

# SAMH - Moray - Housing Support Service

## Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 May 2026

**Service provided by:**  
Scottish Action For Mental Health

**Service provider number:**  
SP2003000180

**Service no:**  
CS2004081943

## About the service

SAMH Moray is a combined housing support, support service and care at home provider operated by Scottish Action for Mental Health (SAMH). The service is registered to provide a service to adults with mental health problems living in the local community. The service operates out of its base in Moray.

The aim of the service is to work in partnership with health and social work staff, using the principles of the recovery approach to support people. The service promotes positive mental health and wellbeing and seeks to prevent unnecessary hospital admissions. The service offers short-term support, a 12-week programme and longer-term support for those who require it. At the time of inspection, the service was supporting around 90 people.

## About the inspection

This was an unannounced inspection which took place on 13 May 2026 between 09:00 and 17:00. One inspector carried out the inspection. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, details of registration and complaints, and information submitted by the service throughout the inspection year.

This was a core assurance inspection to provide assurance that better performing services continue to deliver care and support that meets people's needs. It is not a validation of previous evaluations, and no new evaluations (grades) have been awarded.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances; wellbeing; leadership; staffing; the setting and planned care/support.

During this inspection, we confirmed that people continued to receive care that met their needs and protected their safety, wellbeing, and rights. We knew this because we:

- spent time with four people using the service
- received feedback from six staff and management
- reviewed survey responses from 10 people using the service, 18 staff members, and eight professionals
- observed practice and daily life
- sampled relevant documents.

## Key messages

### Legal assurances

We found the service was operating legally and in line with its conditions of registration. Registration and insurance arrangements were in place and reflected the current service provision. The number of people supported and how the service was delivered were consistent with registration requirements. People were therefore supported by a service that was accountable, compliant and provided assurance around safety and governance.

### Wellbeing

People spoke positively about the service. One person described staff as "caring and supportive" who "take time to listen", whilst another told us they "would struggle without" their support. People described feeling reassured knowing support was available when needed. This reflected trusting relationships that supported confidence and emotional wellbeing.

Staff understood their responsibilities in relation to adult protection and demonstrated confidence in recognising and responding to concerns. Staff were able to describe when concerns should be escalated, including when adult protection thresholds were met. This provided assurance that risks to people would be recognised and responded to appropriately.

Staff understood the risks relevant to the people they supported. This included mental health deterioration, trauma, self-neglect and substance use. Staff described how they recognised changes in presentation and responded by increasing support and involving external professionals. This supported early identification and effective management of risks to people.

Staff responded sensitively to people experiencing distress. For example, when someone became anxious, staff offered reassurance and a quiet space to talk. Staff also provided calm and supportive communication over the phone, reinforcing coping strategies and offering reassurance. This demonstrated a compassionate and responsive approach that supported emotional wellbeing.

The service demonstrated a strong focus on recovery and independence. People were supported to build routines, manage tenancies and engage with their community. For example, one person was supported to maintain daily structure and independence, including support with preparing meals, shopping, managing medication and maintaining their home. Others were supported to access services such as rape crisis support, food banks and wider community resources, helping to increase engagement over time. This enabled people to make meaningful progress and achieve positive outcomes.

Staff supported people with their medication through prompts, monitoring and observation. Staff recognised when presentation may indicate concerns and escalated appropriately. This supported people to manage their health and maintain stability.

Systems to support people with their finances were safe and well managed. Records reviewed demonstrated clear documentation and appropriate oversight. Staff supported people to manage budgets, pay bills and reduce financial risk while maintaining independence. This ensured people's finances were protected while promoting stability in daily life.

Overall, people experienced compassionate, recovery-focused support that promoted their wellbeing and independence.

## Leadership

Leadership was strong. Leaders showed a clear understanding of how practice was monitored and how information informed improvements. Staff described leaders as "approachable and supportive" with an "open door" approach, reflecting accessible and visible leadership. Staff felt able to raise concerns and reflect on practice. This supported people to experience reliable and well-managed support.

Leaders recognised and responded to incidents and changes in people's needs. Information was recorded, shared and escalated appropriately, supporting a co-ordinated approach. There was evidence that learning from incidents and changes in presentation were discussed within the team, strengthening shared understanding and supporting improved practice. Consequently, care was adapted to people's changing needs.

The service demonstrated a commitment to improvement through an improvement plan. Leaders identified areas for development and implemented changes to enhance outcomes for people. For example, the development of group work, including a women's group, showed how the service responded to identified needs and adapted provision. This supported a service that continued to evolve in line with people's needs.

Partnership working was strong and reflected positive leadership within the service. Professionals provided positive feedback and described the service as well led and "making a real difference for people," whilst helping people achieve more stability in their lives. This demonstrated that leaders had established good collaboration and a shared focus on improving outcomes. In turn, people benefited from coordinated support that promoted stability and wellbeing.

Overall, leadership was effective and promoted a culture of continuous improvement and high-quality care.

## Staffing

People were supported by a consistent and skilled staff team. Continuity of staff supported the development of trusting relationships and helped ensure care was delivered in a reassuring way. People spoke positively about staff, describing them as "supportive" and "reliable," and said this consistency contributed to a sense of security and stability.

Safe recruitment processes were followed. Sampling of staff files confirmed that appropriate pre-employment checks were completed. Induction included training, shadowing and competency development, supporting staff to build confidence in their roles and deliver care safely. People were therefore supported by staff who were suitable and well prepared.

Systems were in place to support safe lone working. Staff described clear procedures, including maintaining contact with the service and escalating concerns when required. These were understood and followed in practice, reducing risks and ensuring people and staff remained safe in the community.

Staffing arrangements were stable and workloads were manageable. Staff responded flexibly to changes in people's needs, including increasing support during periods of crisis. Staff described a supportive team environment with regular communication, team meetings and supervision, supporting consistent and informed approaches to care. This enabled staff to provide responsive and reliable support.

Overall, people were supported by a capable and well-supported staff team who delivered consistent and reliable care.

### Planned care/support

Personal plans were person-centred and outcome focused. Plans were detailed, personalised and reflected people's needs, risks and goals. For example, some people had identified goals around building confidence, increasing independence and engaging more in daily activities. Records showed progress towards these outcomes over time, with people taking more control of decisions. One person told us they wanted to "build my confidence," which was clearly reflected in their care planning and progress. Care was well planned and focused on achieving individual outcomes, supporting people to build confidence and make meaningful progress in their lives.

Risks were documented and well understood by staff. Care plans detailed risks such as self-harm, trauma, substance use and vulnerability to financial exploitation. Staff demonstrated a good understanding of these risks and how to respond, with plans outlining triggers, early warning signs and guidance for action, including increasing support and involving other professionals. This supported people to remain safe while maintaining independence.

People were involved in discussions and reviews about their support. One person told us, "They always ask me what I want to bring up before the meeting," which helped them feel prepared and included. This was mostly reflected in records, where people's views, preferences and agreed outcomes were mostly documented. People's voices were therefore evident in care planning and decision making, supporting meaningful involvement in their care.

Recording and paperwork were generally well maintained, although there was some minor variation in the quality of records. The service had already identified this and was taking action to improve. This did not impact how care was delivered or experienced and will be followed up at future inspections.

Overall, people experienced well-planned and person-centred care that supported their wellbeing and progress towards their individual outcomes.

## 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).

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