

Glasgow Area 2 Housing Support Service

Community Integrated Care
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Type of inspection:
Unannounced

Completed on:
4 June 2025

Service provided by:
Community Integrated Care

Service provider number:
SP2003002599

Service no:
CS2004073808

About the service

Glasgow Area 2 is a Housing Support and Care at Home service. The provider is Community Integrated Care. The service is provided for adults with a learning disability. Some of the people who use the service also have an additional physical or sensory impairment, and complex communication support needs.

The service can also support up to 10 people with physical or mental health needs, or acquired brain injury, living in their own homes. Five staff teams currently provide care and support to people in their own homes, either individually or in groups of up to six, located across 12 houses, mainly in Glasgow. Glasgow Area 2 is organised into five 'clusters' with a service lead for each; the registered manager oversees these five clusters. The clusters are referred to as services and we will call them this in the report.

At the time of the inspection the service supported 37 people.

About the inspection

This was an unannounced inspection which took place between 27 May and 5 June 2025. We visited between the hours of 9:30 and 17:30. The inspection was carried out by two inspectors 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:

- spoke with ten people using the service and two of their family members;
- spoke with 19 staff and management;
- observed practice and daily life;
- reviewed documents;
- received five surveys from people who are supported by the service, and their supporters.

Key messages

People's support was individualised and person centred. This meant that people were supported to meet their own goals and wishes.

Advice and support from relevant professionals was actively sought to develop people's plans. This meant that people had their health needs met.

There had been a recent change to the management structure of the organisation. This had led to a period of vacant posts which had been filled when we finished our inspection. Staff reported that they felt positive about the new management team.

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?	4 - Good
How well is our care and support planned?	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?

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 provider identified that there was a need to focus on providing meaningful activities for some of the people supported by the service, we saw that this was one of the areas that the service leader had identified for their service. In other services people were supported to have new experiences and to participate in a range of activities. There were opportunities to socialise with peers, friends, family and the wider community. We saw evidence that people were setting their own goals and being supported by the service to meet these. This meant that people's support was focussed on providing individual support based on their needs and wishes.

Input from other relevant professionals, families and people was evident where relevant. There was evidence that physiotherapists, learning disability nurses and speech and language therapists were involved in planning people's care. This ensured that people received care and support based on the advice of professionals with expertise.

Where people had specific dietary needs, these were well met and people were able to make choices within the limits of their dietary needs. Medication practice ensured that people received their prescribed medication in a safe way, though there was some inconsistencies around how records were kept. The provider was involved in some improvement work with the Care Inspectorate to ensure that medication practice was in line with best practice.

We found that some people were receiving medication covertly without having up to date plans in place for the administration of this. These plans should be agreed with the person and their legal proxies where appropriate. In addition to this some people lacked the correct paperwork for use of restraint, specifically straps for wheelchair users, personal fire evacuation plans, and legal status under the Adults With Incapacity (Scotland) Act 2000. We did not have any concerns around the practice of staff but the required paperwork should be in place. We appreciate that changes in the management team have meant there have been gaps in responsibility in the service which has led to some of these areas of slippage. These areas of improvement were added to the service action plans during our inspection and we were confident they would be addressed. We have written an area for improvement to ensure that this area is followed up. **(See area for improvement 1).**

Staff that we spoke with knew the people they supported well and we observed positive and friendly interactions between people and staff. People benefitted from these good relationships. Staff members demonstrated that they were able to identify when a person had a change to their health or wellbeing and made appropriate referrals to relevant professionals when required. There were some particular challenges for the service supporting people to age well and appropriate advice was sought to ensure that people's care needs continued to be met.

Areas for improvement

1. The provider should ensure that all of the people supported by the service have up to date paperwork in their files.

This includes but is not limited to:

- a) Pathways for the administration of covert medications
- b) Legal status under the Adults With Incapacity (Scotland) Act 2000
- c) Risk assessments and signed agreements when restraint is used, including wheelchair straps.

This is to ensure that the provider complies with their legal and safeguarding duties.

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

"If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively". (HSCS 1.3).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service was nearing the end of a period of organisational restructure when we completed our inspection. This included changes to the management structure in addition to new people being recruited into senior posts. This meant that the service needed some time to evidence that leaders were effective at ensuring that people were receiving good quality care.

We could see that the provider had robust systems in place for monitoring of service delivery and quality. Regular audits were carried out by Service Leads, the registered manager, the quality assurance team and the operations manager. Actions were added to a centralised system which management at all levels had oversight of. This meant that the system had the capacity to support management to monitor progress on agreed actions. Actions included ensuring staff training and supervision was up to date and that people supported by the service had up to date reviews. We felt confident that the processes in place were robust.

Feedback from staff working in the service was positive about the change of leadership. Some noted they felt there was more clarity with the new structure. They also reported that the senior management team were more visible in the services and that they knew who to approach if they had any concerns. This meant that staff felt more confident in the leadership than they had done previously.

Two previous areas for improvement were in place from previous inspections. These have been partially addressed, we could see that due to there having been periods where posts were still to be filled that there had been a delay in progressing actions in some of the services. We have written a new area for improvement here to reflect the progress made but to ensure that these areas remain in focus. **(See area for improvement 1).**

Areas for improvement

1. The provider should ensure that quality assurance process in place are used for the benefit of people using the service. To do this, the provider should, ensure that all audits are carried out in a transparent and timely manner and that appropriate actions are agreed and implemented

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).

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.

People are supported in their own homes either on an individual basis or in a small group. The number of staff supporting each person is agreed with the local authority commissioning team. Staff reported that they generally felt there was enough staff on shift to meet people's needs and that staff worked well together. There was an agreement in place with a social care agency so that on the occasions when there was a need to use agency staff the agency sent staff that were already known to the service and the people who live there. This helped to minimise the disruption of having non-permanent staff.

Members of the staff team who spoke to us said that they felt that the new structure and management team meant they were more supported in their roles than they used to be. Some had felt that they had not been given sufficient guidance to do all of the parts of their role well previously. However, the new management team were ensuring that staff had time for supervision and that staff were up to date with their training. This helped to support the staff team to be competent and confident in their roles.

The staff team had regular opportunities to feedback on their experiences through team meetings. In addition to this the format for staff supervision, called 'You Can' by the provider, ensured that staff had opportunities to raise any issues they had. The format was designed to encourage staff to develop reflective practice as well as to be a support for management if there were any performance management issues. This meant that staff had opportunities to share concerns and suggest improvements.

Feedback we received from families was that the staff are good and know the people they support well. There were some concerns from families and staff that there had been a high level of staff turnover, this can have an impact on people while new staff get to know the people they support. There had been some recent recruitment which it was hoped would help to ensure a stable staff team. We found that staff were recruited safely. We fed back on ways in which the recruitment process could be improved to ensure transparency or decision making, and that good quality staff are recruited.

How well is our care and support planned?

4 - Good

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

Personal plans were well written, person centred and written in a way that was respectful to the person. There was a good level of detail in plans to ensure that staff knew people's likes, dislikes and routines. This meant that plans gave clear direction to staff about the needs of the people they were supporting.

People's families and external professionals were involved in developing people's plans, where appropriate.

This ensured that people had plans written based on their individual needs as well as on expert advice.

Limitations of the electronic system used for planning and recording people's care meant that the dates of updates were not always accurate. This meant it was hard to be sure if people were receiving care based on a recent assessment of their needs and wishes. This was passed to the management team who agreed to address this with the system provider so that a suitable solution can be found.

We found that in the services where there had been vacant service leader posts that there were some people's plans that would benefit from a thorough audit to ensure that they are accurate. It was evident that some areas of people's plans had been reviewed and updated but not all. This was discussed with the new service leaders and added to their action plan.

Some of the people supported by the service regularly showed signs of stress and distress. It is important that staff have the skills and confidence to respond to these situations appropriately. The provider uses Positive Behavioural Support (PBS) which is a methodology to prevent people from experiencing distress because of their environment or support. People and staff would benefit from a more robust approach to this method as the incident tracker for the service showed inconsistent approaches to supporting people. If the correct support is not provided it can lead to injury to people or to the staff supporting them. We have written an area for improvement for this. **(See area for improvement 1).**

Areas for improvement

1. The provider should ensure that people who regularly display signs of stress have detailed Positive Behavioural Support plans written. These should give staff clear and consistent guidance for supporting people at these times. These plans should be complimented by training and ongoing support from the provider's Positive Behavioural Support specialists.

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).

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

In order that people's outcomes are planned for and met, the provider should ensure that auditing of people's plans reviews content of plans in addition to the quality of record keeping. Information gathered in audits should be used to continually improve the quality of recording and to better evidence people's outcomes.

Audits should include, but are not limited to:

- Ensuring that intended personal outcomes are clearly defined in people's plan.
- Ensuring that actions taken to meet these are recorded.
- Ensuring that activities the person took part in are clearly recorded in their daily notes.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'.
(HSCS 1.25).

This area for improvement was made on 7 November 2024.

Action taken since then

In many people's plans the section for outcomes was being used. We saw and heard about some positive examples where people had agreed outcomes that were personal to them and were being supported to meet these. One person had discussed their wishes at their review meeting and the service began to work to meet their wishes.

The service had identified a need to support some people who are less able to express their own wishes to live a fuller life.

This area for improvement has been met.

Previous area for improvement 2

For people to benefit from improvements to the service, the manager should ensure that areas identified from the service's quality assurance procedures needing attention are followed up.

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 area for improvement was made on 6 March 2023.

Action taken since then

The systems in place for recording and monitoring actions taken were robust and the management team expressed a commitment to ensuring that there is better management oversight.

We found that in some services there were outstanding actions, however, these services had been subject to vacant service leader posts so we appreciate that this will have had an impact. We have written an area for improvement under key question one to reflect the need to ensure that this is an area that the new management team must continue to improve on.

This area for improvement has 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.

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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