

# Inspire Community Living Project Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
3 June 2025

**Service provided by:**  
Inspire (Partnership Through Life) Ltd

**Service provider number:**  
SP2003000031

**Service no:**  
CS2010279592

## About the service

Inspire Community Living Project is a combined care at home and housing support service supporting individuals living in their own homes. The service supports people with learning disabilities, physical disabilities, and mental health conditions.

The service offers flexible packages of support tailored to individual needs and currently range from a few hours per week to 45 hours per week. At the time of inspection the service was supporting approximately 100 people across Aberdeen City and within the town of Inverurie in Aberdeenshire.

The service is provided by Inspire (Partnership Through Life) c/o Community Integrated Care.

## About the inspection

This was an unannounced inspection which took place between 20 May 2025 and 30 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 information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and four of their family/representatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed completed survey responses from people, staff, and visiting professionals. We received a total of 14 responses.

## Key messages

- People were supported by staff that knew them well.
- Staff recognised changes in people's needs and were responsive to these.
- The service supported people to take part in a range of social activities.
- Some areas of leadership oversight could be further enhanced.
- The service requires to make improvements to ensure people have detailed support plans.

## 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?	4 - Good
How good is our staff team?	5 - Very Good
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?

4 - Good

We evaluated this key question as good. The strengths of the service clearly outweighed areas for improvement.

People benefitted from being supported by small and consistent staff teams. Staff interacted with people in a very warm and friendly manner and it was clear they knew people well. People told us that staff were "lovely" and "excellent". This meant people experienced warm, positive, and compassionate relationships.

The service demonstrated a responsive approach to the changing health needs of individuals. For instance, when staff observed a change in someone's condition and presentation, they promptly sought appropriate medical advice. In order to ensure the person was supported to understand their diagnosis, the service involved the wider multi-disciplinary team, such as the person's social worker and speech and language therapist (SALT) as well as the person's family. This reflected a strong awareness of the person's needs and a commitment to ensuring the person received the right healthcare from the right people at the right time.

In addition, the service recognised when an individual was at risk from protection concerns. The service understood their responsibilities and appropriate referrals were made to the adult support and protection (ASP) team. This supported effective communication between the wider healthcare professionals and ensured opportunities to improve people's health and wellbeing were taken.

Significant effort was invested in organising a number of social events which were open to anyone using the service. These included a weekly 'Chinwags' group, a supper club, and a yearly pantomime. For some people, these events provided a focus to their week and encouraged people to spend time with others. People told us they thoroughly enjoyed participating in the activities which supported them to form new friendships and gave a reason to "get me out of my flat".

The service was sensitive to the needs and wishes of people. Support had been tailored to encourage those who had found it difficult to engage with their support package to become more comfortable and involved. This meant people were able to benefit from the support available and enjoy being part of the community.

Some people were experiencing changes to their current day service provision. The service had supported people to explore alternative options and opportunities. As a result, some people had started to attend community-based groups, such as a local 'Men's Shed' and an art group.

People were supported to make choices and staff respected people's expressed needs and wishes. This meant people felt listened to and ensured that the support they experienced was driven by individual preferences.

## How good is our leadership?

4 - Good

We evaluated this key question as good. The strengths of the service clearly outweighed areas for improvement.

The service had an established quality assurance system with input from local managers, senior managers, and those with wider support roles in the organisation. Whilst this was a useful system to monitor service

delivery, there were some inconsistencies highlighted. This meant that there could be delays in identifying areas for improvement and implementing any required remedial actions (see area for improvement 1).

The service had a system to record any unplanned events, such as accidents and incidents. Appropriate investigations were carried out following an unplanned event which supported the service to identify any actions required to minimise future occurrences. The service should ensure all relevant notifications are made to statutory agencies, such as the Care Inspectorate. To support this we highlighted our guidance 'Adult care services: Guidance on records you must keep and notifications you must make'.

Some people who received support from the service were part of the organisation's 'Voice Groups'. These gave opportunities for people to share their experiences and ideas at a regional level. Although the service had a service improvement plan, this was largely driven from audit activity and therefore it wasn't clear how the involvement with the 'Voice Groups' impacted on the service.

People told us that the leadership team were very approachable and they were comfortable to raise any areas of concern. When issues did arise these were acted on. However, the service should facilitate appropriate communication to ensure a satisfactory outcome.

## Areas for improvement

1. To ensure that people's outcomes are supported by consistent and effective systems for the delivery of their care, the provider should ensure robust quality assurance activity is 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?

### 5 - Very Good

We evaluated the service as very good at supporting people's wellbeing. This is because the service demonstrated major strengths in supporting positive outcomes for people.

The service followed a robust recruitment and selection process which followed the principles of good practice guidance 'Safer recruitment through better recruitment'. New starts were matched according to their skills and interests to ensure that they were a good fit for the person they would be supporting. In addition, the service supported new staff through a thorough induction programme. This ensured staff had been recruited appropriately to keep people safe.

Staffing arrangements were based around the needs and wishes of individuals. This meant people received the right amount of support to enable positive outcomes as well as time to engage in meaningful conversations. The service was flexible in its approach and took on board feedback from people when there was a need for staffing arrangements to change. For example, the service ensured it acted on feedback from a professional around the need to provide a more consistent staff team to improve the emotional support for an individual.

Staff felt supported in their role and worked well together. Monthly team meetings were held and this gave staff the chance to collaborate and share experiences. In addition, all staff had regular individual supervision sessions. These gave protected time and opportunity to reflect on practice and discuss any areas of development.

Training records indicated that staff had completed a wide range of training and the systems in place meant the service was able to ensure people's training was kept up-to-date. Staff told us they felt they received the right training to enable them to support people well. Where additional training was required, the service ensured this was provided. This ensured people were supported by an appropriately skilled staff team.

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate. Whilst some strengths could be identified, these just outweigh weaknesses.

People had support plans and these were accessible by an online electronic planning system. The standard of support plans was inconsistent across the service. Some plans did not contain sufficient detail to guide staff to provide the most appropriate support for an individual. For example, where people experienced periods of stress and distress, plans did not always indicate the proactive support required for the person. This may prevent staff from providing the best support to maximise people's wellbeing (see requirement 1).

Where people's independence, choice, and control were restricted, the appropriate legal and support arrangements were not in place. For example, the arrangement of placing restrictions on access to food for one individual did not indicate that this had been implemented in line with legal and ethical considerations in order to promote people's rights (see requirement 1).

The service ensured most people had regular reviews. People's involvement in reviewing their support plans was inconsistent. Whilst some people were able to express their preferences and wishes independently, others required the support of family and/or legal representatives. Some reviews were held without the input of others and, therefore, this limited the opportunity to ensure people were fully involved in shaping their support and decisions about the service (see requirement 1).

## Requirements

1. By 31 August 2025, the provider must ensure people have up-to-date, accurate support plans and recordings.

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

- a) Audit all support plans.
- b) Ensure support plans detail health conditions and the support the individual requires around this, including any professional guidance and risk assessments.
- c) Identify and review any practice that has the potential to restrict people's independence, choice, and control and ensure any agreed restrictions are clearly recorded in line with good practice guidance.
- d) Ensure people are involved in regular reviews, involving those who are important to them.
- e) Ensure daily recordings reflect the support provided.

This is to comply with Regulation 5(1)(iii) (Personal plans) 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).

## 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).

## 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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