

Moray Housing Support Services Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Enable Scotland (Leading the Way)

Service provider number:
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Service no:
CS2014329674

About the service

Moray Housing Support Services provides a housing support and care at home service to adults living in Moray. The service was supporting people living in their own homes across Keith, Buckie, Elgin and Forres. The service is provided by Enable Scotland and offers care and support to adults with a range of needs, including learning and physical disabilities. At the time of the inspection, 18 people were being supported by the service.

About the inspection

This was a follow-up inspection to assess the progress the service was making since the inspection on 10 July 2025. An unannounced inspection took place on 06 and 07 November 2025. The inspection was carried out by one inspector from the Care Inspectorate. The follow-up inspection focused on the requirements and areas for improvements from the previous inspection and evaluated how the service had addressed these to improve outcomes for people.

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 one person using the service
- spoke with one family member of people using the service
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Improved staffing levels and arrangements were helping people get more out of life, contributing positively to their health and wellbeing.
- Medication management systems had improved and were used more consistently across the service, increasing the likelihood of people receiving medication that was right for them.
- Quality assurance systems and processes had improved. Further work was needed to ensure consistency across the service.
- Support planning had improved, with scope to strengthen this further to ensure personal plans fully reflected people's current needs and preferences.
- Daily records were comprehensive, structured into clear themes, and included meaningful details of support provision, enabling more effective monitoring of people's health and wellbeing.

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

Requirements

Requirement 1

By 27 May 2025, the provider must ensure that people's needs are met by the right number of staff. To do this, the provider must at a minimum:

- Ensure there are sufficient numbers of staff to support people in line with their assessed needs such as two to one support.
- Ensure there are enough staff available and trained to provide each person's support during periods of staff absence such as annual leave.

This is in order to comply with section 7(1)(a), (b) and (c) and Section 7(2)(a) and (e) of the Health and Care (Staffing) (Scotland) Act 2019.

This is in order to ensure that staffing 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 had not been met at our last visit and we had agreed an extension until 03 October 2025.

This requirement was made on 25 March 2025.

Action taken on previous requirement

Staffing levels and deployment had improved since the last inspection, particularly for people receiving two-to-one support. The provider was actively recruiting to fill the remaining vacancies.

There was evidence of more consistent delivery of two-to-one support, along with improved rota visibility for staff. This allowed staff to plan activities more effectively with their team members during two-to-one support periods. This improved people's social wellbeing.

The improved staffing levels and arrangements were helping people get more out of life, contributing positively to their health and wellbeing. Staff were working more effectively as a team. They told us that morale and communication had improved, and they were pleased to see that a supported person had shown increased confidence, improved social skills, and greater engagement with the community as a result of more consistent and person-centred staffing.

There was sufficient evidence to demonstrate that this requirement had been met.

Met - outwith 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

To ensure that people's health and wellbeing benefits from a robust medication management system, the provider should ensure up-to-date medication records are fully completed. This should include but not be limited to:

- a) Ensuring detailed and up-to-date guidance is available for staff to support the use of 'as required' medication
- b) Ensuring staff consistently record why 'as required' medication was given and its effectiveness
- c) Ensuring opening dates are clearly recorded for topical medication
- d) Ensuring topical medication is appropriately disposed and new medication ordered and in place before medication is no longer safe for use
- e) Ensuring that processes and approaches to support medication management are consistent and any differences are based on people's needs or wishes.

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

'I experience high quality care and support because people have the necessary information and resources'

(HSCS 4.27).

This area for improvement was made on 14 August 2025.

Action taken since then

Medication management systems had improved since the last inspection.

Clear and up-to-date protocols were in place for people receiving 'as required' medication, and the effectiveness of these medications was being consistently recorded. This enabled professionals to review and adjust medications when they were no longer effective, helping to ensure people received treatment that was right for them.

Opening and expiry dates for topical medications, such as creams, were also being consistently recorded and monitored. This helps protect people's skin health.

Processes and approaches to medication management were more consistent across the service. This supports staff understanding and compliance with procedures, which in turn helps safeguard people's health and wellbeing.

Therefore, there was sufficient evidence to demonstrate that this area for improvement had been met.

Previous area for improvement 2

To protect people's health and wellbeing, the provider should ensure that management oversight and quality assurance processes are effective and all systems are used robustly to ensure people receive safe care. This should include but not be limited to:

- a) Ensuring all audit forms are completed fully and accurately
- b) Ensuring actions needed from audits are noted correctly and used to inform positive changes to the service provision and people's experiences
- c) Ensuring that processes and approaches to support people are consistent and any differences are based on people's needs or wishes.

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 area for improvement was made on 14 August 2025.

Action taken since then

Quality assurance systems and processes had improved since the last inspection.

Key areas of support for people, such as medication management, support planning, and care reviews, were being monitored more effectively. There was also improved oversight in relation to staffing, including staff

training and supervision. As a result, all staff had recently received competency assessments and supervisions, helping to ensure people were supported by a competent and well-led team.

However, further improvements were needed to ensure consistency in the completion of quality assurance activities and the recording of outcomes. For example, a staff member had made changes to a person's medication administration record without indicating who had authorised the changes. The monthly audit did not pick up on this potential risk and identify actions needed to address this with the staff member, which limited its effectiveness in driving improvement. This could negatively impact staff practice and, in turn, affect outcomes for people being supported.

Through our discussions with the service, we were reassured that they will continue to strengthen quality assurance processes to ensure they are consistently applied and effective in improving support for both people and staff. We will review progress with this at the next inspection.

This area for improvement had not yet been met.

Previous area for improvement 3

To promote people's wellbeing staff should ensure that people receive the care that is right for them. To do this, the provider should:

- a) Ensure that people have relevant and up to date support planning information that reflects their current needs and wishes
- b) Ensure that staff keep clear records of the support they have provided to people at each visit
- c) Ensure that actions needed following care reviews are noted correctly and followed through to inform positive changes to the support planning information and service provision.

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

'My personal 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 14 August 2025.

Action taken since then

People's care and support planning had improved since the last inspection.

Personal plans reflected people's preferences around their support. Plans were detailed and reviewed regularly, which can help improve the overall quality of care. However, one person's support plan still required updates in several areas to ensure it accurately reflected their current needs and preferences. We were reassured by the manager that this would be addressed promptly. This will help ensure everyone supported by the service receives care that is right for them.

Daily records provided evidence of what people had been doing each day. The notes were comprehensive, structured into clear themes, and included meaningful details such as food intake and responses to incidents. These improvements supported more effective monitoring of people's health and wellbeing, enabling staff to respond promptly to any emerging concerns.

Formal reviews of care were taking place, and actions were being followed through to inform positive changes to people's support planning and provision. However, we highlighted one review that would have benefitted from more detailed recording of planned actions. Consistent documentation of actions will support better planning and accountability, increasing the likelihood of improved outcomes for people.

The service has made good progress in this area in a short period of time, but further work is needed to fully embed improvements in support planning.

This area for improvement had not yet 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.

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