

Share Scotland - Edinburgh Housing Support Service

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Type of inspection:
Unannounced

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Service provided by:
Share Scotland

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Service no:
CS2003053748

About the service

Share Scotland - Edinburgh, provides housing support and care at home to adults with learning and physical disabilities. It has been registered with the Care Inspectorate since 2004.

The service supports people living in shared houses and in their own tenancy in and around Edinburgh and rural west Edinburgh.

Each person's support arrangements are personal to them, they have a team of staff who support them in their own home, in their local community and on holidays if they wish to do this.

Share Scotland are committed to these six principles - Sharing spaces, freedom of choice, personal growth, nurturing relationships, support and dignity.

About the inspection

This was an unannounced inspection which took place between 18 June -26 June 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: met with eight people using the service and spoke with seven of their family representatives. We also spoke with seven staff and management.

We observed practice and daily life and reviewed a wide range of documentation.

In addition, we took into account feedback from eight questionnaires returned by family members and eight completed by staff. We also spoke with two visiting professionals.

Key messages

- Consistent staffing helped establish very good relationships with the people experiencing care. This helped people get the most from their support.
- People enjoyed a wide range of activities and outings. They were supported to maintain friendships in the community and pursue hobbies and interests.
- Aspects of staff training needed development, with a particular focus on ensuring all staff consistently completed mandatory refresher training.
- The service was very good at recognising when changes in people's presentation necessitated intervention from professionals from health and social care agencies.
- The service should develop self-evaluation approaches and broaden opportunities for key stakeholders to contribute to service development.

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

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 evaluated this key question as very good. Positive findings significantly outweighed any areas for development and contributed to very good wellbeing outcomes for people.

We observed staff interacting with people they supported. There was a consistent focus on promoting choice, effective communication and respectful approaches to care and support.

People told us they felt valued and listened to. It was evident that this helped people engage well with staff, contributing to positive wellbeing outcomes. We heard, "I like the staff, I enjoy going out with them, they are always polite and kind, it works well for me."

There was a strong focus on enabling people to participate in activities and outings. These were facilitated by staff on a planned and ad-hoc basis. People were supported to maintain family contact, friendships and engage with a wide range of community resources, for social, recreational and employment purposes.

The service was very good at observing any changes in how people presented and pro-active at seeking advice, help and guidance from professionals from community and health based agencies.

We spoke with involved professionals, receiving assurances that the service referred for their involvement appropriately and were able to follow complex guidance around key aspects of people's essential care. We heard, "they are a responsive service, they refer proactively. Staff are able to follow and implement guidance provided."

It was clear that staff used their knowledge and insight of people to support them in maintaining very good health and wellbeing outcomes.

The service was also effective at taking on an advocacy role when contributing to care planning and clinical approaches to people's care, using their knowledge and insight of people to help inform key decision-making.

Medication was administered effectively and in line with the prescriber's instruction. There was little use of mood-altering medication. We saw this as an indication that staff were good at anticipating when supported people might become stress/distressed and effective at implementing approaches to care which minimised the use of as required medication.

Records around essential care interventions were well documented. Skin and oral healthcare was routinely provided and where people required support with repositioning and maintaining skin integrity, this was clearly well provisioned.

How good is our leadership?

4 - Good

We assessed the performance of the service as good. There were clear strengths in the way the service performed, with some areas for improvement.

Management undertook a wide range of audits. This offered them insight into the effectiveness of care

delivery. Audits covered aspects of facilities, equipment, as well as the likes of medication storage, administration and care delivery.

Observations of staff practice helped establish management oversight of staff skills, competency and staff capacity to delivery good quality care.

Team meetings were convened at regular intervals and staff were provided with one-to-one supervision. Regular team meetings and supervision sessions allowed opportunities for staff to reflect on their practice, identify learning needs and discuss complex care delivery issues. Staff valued this, describing management as, "supportive, approachable and helpful."

People who experienced care told us they knew the managers and indicated they could speak to them directly. Service review provided a more formal setting for discussion and evaluation of the quality of support provided. These were routinely facilitated, although not always consistently within a minimum of six-monthly intervals.

Management should ensure reviews are convened as and when people's needs change and at a minimum of six-monthly intervals.

There were areas for improvement around self-evaluation and the involvement of key stakeholders in service development. When we spoke with family representatives, it was evident there was a strong appetite for greater consultation and involvement in service development.

The provider has a business development plan. This would be complimented by a service specific improvement plan, one which outlines key goals, timeframes for development and strategies for involvement of stakeholders in contributing to how the service operates. The service should develop its self-evaluation approaches as integral part of their wider quality assurance and improvement agenda.

We made an area for improvement which addresses self-evaluation, service development involvement and participation.

Areas for improvement

1. The service should progress its approaches to self evaluation and service improvement, placing a focus on the participation of key stakeholders in service specific development and self evaluation planning.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7); and

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

How good is our staff team?

4 - Good

We assessed the performance of the service as good. There were significant strengths in the way the service performed, with some areas for improvement.

There were a range of checks carried out before staff were employed in the service. These checks were carried out in line with best practice guidance, found in Safer Recruitment through Better Recruitment, 2023 (Care Inspectorate & Scottish Social Service Council). This meant that staff employed at Share Scotland Edinburgh were appropriately vetted for working with people with complex needs.

Staff undertook a range of training relevant to the needs of the people supported. Some of this training was bespoke and specific to the needs of individuals.

There was variation in the uptake of refresher training around core aspects of support, such as; moving and handling, infection prevention control and food hygiene.

In order to maintain essential wellbeing outcomes, the service should ensure that all staff refresh their training in line with the provider's policy (**see area for improvement 1**).

People and their families spoke positively about staff working in the service. We heard, "staff are great, very friendly and work well with XXXX. I appreciate their efforts very much." Another person told us, "staff are good, always polite and respectful." There was a consensus from the people we spoke with that made it clear staff were viewed as a considerable asset to the service.

During discussion with staff, all identified core practice values that aligned well with the provider's aims and objectives, as well as those found in the Health and Social Care Standards.

When we observed staff practice, we noted how they put values into practice. Support was delivered with warmth and kindness during their interactions with people. It was evident that staff approaches helped ensure care was person-led. This clearly contributed to very good outcomes for people experiencing care.

We considered staff skills mix and how new staff were inducted into the service. Permanent recruitment of new staff has helped create a consistent staff team, significantly reducing the use of agency workers to deliver care.

New staff were inducted thoroughly. They were mentored by established staff, learning through shadowing, observation and a core training programme. This helped ensure new staff were confident and skilled when commencing work with people experiencing care.

All staff were supported to register with the Scottish Social Services Council and undertake learning and development in line with the conditions of their registration.

Areas for improvement

1.
In order to ensure safe and effective care delivery, all staff should undertake refresher training within intervals outlined in the provider policy.

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

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	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
3.1 Staff have been recruited well	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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