

# Woodview Housing Support Service

3 Urquhart Place  
Lhanbryde  
Elgin  
IV30 8HQ

Telephone: 01343 842 390

**Type of inspection:**  
Unannounced

**Completed on:**  
9 February 2026

**Service provided by:**  
The Moray Council

**Service provider number:**  
SP2003001892

**Service no:**  
CS2017355870

## About the service

Woodview is a care at home and housing support service for adults and children with learning disabilities provided by Moray Council. The service provides care and support to adults and children with learning disabilities and autism living in their own homes.

The service supports people living in purpose-built accommodation in Lhanbryde. People were living in their own individual tenancies and had access to a communal building which could be used for social activities.

The service also supports people living in their own tenancies across Moray, including Elgin, Lossiemouth, Buckie and Burghead. Children are supported on an outreach basis, either at home or in the community.

At the time of the inspection the service was supporting 17 adults and two children.

## About the inspection

This was an unannounced inspection which took place between 5 and 9 February 2026. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met four people using the service
- spoke to six family members
- met and spoke to members of staff and the management team
- received online surveys sent out prior to the inspection. We received feedback from three family members and eight staff members
- received feedback from three external professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- People experienced person-centred support that reflected their individual needs, preferences and routines.
- People with complex needs were supported by staff who were responsive to their needs, in a proactive and safe way.
- The management team had a good knowledge and understanding of the service, what was working well and what required improvement. This meant that that the service was well led and there was a culture of continuous improvement.
- People were supported by a core team of staff who knew them well. This meant people had the right support to meet their needs and achieve their outcomes.
- Personal plans were detailed, person-centred and regularly reviewed.

## 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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced person-centred support that reflected their individual needs, preferences and routines. Staff consistently used a positive behaviour support approach, and each person had a core team who knew them well. We observed relaxed, friendly interactions, and it was clear that staff had built trusting and meaningful relationships with people, which contributed to their wellbeing.

External professionals spoke positively about the service, and families said they were happy with the care and support their relatives received. They described the support as responsive, flexible and personalised. Families said staff knew their relatives well, listened to them and worked closely with them to understand their needs. One family described the service as "fantastic", and another described a "family approach" that involved the person and their family in their support. Several families said their relatives were happier, more settled and more confident since receiving support from the service.

There was mixed feedback from families about how the transition process had gone when their relative moved to the service. One family told us it had gone well, while another said it had been difficult and felt that communication and planning could have been improved. The service had acknowledged these concerns and began to develop a transition protocol and welcome pack for people who would start using the service in the future. We will review progress of these at the next inspection.

People's health and wellbeing needs were met effectively through proactive, coordinated support. The service worked closely with families, many of whom held guardianship, and with a range of external professionals. External professionals described the team as proactive and responsive, noting that staff communicated concerns promptly and engaged well with them. Personal plans evidenced timely referrals and active involvement from the multi disciplinary team.

Staff were supported by effective processes that helped them stay informed and up to date about each person's needs. Monthly core team meetings were held for each person which provided structured opportunities to review people's day to day support and their goals. This helped maintain high quality, coordinated care.

Procedures were in place to ensure people received the right medication at the right time, which meant that people received safe and person centred support with medication. 'As required' medication protocols guided staff appropriately, and although protocols were clear, staff did not always record the outcomes consistently. The management team were aware of this and had been addressing it with staff.

Support with meals was tailored to individual needs, with staff helping people plan menus, shop and prepare meals. This contributed to healthier routines and improved wellbeing, and one family described significant improvement in their relative's diet since they moved to the service. This meant that support with nutrition was personalised, met people's needs and preferences and promoted people's wellbeing.

People benefited from varied and meaningful activity plans, including opportunities to be involved in the local community and go on holiday. These experiences promoted confidence, skills and positive engagement, and supported people's wellbeing. Staff followed clear, activity-specific protocols that ensured safe and consistent support across different environments.

External professionals said that "people were supported to participate in things which were meaningful to them" and families said the team came up with good ideas and offered a good balance of activities. One family member said their relative was out and active every day in the local community, and that the difference in how they were since moving to the service was "amazing".

Staff communicated well with people, and communication support was individualised. Staff used tools such as social stories and symbols. Plans contained detailed guidance, and external professionals told us staff had a "good understanding of individuals' communication needs" and had built trusting relationships that supported positive outcomes.

People who required support with stress and distress had comprehensive Positive Behaviour Support plans that outlined strategies, triggers and staffing needs. Staff used restrictive practices only as a last resort, and all incidents were recorded. This approach promoted a proactive, informed and safe approach to support people during times of heightened stress. Families said that staff responded well when their relatives became distressed and that effective strategies were in place to keep them safe.

## How good is our leadership?

### 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The management team demonstrated a good knowledge and understanding of the service. A range of quality assurance processes gave them a strong oversight of how the service was performing. External professionals said there was "a consistent management presence within the service" and that they had a "high level of oversight across the service." Families said they could raise issues or concerns with staff and management team, and they felt listened to.

The service had a comprehensive improvement plan in place that outlined areas for development. However, the manager acknowledged it had not been reviewed as regularly as intended because daily operational demands had taken priority. As a result several actions were long standing or overdue. We discussed with the manager during the inspection that it would be beneficial to streamline and re-prioritise these actions to ensure improvements progressed at an appropriate pace. Once reviewed, the plan could also be strengthened by including the views of people experiencing support, their families, and findings from self evaluation processes. Despite the plan not being up to date, the manager showed a clear understanding of what was working well and what required improvement. (see area for improvement 1)

While the service had a range of policies and procedures in place, the manager acknowledged gaps in service specific policies. Some actions to put these in place had remained on the improvement plan for a considerable time. This meant staff might not have access to the most current or relevant information, which could affect their ability to deliver care in line with best practice. (see area for improvement 2)

The management team investigated unplanned events such as, accidents and incidents and appropriate notifications were made to external agencies. A new incident form had been developed to support better tracking and analysis, and work was underway to develop an online version to improve this further. Debriefs were completed after incidents, although not all were up to date. We will review this at the next inspection.

Regular observations of staff practice took place across key areas. These observations allowed managers to monitor the quality of practice and address gaps in staff skills. As a result, the service maintained ongoing oversight of staff competence and could take prompt action to ensure safe, consistent and person-centred care.

## Areas for improvement

1. To promote positive outcomes for people, the provider should review and develop their service improvement plan, this should include, but not be limited to, their own self evaluation of the service and the views of people and their families who use the service.

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

'I am actively encouraged to be involved in improve the service I use, in a spirit of genuine partnership.' (HSCS 4.7); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

2. The provider should ensure that service specific policies and procedures are developed within agreed timescales to ensure staff have access to relevant up to date guidance and legislation relevant to the service.

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

## How good is our staff team?

### 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Families spoke positively about the staff team, saying they had strong, positive relationships with staff and that communication was open and helpful.

Staff also spoke positively about working at the service. They said the service had the right balance between keeping people safe and supporting independence, and that they had enough time to care and support people. One staff member said, "it is a rewarding job".

The service had a large staff team in place. The management team said one of their biggest challenges was covering shifts, which was linked to several staff vacancies, some of which were due to be advertised. Despite these challenges, staffing levels met people's assessed needs. This meant people had the right support to meet their needs and achieve their outcomes.

People benefitted from having a core team of staff, which meant they were supported by staff who knew them well. Less familiar staff worked alongside core team members until they felt confident, which promoted safe and consistent care. Regular meetings helped ensure that staff were kept up to date. Most staff told us teamwork was strong and they felt supported within their teams, although some felt communication could be improved.

A comprehensive induction plan was in place for new staff, and staff completed a range of training relevant to their roles. Staff spoke positively about the induction and training provided. While most training was up to date, not all staff had completed the required number of Behavioural Support Strategies (BSS) practice sessions. The manager was aware of these gaps and steps had been taken to address this. See 'What the service has done to meet any areas for improvement made at or since the last inspection'.

Staff received regular supervision meetings, and although the frequency did not always meet the provider's expected timescales, staff reported they felt able to access support and advice when needed. Clear systems were in place to provide advice and support to staff when required, this included a response protocol for emergency situations.

This meant people could be confident that their needs were being met by a competent, well-supported staff team.

## How well is our care and support planned?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People had detailed and individualised personal plans that reflected their rights, choices and wishes. The plans clearly set out what was important to each person, their routines, support needs and preferred approaches, which meant support was person-centred and tailored. External professionals told us that plans accurately reflected people's needs, confirming that they were comprehensive and meaningful.

People's goals and outcomes were central to their plans and were regularly discussed and reviewed. Each person had a named keyworker and there was regular communication with families and external professionals involved.

Personal plans were reviewed and updated regularly, meaning people experienced responsive and personalised care tailored to their circumstances.

Where people were unable to fully express their wishes and preferences, those important to them, including guardians and family members, were closely involved in shaping and directing their care and support. Supporting legal documentation was in place where required. Families confirmed they were fully involved in decisions about their relative's care and support and felt their views shaped the plans.

This meant that the service worked in partnership with those who knew people best, ensuring people's rights were upheld and that plans promoted positive outcomes.

## 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 are supported by competent staff, the provider should ensure all necessary training and practice sessions are completed. This should include but is not limited to, behavioural support strategies practice sessions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 24 October 2024.**

#### Action taken since then

A training database showed that most staff were up to date with their core training.

Behavioural Support Strategies (BSS) practice sessions were scheduled as part of four-weekly team meetings, and a tracker was in place to support management oversight. However, not all staff had achieved the expected eight BSS practice sessions per year. At the time of inspection, only around half of the team had met this target. The manager was aware of the gaps and described recent actions intended to improve compliance, including having an additional staff member trained as a BSS instructor.

This area for improvement has not 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](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.