

# MM Housing Support Service Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
31 October 2025

**Service provided by:**  
Mitchell & Murdoch Care Ltd

**Service provider number:**  
SP2021000074

**Service no:**  
CS2024000095

## About the service

MM Support and MM Housing Support Service are part of private company, Mitchell and Murdoch. The service was registered in June 2021 to provide care at home and housing support.

Since the last inspection, Mitchell and Murdoch have restructured their services. This registration covers the areas of Perth, Fife, and Falkirk.

## About the inspection

This was a short notice announced inspection which took place between 27 October and 31 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 seven people using the service and six family members
- spoke with eight staff and management
- reviewed documents.

## Key messages

- Staff were highly thought of by people using the service.
- People told us that the staff were kind, caring, and attentive to their needs.
- People continued to have varying experiences regarding the consistency and continuity of staff.
- Staff were trained to support people well. This meant staff had the skills to carry out their role.
- The service needs to ensure that staff recruitment is carried out safely.

## 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.

People's experiences of care were largely positive. Most people we spoke with told us they were happy with the support they received. They described staff as respectful, kind, and cheerful.

Several people said staff looked after them well and were like family. They said they enjoyed chats with them and that this helped to break the day up. This contributed to warm and trusting relationships.

Comments included: "The staff are great, always asking me what they could do to help more" and "I couldn't wish for better staff".

Consistent relationships with familiar staff were valued. People appreciated when being supported by regular carers who knew them well. This helped to promote emotional wellbeing and a sense of security. However, people said there could be changes to who supported them and timings of visits (see key question 3, 'How good is our staff team?').

People told us that staff followed their care plan. This included ensuring that personal care and help with areas, including moving or assisting them to eat and drink or take their medication, was carried out well. This helped people to maintain their wellbeing.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Since the last inspection there had been changes in the leadership team, with the current team in post for a few weeks.

There was a quality assurance self evaluation tool and improvement plan for the service with audits being developed to ensure monitoring of service performance with the aim of continuous improvement.

The leadership team acknowledged that service improvements were needed to further improve people's experiences of the service. We discussed the importance of involving the staff team and people using the service to identify where improvements were needed. An initial survey had been sent out to these groups to gather their views of what was working and where improvements were needed.

Managers evidenced learning from complaints and were taking action to address the issues raised.

The service was now making appropriate notifications to the Care Inspectorate. This helped to ensure that we were kept up to date with events in the service.

The findings of key question 3 regarding safe recruitment were taken into account when evaluating this key question.

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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff had developed a good rapport and understanding of the care and support needs of people using the service. This was evident in the connections that had been developed. One person commented about the staff team: "They are very nice and helpful".

People told us that they were not always informed about changes to their staff or support arrangements and this had an impact on their wellbeing.

Comments included: "I would like the same staff to call on me and I'd prefer female staff" and "The staff are wonderful in themselves, but timings of care can vary widely and I don't always know who's coming to support me".

This was further confirmed by staff who told us: "It's important to be consistent and due to staff shortages this isn't always possible" and "I generally work with the same people, however, sometimes have to support people I don't know".

We discussed with the provider how people were understanding that support arrangements sometimes needed to be changed but this meant people did not benefit from consistent support and that any changes needed to be communicated timeously (see area for improvement 1).

It is important to ensure that staff are recruited well to ensure that people are supported safely. Examination of recruitment records found that whilst some aspects of recruitment had been managed appropriately, that this was not consistent. The service had not sought a full work history from one staff member and references were incomplete, and for another staff member a right to work check had not been completed prior to employment (see requirement 1).

**Requirements**

1.  
By 16 January 2025, the provider must ensure that staff are recruited safely to ensure that people using the service are kept safe.

To do this, the provider should follow the 'Safer Recruitment Through Better Recruitment (2023)' guidance document.

This includes, but is not limited to:

- a) Ensuring right to work checks, Protection of Vulnerable Groups (PVG) checks, and, if necessary, overseas police checks have been completed prior to employees commencing work.
- b) Ensuring satisfactory employment references and, if necessary, character references are received prior to employees commencing work.

This is to comply with Regulation 9(1) (Fitness of employees) 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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## Areas for improvement

1. To ensure consistency of support, the provider should ensure that people are supported by a team of staff that know them and their needs well.

This should include taking account people's preferences and agreements made with them. This should further include communicating in advance who will provide support and that ensuring people are informed timeously of any changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

## How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

Care and support planning should maximise people's capacity and ability to make choices. Plans had recently been updated, included identified outcomes, and held personalised information and outlined people's individual preferences and wishes. People told us that their plans were accurate, that staff followed them, and asked them at each visit if they needed any further help. This meant that people were involved in deciding their care.

The service was in the process of carrying out care reviews of care with all people using the service and of the care plans in place. This was to further ensure that people's needs were being met.

The service used an electronic care planning system which also included risk assessments. These were updated as people's needs or circumstances changed. People had paper copies of the care plans in their homes. Having a paper copy meant that the plan was accessible to people.

The leadership team had identified limitations to the current electronic care plan system and were due to introduce a new and more flexible format for staff to use and for people using the service to access if wished.

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

### Requirements

#### Requirement 1

By 31 March 2025, the provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.

- a) Notifications must be submitted in line with 'Records that all registered services (except childminding) must keep and guidance on notification reporting' (February 2012, Care Inspectorate).
- b) All relevant staff responsible for providing such notifications must have their knowledge of 'Records that all registered services (except childminding) must keep and guidance on notification reporting' (February 2012, Care Inspectorate) evaluated to ensure compliance.

This is in order to comply with SSI 2011/28 Regulation 4(1)(a)(b).

**This requirement was made on 11 December 2024.**

#### Action taken on previous requirement

The service were now making appropriate notifications to the Care Inspectorate.

**Met - within timescales**

#### Requirement 2

By 30 September, the provider must make proper provision for the health welfare and safety of people using the service.

In particular, the provider must:

- a) Ensure adequate staffing to meet the health, wellbeing, and safety of people using the service.
- b) Ensure effective assessment and care planning reflective of individuals' needs and how their needs should be met.
- c) Ensure regular review of individuals' needs to ensure care planning adequately meets their needs.
- d) Ensure people using the service experience adequate skin care, continence care, and personal hygiene care and support.
- e) Ensure people using the service experience safe and effective promotion of mobility.

This is in order to comply with Section 7(1)(a) 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 27 August 2025.**

## Action taken on previous requirement

This requirement was made as the result of a complaint investigation.

Staffing levels were maintained. There were some variations on timings of visits, however all visits were taking place.

Care plans showed effective assessment and care planning to support people's needs. Reviews were taking place for all people using the service.

We sampled care plans and found these to be detailed. We spoke with people using the service and they confirmed they received care adequate to their needs.

**Met - within timescales**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.



## 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
3.1 Staff have been recruited well	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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