

Physical Disabilities Community Opportunities Team Support Service

County Buildings
Market Street
Forfar
DD8 3WR

Type of inspection:
Unannounced

Completed on:
4 July 2025

Service provided by:
Angus Council

Service provider number:
SP2003000043

Service no:
CS2004080813

About the service

The Physical Disabilities Community Opportunities Team is a support and care at home service to adults with physical difficulties living in their local communities. The service supports people on a one-to-one basis for a period of up to 12 weeks to meet short term goals to enable people to live as independently as possible. The service covers the whole of Angus.

About the inspection

This was an unannounced inspection which took place on 30 June, 1 and 2 July 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we viewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- Spoke with seven people using the service.
- Spoke with two families.
- Spoke with staff and management.
- Received feedback from three visiting professionals.
- Received online surveys sent out prior to the inspection. We received feedback from nine people using the service, seven external professionals and five staff members.
- Observed practice.
- Reviewed documents.

Key messages

- People told us that their lives and outcomes had significantly improved due to the care and support they received.
- Quality assurance processes were managed extremely well.
- Staff worked very well together, it was a cohesive team.
- Staff had a thorough understanding of people's, views, desires, goals and needs and this promoted excellent outcomes.
- People's personal plans were clear and person-centred, people were involved in their plan.
- The approach of staff reflected the Health and Social Care Standards and promoted people's human rights.
- People valued the support from staff and told us the staff team and support were exceptional.

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?	6 - Excellent
How good is our leadership?	5 - Very Good
How good is our staff team?	6 - Excellent
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?

6 - Excellent

We evaluated this key question as excellent where performance was sector leading with outstandingly high outcomes for people.

The service provided enablement support to encourage and assist people to lead an independent and fulfilling life. We found the support promoted excellent outcomes and significantly improved people's lives. The support and approach of the service promoted and considered all aspects of people's health and wellbeing. Feedback from people and their families was exceptional. We heard about examples where staff went beyond their expectations. Some of the outcomes were life changing for people. One person told us, "It's been really wonderful, it has given me my life back" and another shared, "All areas of my life have improved, my physical health, my mental health, my confidence. It gives me a sense of hope and independence for the future, and I feel so much happier". An external professional told us, "The team are amazing they go above and beyond for every client they see. The service they provide is invaluable".

The service demonstrated an outstanding commitment to person centred care. Staff treated people and their family members with respect and compassion. Each person was seen as an individual and there was a personalised approach to care and support. The service was open, inclusive and empowering, people's rights were promoted with excellent outcomes. For example, because of the support, one person was able to access the bus independently and go shopping. Another person was enabled to attend church independently. The service really understood what was important to people and worked to achieve it. Other people had been supported to become volunteers. This meant people were enabled to get what they wanted out of life. One person told us, "It has changed everything, I am getting out, speaking to more people, I wouldn't have done it if I didn't have the lovely encouragement from staff".

People's personal plans were bespoke, person centred, provided excellent detail and were tailored to their needs. The care and support were flexible, and it fitted people's needs rather than people fitting into schedules. People were supported to take the lead in their care which was truly person centred. One external professional told us, "The team do a fantastic job with the clients they work with to achieve their goals. Every person I have referred to this service has had a very positive outcome".

The service had strong links with healthcare professionals. Referrals were made timeously. This meant people's health benefitted from the right healthcare at the right time. Communication between the service and external professionals was excellent. One professional told us, "I have been kept updated from the point of my referral going in" and another shared, "Throughout the support period I am kept fully up to date".

We observed staff were attuned and responsive to non-verbal cues from people, staff were very skilled at understanding people's needs. One person told us staff "made sure I was ok, if I needed a drink or was tired, making sure I was safe, making sure I wasn't pushing myself". Staff encouraged people to stay positive, the service was solution focused and continually built on people's strengths. This helped people keep going and to focus on their progress and goals. This approach supported excellent outcomes for people in a short period of time. It helped reduce people's anxiety and build their confidence.

Staff were extremely skilled at communicating with people using a variety of approaches and tools suited to people's needs and abilities, for example, using symbols and writing in notebooks. This supported participation and the service was flexible in being able to truly get alongside people. One person shared,

"They always included me, and they talked to me in a way that I really understood". Staff were patient and extremely skilled at simplifying instructions into manageable steps. People were encouraged and supported to participate in social activities. This enabled people to practice their communication skills which empowered and engaged people during their recovery.

The staff team had researched the local area and community resources and signposted people to suitable services. We received exceptional feedback from other professionals regarding this. We observed that some people were enabled to regain strength, mobility and independence. The approach of staff facilitated these outcomes and staff worked alongside people and participated fully in activities with people like a peer. For example, working out with someone side by side at the gym which supported someone's physical strength and mobility to improve beyond their own expectations. People thrived from the support.

We observed that one person was enabled to manage the external steps to their property after being unable to, the person was delighted to independently be able to go outside and feel the sun on their face again.

A hugely positive outcome for people was that when the support concluded, people were able to continue to access community services independently as they had the ability and confidence to do so. This supported people to live as full and as active life as possible. This also promoted excellent outcomes for people's psychological wellbeing. One person told us, "I was amazed by the transformation between my physical strength from my first meeting to the last".

How good is our leadership? 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.

The service was led well and benefited from a committed and experienced management team. Managers and staff were open to change and strived to continually improve the care and support they delivered.

People benefitted from a culture of continuous improvement with the service having a variety of quality assurance processes in place. This helped to drive change and improvement when needed.

The service had a development plan in place and had undertaken a self-evaluation of the service. This helped to set the direction and developments within the service.

There were systems in place to report and manage accidents and incidents. When staff submitted an incident report, this was triaged by the organisation's health and safety officer who ensured that the incident was managed well, and any ongoing actions were addressed. This kept people safe.

People were protected from harm or abuse. The service's safeguarding policies and procedures were supported by training for staff. People had personalised risk assessments to minimise risk of harm.

People's experiences of care were regularly evaluated. People's views about the service were considered during review meetings. The service was in the process of implementing an experience improvement model which is innovative. At the time of the inspection this was in the initial stages. Once it is implemented and embedded in practice this model will further support meaningful involvement of people and their experiences. This will not only support participation but will also contribute to meaningful service improvement that is person led. We will follow this up at our next inspection.

Questionnaires were issued to all staff on an annual basis which allowed staff the opportunity to express their opinions in relation to various aspects of their role, line manager and organisation. This meant there was a whole team approach to the development of the service.

Observations of staff practice assessed learning and competence. Outcomes from these were discussed at supervision sessions which helped to highlight good practice as well as areas for improvement.

There were clear policies, processes and protocols in place for staff to follow. Staff had been provided with laptops and phones allowing them to access these when needed. This meant we were confident staff had access to the right information to guide and support their practice.

How good is our staff team?

6 - Excellent

We evaluated this key question as excellent where performance was sector leading with outstandingly high outcomes for people.

Staff were highly motivated and invested in the service. There was a stable staff team, and staff were extremely proud of the service they delivered. Staff were given autonomy to be creative within their roles to achieve positive outcomes for people. We received exceptional feedback about the staff team. The team were extremely valued by people experiencing care and support. One person told us they were "Amazing people, doing a really good job" and an external professional shared, "a great team who have made a real difference to the people I have referred this year". Staff were very clear about their roles and worked effectively together.

During the inspection we met and shadowed staff. We found staff to be very professional, warm and welcoming. Staff valued people and this relational approach supported excellent outcomes and people using the service were enabled to be an equal participant in all aspects of their support and lives. Staff were very respectful when working in people's own homes. One person shared, "My experience with the team has always been brilliant, my dignity is always preserved".

Staff retention was excellent. People received individualised one to one support from an allocated staff member, which ensured continuity and consistency. One person told us, "This meant I was able to talk to them, I trusted them, and I felt safe".

Staff were not rushed and were able to spend enough time with people. One person told us staff "took the time and went at my pace; this has helped the whole process". A major strength of the service was that staff worked flexibly and tailored their working hours to the preferences and needs of people. One external professional told us, "Workers are very flexible and will fit in more sessions throughout the week in line with the service users' wishes". This meant staff arrangements ensured people were supported to their preferred routine and were person centred.

People were supported by staff who were skilled, knowledgeable and experienced. Records were in place evidencing staff had accessed a wide range of training appropriate to their role. This high level of compliance with training supported excellent practice which was evidenced during our observations of staff interactions with people. The management team had good oversight of the training. This meant that people experiencing care could be confident that staff were trained and competent.

Staff described their colleagues and managers as extremely supportive and approachable. There were clear points of contact should staff need support at any time. Systems were in place to support staff development which included supervision sessions and annual appraisals. This helped ensure a competent and confident workforce.

There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people. Staff meetings took place regularly. This meant staff were provided with the opportunity to share ideas, views and to support communication across the organisation.

Staff champions had been appointed who led and supported the development of staff learning across a variety of different topics, for example, manual handling and wellbeing. This allowed sharing of knowledge and skills within the team.

The leadership team recognised staff performance using an award system to mark staff achievements and celebrated successes. This helped the staff group feel valued. We observed that staff morale was extremely positive. Overall, the approach of staff and the staffing arrangements contributed to the excellent outcomes for people.

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 were active partners in decisions about their care and support. People's needs were assessed at an initial discussion meeting. At the meeting, an assessment was undertaken of the person's needs and identification of any risks. The person's desired outcomes were identified, and actions were put in place to meet these. This helped the service to ensure suitable support plans were in place to meet their needs. As stated, the approach of the service was outcome focused, building on people's strengths. For example, support plans were focused on reablement and the actions to be taken to meet the person's outcomes and goals. Guidance and plans from healthcare professionals were included and followed.

The service took a proactive approach to anticipating and managing risks to people. Where a risk had been identified, a risk assessment had been undertaken. This helped to ensure risks for people were properly managed. We observed people to be supported to take positive risks which significantly enhanced people's experiences.

People's care and support was continually monitored and reviewed. The service had an outstanding requirement made at our last inspection. We assessed that this had been met. We have reported our findings under 'What the service has done to meet any requirements made at or since the last inspection.'

People's care notes were very informative which included detailed information about the support people received, choices and outcomes met. This captured people's experiences, care, support and outcomes.

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

Requirements

Requirement 1

The provider must ensure that all service users' care plans are reviewed in consultation with service users and their representatives at least once in every six-month period.

This is in order to comply with SSI 2011/210, regulation 5(2)(b). This is a requirement for providers to review personal plans at least once in every six-month period whilst the service user is in receipt of the service.

Timescale for meeting this requirement: Six months from the receipt of this report.

This requirement was made on 1 August 2016.

Action taken on previous requirement

People and their families (if appropriate) were invited to attend two meetings during their 12-week support period to review their care and support. This created an opportunity for people to discuss and make changes to their care to support positive outcomes.

This requirement has been met.

Met - outwith timescales

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?	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	6 - Excellent
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	6 - Excellent
3.3 Staffing arrangements are right and staff work well together	6 - Excellent
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

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