

Community Support Service - Elgin Housing Support Service

Headquarters Annexe
High Street
Elgin
IV30 1BX

Telephone: 01343 563 927

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Unannounced

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Service provided by:
The Moray Council

Service provider number:
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About the service

Community support service - Elgin is a care at home and housing support service for adults with learning disabilities and / or mental health conditions. The service provides care and support to people living in their own homes.

The service is provided by Moray council and has an office base in the centre of Elgin. Care and support is provided across the Moray area.

At the time of inspection, the service supported 62 people.

About the inspection

This was an unannounced inspection which took place between 10 and 17 March 2026. The inspection was carried out by one inspector from the Care Inspectorate.

During inspection we also followed up on requirements and areas for improvement made at, or since, the previous inspection on 08 January 2025 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, information from complaints, 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 seven of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed the results of 48 surveys returned to us

Key messages

- Relationships between people and staff were warm and trusting, meaning people felt at ease when receiving care.
- Though the services role, was at times small, people were supported to access health care.
- Most people were supported to meet their social, cultural, and dietary needs.
- Leaders had improved communication and taken steps to strengthen oversight; however, quality assurance remained inconsistent.
- While complaints were investigated, we were unable to fully assure that these were handled consistently.
- People got on well with staff they trusted, but staffing instability and gaps in oversight meant care was not always delivered consistently or as planned.
- Many people had improved care plans, and frequent reviews, however this was not consistent, meaning some people may experience inconsistent care.

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?	3 - Adequate

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. There were a number of important strengths that impacted positively on people's lives, which when taken together, clearly outweighed areas for improvement.

People experienced kind, dignified and respectful care. People spoke positively about their support. One person said "I get on really well with all carers. I can have a laugh with them." Relationships between people and staff were warm and trusting, meaning people felt at ease when receiving care.

People were supported to attend routine health appointments, such as the GP or the asthma clinic. Staff made appropriate referrals when people's health needs changed. For example, signposting people to local facilities to support deteriorating mental health. One professional told us, "Collaboration with health professionals is appropriate, timely, and effective." Though the services role in providing access to health care was, at times, small; it was meaningful.

The provider had made significant improvements to medication procedures, meaning people received their medications at the correct time. **(See "What the service has done to meet requirements made at or since our last inspection")**

People, who required support to do so, were supported to manage their personal finances. One person told us that the staff were vital in supporting them to budget and that they were learning how to save money. However, care plans for finances were not detailed and audits of people's money were not effective, which could expose people to unnecessary risk. **(See key question 2 "How good is our leadership?" and key question 5 "How well is our care and support planned?")**

Most people were supported to get the most out of life, with social and cultural needs well catered for. For example, some people were supported to celebrate their faith and identity through support to attend church or decorate their home for St Patricks day. People were supported to maintain their homes and enjoy their local communities. People experienced care that promoted choice, independence, and wellbeing, supporting positive day to day outcomes in their lives.

Most people were supported well, with their dietary needs. Some people required minimal support, such as helping to order pre-made meals, allowing them to remain independent. Other people were supported to cook their own food. Some people had trained staff teams who knew their needs well and prepared food that was in line with Speech and Language Therapy (SALT) guidance. This allowed people to eat well, whilst reducing the risk of choking. People were supported in person-centred ways to eat safely, and with greater independence.

Adult protection concerns were managed well by the service. When people were at risk of coming to harm, leaders made appropriate referrals to the adult protection team and relevant health professionals. Staff were trained, and confident, in how they should respond if they suspected a person was at risk of harm. This meant that people were safeguarded against potential harm.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While we identified strengths, these were just outweighed by weaknesses which could have a negative impact on people's lives.

Communication with, and from, leaders had improved. People, and their families, knew the leaders of the service well. One family told us, "If I have any issues, I have good communication with the coordinator, we speak regularly." Most staff reported that leaders were more accessible. One staff member told us, "Communication between the staff and office has greatly improved, I feel better informed". We encouraged leaders to continue to explore how communication could be further enhanced.

Leaders had made some improvements to quality assurance audits. Medication audits were completed regularly, identifying areas for improvement, and resulting in improved medication practice. However, further improvement was required to ensure people benefitted from effective quality assurance. **(See "What the service has done to meet requirements made at or since our last inspection")**

Leaders had reviewed how they monitor, and assure, staff competency. However, further work was needed to ensure this practice was consistent for all staff. **(See "What the service has done to meet requirements made at or since our last inspection")**

Leaders had taken steps to involve people and staff in service improvements, for example, gathering feedback through surveys. Leaders had reviewed the service improvement plan (SIP). However, the feedback from these surveys, did not feature in the SIP. We encouraged leaders to develop this further, to ensure feedback from people, and staff, could drive forward improvement. We highlighted our self evaluation tools, which leaders may wish to use to support ongoing improvement.

Unplanned events, such as accidents, incidents, and medication errors, were reported and leaders ensured appropriate actions were taken to prevent harm. For example, advice was sought promptly following a medication error. Although incidents were communicated to senior staff, learning was not consistently shared with the wider staff team. This would reduce the likelihood of reoccurrence. We highlighted this to leaders and will review improvements at future inspections.

The service had a clear complaints policy in place. People knew how and who to raise concerns with, which gave reassurance that issues would be listened to. However, full records were not available and there was limited evidence of learning from complaints being used to improve practice. We were unable to fully assure that people could be confident that concerns were always dealt with within agreed timescales or that action was taken to reduce the risk of similar issues happening again. **(See area for improvement 1)**

Where people, or their families, did not have a positive experience with the service, we were assured that senior leaders within the service had commenced an investigation, to learn lessons from these experiences. This should ensure that all people receive more consistent and planned care. We will review the outcome of this improvement work at future inspections.

Areas for improvement

1. To ensure that people and their families have confidence in the service, the provider should review complaint handling procedures. To do this the provider should, at a minimum, evidence how the outcome of complaints has informed wider service improvement and ensure records in relation to complaints are available to all those who need them.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.' (HSCS 4.21)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While we identified strengths, these were just outweighed by weaknesses which could have a negative impact on people's lives.

Staff had positive relationships with people. Staff knew people well and communicated in ways that people understood. One person told us, "Staff are brilliant and don't rush me." Staff did not appear rushed during their visits and had time to chat to people, meaning people's care needs were met at a pace that suited them.

Care times could be changed, for example, to allow people to attend health appointments. Staffing arrangements could be flexible, allowing people to receive more benefit from their care package.

Many people benefitted from consistent staff teams, which helped them to build trusting relationships. However, some people did not have regular staffing, which meant the consistency of their support was affected, particularly when usual staff were on annual leave. The provider agreed to review staffing deployment to ensure all people experienced stable and consistent staffing. **(See area for improvement 1)**

The service was understaffed and leaders worked hard to manage staff absence. While staff strived to work together to cover shifts, this did result in occasional missed care visits. We were assured that a successful recruitment campaign had resulted in improved staffing forecasts. This should mean that people have sufficient staff numbers to meet their needs.

While some people told us they felt anxious about staffing changes, most people were informed about which staff would be supporting them, and when. **(See "What the service has done to meet any areas for improvement we made at or since our last inspection")**

Most staff told us that they felt supported, and formal supervision took place more frequently. However, team meetings, did not occur as often as they should, meaning people may not benefit from a positive learning culture within the team. **(See "What the service has done to meet any areas for improvement we made at or since our last inspection")**

Staff had completed essential training, and the service had a range of "bespoke" training that should meet people's individual needs. However, it was not clear how the service identified which staff required additional training. This meant there was a risk that people could receive support from staff who did not have the necessary skills and knowledge to support them well. The provider agreed to review training arrangements to ensure all staff have appropriate skills to meet people's needs. We will review this at future inspections.

Leaders did not have reliable oversight of staffing information. Although a digital staff management system had been introduced, this was not effective and leaders could not evidence that people consistently received their planned care. As a result, leaders could not assure themselves that visits were delivered on time, increasing the risk that missed or undelivered care could go unnoticed. **(See area for improvement 1)**

Areas for improvement

1. To ensure that people receive the correct amount of support, the provider should ensure that leaders have effective oversight of staffing. To do this the provider should ensure people's assessed needs determine staff numbers and staff deployment, and that leaders have reliable systems to confirm visits are delivered as planned. This should result in improved oversight of staffing and reduce the risk of missed or undelivered care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'My needs are met by the right number of people' (HSCS 3.15).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While we identified strengths, these were just outweighed by weaknesses which could have a negative impact on people's lives.

The provider had made improvements, with almost all people benefitting from a care review. Relevant professionals, such as care managers, were invited to people's reviews. When reviews took place people, and their families, could contribute to discussions about the meaningful progress they had made. One family told us "There are regular reviews, they try and arrange them so that they are comfortable. They can speak their mind." Most care plans were outcome focussed, meaning they were designed to support people to achieve what they wanted and needed.

Many care plans contained detailed and person-centred information, which resulted in consistent care and support. People's care plans could be accessed both digitally, and in their own homes. While plans were accessible, they were not consistently updated. Some care plans did not always contain essential information, such as risk assessments, finance care plans, decision making care plans and accurate information on people's support times. This placed some people at unnecessary risk of inconsistent support. **(See "What the service has done to meet requirements made at or since our last inspection")**

Care plans contained guidance from supporting professionals, such as SALT and physiotherapy. This meant staff had clear guidance on how to keep people safe. However, care plans were not reviewed when people's needs changed. For example, when one person was prescribed a support aid, the plan did not detail how staff should support them to use this. This increased the likelihood of inconsistent care and support. **(See "What the service has done to meet requirements made at or since our last inspection")**

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

Requirements

Requirement 1

By 4th April 2025, the provider must ensure that people benefit from safe medication practices and procedures. To do this the provider must, as a minimum:

- a) Ensure "as required" medication is supported by clear and accurate care plans.
- b) Ensure the outcome of taking "as required" medication is recorded.
- c) Establish a clear procedure for the auditing of medication and assuring staff competency in this task.
- d) Ensure the providers medication procedure is reviewed and reflective of current best practice guidance.

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: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

This requirement was made on 11 February 2025.

Action taken on previous requirement

Medication practice had improved. People had detailed and person-centred medication care plans, meaning staff knew when to offer medication, including infrequent "as required" medications. This meant people received all medications at the correct time to support good health.

The provider had reviewed their medication policy, giving clearer guidance to leaders and staff. This resulted in effective audits of medication, ensuring practice was aligned with best practice guidance.

Staff medication practice was observed by leaders, meaning staff were more likely to be competent in this task. However, some medication competency assessments were not as thorough. Leaders agreed to review how medication competency assessments are carried out, which should reduce risks to people. We will review this at future inspections.

Met - within timescales

Requirement 2

By 4th April 2025, the provider must ensure that people benefit from robust quality assurance systems and processes to ensure that the service is monitored and audited. To achieve this the provider must, at a minimum:

- a) Review current audits and checks to ensure these meet the services needs.
- b) Review the frequency of current audits and checks and implement a plan to ensure these are carried out on time, by suitably skilled individuals.
- c) Ensure leaders regularly quality assure people's experiences and staff practice.

d) Feedback, to appropriate people, the outcomes of quality assurance and actions taken to address any concerns raised.

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 11 February 2025.

Action taken on previous requirement

Leaders had made some progress in improving quality assurance processes, including completing staff competency assessments. However, these improvements had not resulted in consistently effective oversight. Audits did not always identify or resolve issues, such as financial discrepancies, and reports available to leaders contained inconsistent staffing information. This limited leaders' ability to effectively monitor the service and assure themselves that people consistently received the care and support they needed. Further improvement was required to ensure quality assurance systems were accurate, reliable, and used to identify risk and improve outcomes for people.

This requirement was not met, and we agreed an extension until 10 June 2026.

Not met

Requirement 3

By 4th April 2025, the provider must ensure that people benefit from care and support that is planned, reviewed, and meets their individual needs and wishes. To do this the provider must, at a minimum:

- a) Ensure people and, where appropriate, their family/appointed representative are involved in the planning of their care.
- b) Ensure that care plans contain all necessary professional guidance and are reviewed at least six monthly, or sooner, when people's needs change.
- c) Ensure that care plans and risk assessments are based on people's needs and identified goals.
- d) Ensure that progress towards meeting people's identified goals is recorded.
- e) Ensure that people have a formal six-monthly review, which should involve social work input on an annual basis.
- f) Ensure people and, where appropriate, their family/appointed representative have input as to who should attend reviews.

This is to comply with Regulation 4(1)(a) and (5)(2)(b) 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)

This requirement was made on 11 February 2025.

Action taken on previous requirement

Improvements in care planning were inconsistent across the service. People and families reported that they felt involved in care and care planning. However, where people needed support to make decisions, care plans did not contain the necessary legal documents to support this. This could result in people receiving care and support that was not lawfully authorised, nor fully reflective of their wishes.

Care plans contained relevant guidance from visiting professionals, meaning people could experience care that met their needs. While some people experienced high quality, person centred care plans, this was not consistent for all people. This inconsistency meant that people were more likely to experience inconsistent support. (See key question 5 "How well is our care planned?")

This requirement was not met, and we agreed an extension until 10 June 2026.

Not met

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 do not experience anxiety around their care and support package, the provider should ensure that people are aware of who will be supporting them and communicate any changes with people in advance.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support." (HSCS 3.11)

This area for improvement was made on 11 February 2025.

Action taken since then

More people were aware of who would be providing their care. Leaders and staff had improved how they communicate changes in care times with people. While some people still experienced anxiety around who was supporting them, this had been heightened by a period of low staffing. People were more likely to know who was supporting them, and when. The provider should continue to work with people, to ensure they are happy with staffing arrangements.

Previous area for improvement 2

In order to ensure that staff are consistently offered opportunities to continually develop in their roles, the provider must consider the following:

- a) Implementing structured and regular supervision for staff.
- b) Establishing structured and regular staff team meetings.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "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 28 May 2018.

Action taken since then

While staff consistently told us that they felt supported, supervision did not take place regularly for all staff. New staff did not receive increased supervision to monitor their progress. Further time was needed to embed regular staff supervision to ensure people benefitted from a well supported staff team.

Some team meetings had taken place, but leaders acknowledged low attendance rates. The provider had planned meetings for the year ahead and were looking at ways to encourage staff attendance. Improved attendance should result in improved information sharing and teamwork. Further time was needed to embed regular, well attended, team meetings.

This area for improvement has not been met.

Previous area for improvement 3

The support service should be carefully planned prior to the commencement of the package of care to ensure all risks are taken into account and accurate and reliable care planning is in place.

This is in order to comply with Health and Social Care Standard 4.14: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event."

This area for improvement was made on 22 January 2024.

Action taken since then

Care plans, for people who had recently commenced their care package, were inconsistent. One person's care plan had been reviewed and supported improvements in their health; however, it did not give staff clear guidance on day to day support or levels of independence. Another person's care plan contained very limited information, with no risk assessment or evidence of review. Care plans did not contain an assessment of need, which may have informed care. As a result, staff did not always have sufficient information to support people safely and consistently in line with their needs and wishes.

This area for improvement had not been met.

Complaints

Please see Care Inspectorate website (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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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