Quality assurance and improvement is led well

People were supported to give regular feedback on the quality of their support. Reviews took place at least every six months and people benefited from regular courtesy calls. The registered manager and team leader also provided direct support and carried out spot check visits when staff were providing support. This gave people the opportunity to comment on how well they felt the service was performing in terms of meeting their needs and wishes. This included areas such as feedback on preferred visit times and occasions where people felt a staff member was not a good match for them. Leaders were responsive to this feedback and used it to drive improvement.

Leaders in the service promoted responsibility and accountability within the larger staff team. Staff we spoke with were clear about their responsibilities on how to escalate any concerns, and were able to provide evidence on when they had done so. Some staff were not immediately familiar with the term 'adult protection.' This refers to key legislation, policy, and guidance in Scotland designed to protect adults who are unable to safeguard their own interests and are at risk of harm. We discussed this with leaders in the service. They confirmed staff had received training in adult protection and provided evidence. We advised leaders to refresh the training at one-to-one and team meetings with staff on a regular basis. We will check progress at our next inspection of the service.

We saw examples of quality assurance that were good. Electronic monitoring and assurance tools produced good information in key areas such as visit times; medication; reviews; training compliance, and the quality of care notes. The manager provided evidence of action taken where their evaluation of this information identified areas where improvements were required. This would be enhanced by having clearer evidence of a regular cycle of quality assurance activities, including actions taken, timescales, and responsibilities when improvements were identified, to ensure all improvements were seen through to completion. We discussed this with leaders in the service. We will check progress at our next inspection.

How good is our staff team?

4 – Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

Safe recruitment of staff was in-line with current legislation and guidance. We gave guidance around scoring interview questions to ensure they were objectively evaluated. The manager was responsive to this feedback and immediately put measures in place. We will check progress at our next inspection to ensure it is being used in practice.

Induction processes were well managed. New staff completed a variety of training within agreed timescales and shadowed established staff prior to lone working. As stated under Key Question 2, we gave guidance to the provider around how medication training could be enhanced. People gave good feedback on their support. There were regular opportunities for people to give feedback on staff performance during their induction period. There was good evidence that people's feedback was acted upon by leaders in the service.

Staffing levels in the service were generally good and any gaps were covered by existing staff, including the registered manager. Agency staff were not being used to fill gaps. This helped ensure people generally experienced support from regular staff who were known to them.

The service was in the process of recruiting additional staff. The manager was aware of recent changes in legislation regarding the Protecting Vulnerable Groups (PVG) scheme.

People generally received their support at the agreed times. There were infrequent occasions when times had to be changed due to staffing levels or because staff had to respond to a changing situation during a visit. During our inspection staff extended a visit due to the changing needs of an individual. This meant later visits were delayed. This was communicated to people in advance so they were aware when staff would arrive. This flexible approach supported good health and wellbeing outcomes for everyone in the service.

Staff were confident in building positive interactions and relationships with people. We saw this in every area we visited. People using the service and staff benefitted from a warm atmosphere because there were good working relationships. People and staff we spoke with gave good feedback on the manager of the service, stating they were supportive and responsive to their needs and wishes.

How well is our care and support planned?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

The provider had improved its assessment and care planning process since our last inspection of the service. Quality assurance of care plans was good. People benefitted from personal plans that were regularly reviewed, evaluated and updated. They reflected people's current needs and wishes and generally provided good information to inform their support.

Care plans contained more detail on things people could do for themselves, along with areas people needed some support, and areas where people needed a high degree of support. This helped ensure staff were providing the right level of support that assisted people to retain their skills and independence. This was reflected in practice when we shadowed staff in the community. Staff took a flexible approach dependent on people's individual needs.

People benefited from having six-monthly reviews of their support. We were confident these were taking place within agreed timescales. The quality of recording could be enhanced to ensure the review captured what was working well, along with areas people felt improvements could be made, and any actions required. We discussed this with leaders in the service. They were receptive to our feedback and completed an action plan to address it. We will check the quality of review documentation at our next inspection of the service.

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 reflect people's individual needs, rights, choices and wishes, the service should ensure that personal plans are fully completed and regularly reviewed to direct care based on people's current situations. This should include, but is not limited to ensuring that:

- a) documentation is sufficiently detailed and reflects each individual's care planned or provided
- b) personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this.

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 3.07)

And

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.08).

This area for improvement was made on 21 February 2025.

Action taken since then

The provider had improved its assessment and care planning process since our last inspection of the service. Quality assurance of care plans was good. People benefitted from personal plans that were regularly reviewed, evaluated and updated. They reflected people's current needs and wishes and generally provided good information to inform their support.

Care plans contained more detail on things people could do for themselves, along with areas people needed some support, and areas where people needed a high degree of support. This helped ensure staff were providing the right level of support that assisted people to retain their skills and independence. This was reflected in practice when we shadowed staff in the community. Staff took a flexible approach dependent on people's individual needs.

This area for improvement had been met.

Previous area for improvement 2

So that people can have confidence in the organisation providing their care and support, the provider should ensure that robust and effective quality assurance processes are in place that inform a service improvement plan which is action focused and time specific.

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

"I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 2 August 2024.

Action taken since then

Quality assurance mechanisms in the service had improved. Leaders were using electronic monitoring and assurance tools to gather information in key areas such as visit times; medication; reviews; training compliance, and the quality of care notes. The manager provided evidence of action taken where their evaluation of this information identified areas where improvements were required.

People were supported to give regular feedback on the quality of their support. Reviews took place at least every six months and people benefited from regular courtesy calls. This gave people the opportunity to comment on how well they felt the service was performing in terms of meeting their needs and wishes. This included areas such as feedback on preferred visit times and occasions where people felt a staff member was not a good match for them. Leaders were responsive to this feedback and used it to drive improvement.

The provider had developed a service improvement plan that was informed by the findings from their quality assurance mechanisms.

This area for improvement had been met.

Previous area for improvement 3

The provider should develop a culture of continuous improvement by completing the review of any concerns and complaints. The provider should also improve the methods of meaningful engagement with people using the service. Outcomes of engagement should be used to inform development and improvement of the service.

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

'I am actively encouraged to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 2 August 2024.

Action taken since then

The provider had responded well to this area for improvement. They had introduced regular courtesy calls to people. This helped ensure any feedback was acted on quickly and had led to the number of concerns and complaints reducing. People fed back to us that they felt listened to and that leaders were responsive to their feedback. The provider had a complaints and concerns policy in place.

This area for improvement had been met.

Previous area for improvement 4

To ensure that people receive good outcomes, the provider should:

a) Provide effective, regular supervision to staff to support them to develop and improve through reflective practice.

b) Make arrangements to enhance staff training through effective workplace assessments and practice learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 area for improvement was made on 2 August 2024.

Action taken since then

The provider had responded well to this area for improvement. They provided evidence of supervisions, appraisals, and observations of practice taking place within agreed timescales. Staff we spoke with confirmed these were taking place.

The provider's electronic learning system provided good oversight of staff training. Leaders knew when individual staff were due to complete refresher training and ensured this was completed within the required timescales. The provider also delivered their own in-house training in areas including moving and assisting. The provider also had good oversight of external training opportunities available to staff.

This area for improvement had been met.

Previous area for improvement 5

To improve the consistency of support for people, the provider should explore staff deployment in relation to people's individual needs and preferences.

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

"My care and support is consistent and stable because people work together well." (HSCS 3.19)

And

"I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.16).

This area for improvement was made on 2 August 2024.

Action taken since then

The provider had responded well to this area for improvement.

People were supported to give regular feedback on the quality of their support. Reviews took place at least every six months and people benefited from regular courtesy calls. The registered manager and team leader also provided direct support and carried out spot check visits when staff were providing support.

This gave people the opportunity to comment on how well they felt the service was performing in terms of meeting their needs and wishes. This included areas such as feedback on preferred visit times and occasions where people felt a staff member was not a good match for them. Leaders were responsive to this feedback and used it to drive improvement.

This area for improvement had 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
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	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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