

Cloverfield Grove Housing Support Service

Bucksburn
Aberdeen
AB21 9PU

Telephone: 01224 358 540

Type of inspection:
Unannounced

Completed on:
2 June 2025

Service provided by:
Aberdeen Association of Social
Service, a company limited by
guarantee, trading as VSA

Service provider number:
SP2003000011

Service no:
CS2004068563

About the service

Cloverfield Grove is a supported living complex registered to provide care at home and housing support for adults. The service is provided by Voluntary Services Aberdeen (VSA) and is located close to local amenities in a residential area in Aberdeen City.

Each person has their own spacious one bedroom flat and there are a number of communal areas where people can choose to sit and socialise together within the complex. Meals are provided in the two cafes located on each floor. There is also an extensive well-maintained garden.

About the inspection

This was an unannounced inspection which took place on 26 and 27 May 2025. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 16 people using the service
- spoke with several members of staff and the management team
- received 26 completed feedback forms from people who live at the service and their relatives
- received 21 completed feedback forms from staff
- received feedback from four visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported by a staff team who were friendly and respectful and benefited from positive relationships with staff.
- Some personal plans lacked information about identified health and wellbeing needs and risks.
- Quality assurance processes and systems did not highlight areas of improvement effectively.
- The service needed to improve quality assurance and management oversight.
- The service must ensure that they regularly review and assess people's care and support needs and ensure that the outcome of these assessments informs staffing arrangements.
- Personal plans did not always reflect people's outcomes and wishes.

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?	3 - Adequate
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?

3 - Adequate

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

During the inspection there were 33 people staying at Cloverfield Grove. Each person had their own flat with a kitchen and lounge area, bedroom and shower. Family members were welcome to visit at any time.

People were able to access the various communal spaces located around the building. They were clean, bright and welcoming. People also had access to a large well-maintained garden. This meant that people felt at home and were able to spend time with others or in their own flats when they wanted to.

We saw friendly and respectful interactions between staff and the people they supported. Most people said they were happy with the care and support they or their family member experienced. They said, "we are delighted with the standard of care" and "staff will always help me when I need it". However, some people said they experienced a delay in staff responding to their needs.

People enjoyed the opportunity to take part in various activities, such as Zumba, bingo and movie nights. Professionals said they felt that there were activities taking place which people enjoyed. This meant that people had opportunities to spend time with others or be on their own if they chose.

People had a variety of health and wellbeing needs. An admission form was completed prior to people moving in. This document identified people's support needs and risks, however these identified needs and risks had not always been recorded in people's support plans or risk assessments. We also saw other health and wellbeing needs and identified risks that had not been included in people's personal plans. These areas included mental health, epilepsy, nutrition and pressure area care. This meant that staff did not always have access to the information required to ensure that people's needs were met and that the risks were reduced. **(see requirement 1)**

A falls assessment tool was completed on admission to the service and people had falls risk assessments in place. The service recorded incidents of falls however, it was not clear what management oversight there was regarding the number of falls that had occurred or what actions had been taken to reduce risks. We discussed this with the manager during the inspection. **(See requirement 1 under key question 2 'How good is our leadership?')**

The service worked with external professionals involved in people's care. This meant that people's needs were being assessed and reviewed. Professionals said staff were supportive and willing to listen to advice, one said they found the service worked hard to be person centred. One professional said that they felt staff did not always follow people's care plans and protocols and on one occasion this had led to a medication error.

We observed handovers between shifts. Information was being duplicated due to staff's shift times. We spoke to the manager about this during the inspection and suggested that the current process be reviewed to ensure that it was robust and effective, so that people received the right care and support. **(see area for improvement 1)**

Procedures for administering medication were in place. People's medication was stored securely in their flats and staff were trained to administer medication. Where necessary there were protocols for as required

medication and staff recorded the outcome of this when it had been administered. This meant people received safe and effective support with their medication needs. The service told us of their plans to move to an online medication system which they hoped would have a positive impact on people and reduce errors.

The service provided a lunchtime and evening meal. People could choose to have their meal in one of the cafés located on each floor, or in their own flat. People enjoyed chatting to each other and staff at mealtimes. Meals were provided by an external catering company and reheated in the service. We heard that the service were planning to prepare and cook meals onsite in the future to enhance the mealtime experience for people.

We saw evidence of support plan reviews and annual reviews taking place, however some support plan reviews were overdue which meant that they were not always taking place as regularly as they should be. **(see requirement 1)**

Requirements

1. By 30 August 2025, the provider must ensure that people receive care and support that meets their needs and outcomes.

To do this the provider must at a minimum, ensure:

- a) that personal plans are accessible to staff, accurate, outcome focussed, detailed and updated when people's needs change.
- b) that personal plans contain sufficient details around people's health and wellbeing needs and that any risks identified are included in their personal plans and risk assessments.
- c) that reviews take place, at least every six months, and are outcome focussed.
- e) personal plans reflect the views and wishes of people and/or their welfare guardian/appointed representative.
- f) personal plans and daily records reflect individual experiences and personal outcomes.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17).

Areas for improvement

1. To support people's health and wellbeing and improve the quality of support the provider should ensure that they review their handover process to ensure that handovers are effective and robust and provide staff with the information they require about people's needs so that they can respond appropriately.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

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

The manager was visible in the service and there was a team leader on each shift during the day.

Whilst the provider had quality assurance processes and tools in place some of these had not been completed in the service for a number of months. We were reassured that the provider had recently identified some of these gaps and taken some initial steps to address these. However, further work is required to ensure that there is management oversight of all aspects of people's care and service delivery to ensure people's outcomes are met. **(see requirement 1)**

Information was available to let people know how to provide feedback or make a complaint. Most people said that if they had a concern they knew who to raise this with, however people also said that they didn't always find out about the outcome of their concern. Regular tenants' meetings took place which were well attended however most people we spoke to and their families told us that they didn't feel involved in how the service was run. **(see area for improvement 1)**

There was a service improvement plan in place however it was not clear when this had been last reviewed. We spoke to the manager about ensuring that the plan was regularly updated and reviewed and that it should include the views of people who use the service and staff. **(see area for improvement 1)**

We were unable to see evidence of what action the service had taken in response to learning from adverse events to improve people's support and staff practice. For example, we heard how one incident had been verbally discussed but there were no records of this discussion. The service should ensure that there is a clear process in place and that records are kept that include any learning and actions identified. **(see requirement 1)**

Requirements

1. By 30 August 2025, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this the provider must, at a minimum:

- ensure that quality assurance processes, checks and audits provide accurate and meaningful information about the quality of care and support and how the service is provided
- ensure that information about the quality of the service is used by the leadership team to identify what is working well and what can be improved to support better outcomes for people
- ensure that any areas of improvement that could pose a risk to people's health, safety or wellbeing are investigated and acted upon in a timely manner
- ensure that all relevant incident and accidents are appropriately investigated and that any actions arising from these investigations are recorded with timescales and details of who is responsible

e) ensure actions identified are recorded and completed in a timely manner.

This is to comply with regulations 4(1)(a), 4(2) and 18 (7) 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 states:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

Areas for improvement

1. To promote positive outcomes for people, the provider should develop their service improvement plan. This should include, but not be limited to, their own self evaluation of the service and the views of people and their families who use the service.

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

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

and

'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?

3 - Adequate

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

Most people and their families spoke positively about staff. They said they "got on well with staff", that "staff knew them well" and that they felt respected and listened to. This meant that people benefited from positive relationships with staff.

During the inspection staff were visible and responded to people's needs in a timely manner. However, one professional told us that their client had to wait to be supported and that they felt staffing levels could be improved. We shared concerns with the provider from another professional around staffing levels at certain times of the day. Another professional said there had been a high turnover of staff which was unsettling for people who relied on consistency. Most people said that they felt staff had enough time to support them, however some staff said they didn't always feel they had enough time to care and support people without rushing.

At the last inspection we identified an area for improvement for the provider to regularly review and assess people's care and support needs and to ensure that the outcomes of these assessments are used to inform staffing arrangements. See 'What the service has done to meet any areas for improvement made at the last inspection' this has now been made a requirement. **(see requirement 1)**

Shifts were planned and organised and identified key tasks for staff, such as medication administration, personal care and activities. This meant that shifts were planned effectively and people knew their responsibilities.

Staff meetings were held regularly. The agenda included time to reflect and discuss what had worked well or not so well. However, for one incident valuable learning opportunities had not been recorded as we were informed this had been discussed verbally and not recorded. This meant that some learning opportunities could be missed. **(see requirement under key question 2 'How good is our leadership')**

Staff were trained to support people. Staff had completed training in various areas including moving and handling, first aid and medication administration, most staff's training was up-to-date.

There had been a number of new staff employed recently. New staff completed a centralised induction prior to commencing their service induction on site and an induction workbook template was completed. The service had identified a number of gaps in the induction paperwork for some staff which they had begun to address.

Most staff said their induction prepared them for their role and that they were given the training they needed to do their job well.

Staff support and supervision was completed according to VSA's procedure. All staff said they felt well supported and confident in carrying out their role although some staff said they didn't have regular supervision and appraisal.

Requirements

1. By 30 August 2025, to ensure that people's care and support needs are met, the provider must ensure staffing arrangements are safe and effective.

To do this the provider must, at a minimum:

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcomes of people's assessments are used to inform staff numbers, skills mix and arrangements
- c) implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support, including in an emergency situation.

This is in order to comply with section 7(1)(a)(b)(c) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people' (HSCS 3.15)

and

'I am confident the people respond promptly, including when I ask for help' (HSCS 3.17).

How well is our care and support planned?

3 - Adequate

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

Each person had a personal plan. The service used an online care planning system and staff accessed people's personal plans on tablet devices. (see what the service has done to meet areas for improvement from the last inspection)

It was positive that the majority of people said their personal plan supported them to do the things that mattered to them and that they were involved in developing and reviewing their plan. However, this was not consistent, some people told us that they were not involved in the personal planning process, which meant people were not as included as they should have been.

Daily records did not always reflect people's outcomes, and we could not be assured of the accuracy of these records as we saw incorrect information recorded about one individual in their daily notes which we highlighted with the manager during the inspection.

As reported under section 'How well do we support people's wellbeing', people's plans lacked detail around their health and wellbeing needs and identified risks. There was also a lack of information and detail about people's outcomes and wishes. **(See requirement 1 under key question 'How well do we support people's wellbeing?').**

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's health and wellbeing needs are accurately evaluated, the provider should ensure daily recordings and care plans reflect individual experiences and personal outcomes.

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 area for improvement was made on 6 May 2024.

Action taken since then

We sampled daily records and personal support plans. Some plans contained more detail than others. We could not always see how daily records and plans reflected people's experiences and outcomes. For more information see key question 'How well do we support people's wellbeing?' and key question 'How well is our care planned?'.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1 'How well do we support people's wellbeing?'.

Previous area for improvement 2

To ensure that people's care and support needs are met appropriately, the service should develop a system for information to be easily available to all staff who would be supporting an individual.

This is to ensure that care and support is consistent with the 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 have a say on who provides my care and support' (HSCS 3.11).

This area for improvement was made on 6 May 2024.

Action taken since then

The service used an electronic system for personal support plans and daily notes. Staff access the information on tablet devices. We saw staff writing notes by hand during their shift and transferring them onto the system later. This meant there was a duplication of work and a potential risk of information being missed when transferred. We also saw staff having to wait for access to the tablet devices when others were using them.

Relief and agency staff could access the information by using a temporary log in however due to the limited number of tablets it may be more difficult for unfamiliar staff to get access to read support plans prior to working with people at key times.

We spoke to the manager at the time of inspection about reviewing the number of devices that were available and how they were being used to ensure that this was effective.

This area for improvement has not been met.

Previous area for improvement 3

The service should ensure people's needs are met by the right number of staff.

This should include but is not limited to.

- a) Continue to regularly assess and review people's care and support needs.
- b) Demonstrate how the outcome of people's assessments are used to inform staff numbers and arrangements.
- c) Continue to use quality assurance system to evaluate people's care experiences to ensure staffing arrangements are effective in providing person-centred support.
- d) Be open with staff and service users about decisions on staffing arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident the people respond promptly, including when I ask for help' (HSCS 3.17).

This area for improvement was made on 6 May 2024.

Action taken since then

During the inspection the manager confirmed that no action had been taken to date regarding this area for improvement. See key question 'How good is our staff team?' for more information.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 3 'How good is our staff team?'.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.