Allarton
Housing Support Service

19 Broomhill Gate
Glasgow
G11 7NU

Telephone: 01413 391 383

Type of inspection:
Unannounced

Completed on:
19 June 2025

Service provided by:
Church of Scotland Trading as Crossreach

Service provider number:
SP2004005785

Service no:
CS2019373947

About the service

Allarton is registered with the Care Inspectorate to provide a service to adults with mental health issues living in their own homes. The provider is Church of Scotland Trading as Crossreach.

Allarton is situated in a residential area in Broomhill (Glasgow) and is close to shops, transport links and other public amenities.

Accommodation is provided over three floors with lift access. Each floor has communal kitchen and lounge areas. The basement provides a larger lounge/activity area, which all tenants can access. Staff office space and a visitors' room is located on the ground floor. There is also a communal kitchen and utility room. An enclosed private garden is located to the rear of the building.

All 14 bedrooms are single with an en-suite toilet and shower. Four of the bedrooms have food preparation facilities. Two shared bathrooms are available, with one having an assisted bath.

At the time of this inspection support was being provided to 12 people.

About the inspection

This was an unannounced inspection which took place on 18 and 19 June 2025.

Feedback was provided to the management team on 19 June 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 four people using the service;
- spoke with four family representatives;
- spoke with nine staff and management;
- spoke with two external professionals;
- observed practice and daily life;
- reviewed documents.

Key messages

• Staff's compassion and focus on people's wellbeing formed a sound basis for supporting people effectively.

• People felt well supported by staff who knew them well and whom they trusted.

• Effective daily recording and communication systems meant staff had a good awareness of people's current needs.

• An improved approach to assessment and personal planning was needed to capture people's support needs, wishes and progress towards achieving their desired outcomes.

• Additional support and training were required to fully align with the changing needs of people being referred to the service.

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 staff team?	4 - 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

We observed warm, genuine and spontaneous conversations of therapeutic value taking place between staff and people using the service. People could seek assurance from staff when needed in the moment. Monthly meetings with their keyworker gave an opportunity to discuss anything they wished. One person told us that a mixture of, 'the right staff and right support' meant they felt that this was a good service for them. Strong supportive relationships existed between people and staff, of benefit to people's wellbeing. One family member said the support encouraged their relative to be, 'the clever person they were'.

Staff knew people well. Detailed information shared about people during handovers meant that staff were kept aware of their general and mental health needs. Staff encouraged people to engage with relevant specialist services. People could be assured that their health needs would be addressed.

People were assisted with activities of daily living when they wished, such as cooking and cleaning, which are of benefit to people's sense of independence and self-worth. However, this could be further developed as people felt there was sometimes not much to do. The service should take the opportunity offered by residents' meetings and keyworker meetings to gather information about meaningful individual and group activities they would like. In particular, sharing activities with others offers a sense of community and belonging from which people may benefit. People more recently referred to the service tended to have more complex needs. This had impacted on more established residents; people were spending more time in their own room than previously. The service should seek ways to facilitate people in both one-to-one and shared activities to promote engagement and inclusion **(see area for improvement 1)**.

One family member said that when speaking with her relative over the phone she could prompt them to read affirmative statements displayed in their room when they were feeling anxious. The service had established this system with the person. We saw an example of a staff having worked through an affirmation process with another individual. There were benefits to people's sense of self, self-worth and wellbeing which came from engaging in this process.

There were medication management procedures in place. However, for people prescribed 'as-required' (PRN) medication there were not the necessary protocols to enable staff to know the precise circumstances in which the medication would be required. The provider's policy states that any PRN medication should have an attached protocol for administration. To ensure people get the right medication at the right time, all PRN medication should have a detailed administration protocol within their personal plan **(we have made a related requirement in key question 5 of this report that relates directly to personal planning)**.

People felt safe. They told us that staff managed the challenges of group living sensitively. This view was shared by a visiting professional, who also felt people were kept safe. A family member said that whenever they raised any issues it was almost always the case that staff were, 'already aware and already acting'.

Areas for improvement

1. To promote improved outcomes, engagement and inclusion the provider should seek the views, and act upon suggestions of people using the service about activities they could undertake. The provider should evaluate the impact and outcomes of the activity programme to inform future improvements.

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

'I can be with my peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision' (HSCS 1.11), and;
'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).

How good is our staff team? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Rotas were in place with the appropriate numbers of staff available to meet people's needs. A stable, established staff team promoted continuity of support. Staff communicated well with each other both whilst carrying out their support work and also in formal settings like handovers. Staff told us they could rely on colleagues when they needed support, assistance or information. Staff worked well together which meant that people could rely on consistent support to meet their needs.

Staff told us they had received training during induction and subsequently that equipped them to carry out their role. Training records for staff confirmed this, however there was no overarching record of training which would allow management oversight of training undertaken, training due, or to plan for additional training to be accommodated. In the context of a changing profile for people being referred to the service, the organisation had begun to make use of wider organisational knowledge and experience to develop and deliver relevant training for staff. This recognised that additional skills and knowledge were required to support people with more complex needs. Use of a training matrix and training needs analysis would give a clear overview of training undertaken or required to ensure staff have the right skills in place to support people effectively **(see area for improvement 1)**.

In the context of a service experiencing change, support and supervision provides a key mechanism to sustain team members' health and wellbeing and to identify and address professional development needs. Staff shared support and supervision was sporadic. The service should work to ensure that all staff receive regular, planned support and supervision to enable them in their role of supporting established residents and people new to the service. Whilst staff meetings are a means to keep staff informed of changes to a service, they are also a valuable forum for the whole team to contribute to improvements or refinements in the service which would be of benefit to people's support. Staff meetings should take place with a frequency that enables all team members to share good practice and to contribute to service improvement **(see area for improvement 1)**.

Staff demonstrated a clear commitment to promoting the welfare and wellbeing of people they supported, their family members and each other. They were flexible to meet people's needs, including visiting and maintaining contact with people during hospital stays. One family member said the support allowed them to be a family again. Another family member echoed this comment; now that staff had that formal caring role, family, 'could step back'. Families had confidence in the staff supporting their loved one.

Areas for improvement

1. To ensure staff are trained, competent and skilled and able to reflect on their practice the provider should ensure that staff are appropriately supported and trained in their role.

This should include, but is not limited to, regular team meetings and individual support and supervision, and developing a staff training programme which equips staff to support the changing needs of people effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Personal plans are an essential tool to support someone in the ways most likely to achieve the outcomes they wish. People can expect their plan to capture their current needs and preferences and set out what they wish to achieve in the future. They should be regularly reviewed.

Regular formal meetings and informal day to day discussions meant that staff knew people well and in turn people knew and trusted them. This contributed to informed and person-centred support by staff for day to day interactions. However, what staff knew about people and how best to support them was not reflected in their personal plans.

The service was good at recording what had happened for people and what was happening, less good at planning people's future with them. Key worker meetings on a monthly basis captured what had been happening in that time in a person's life. These were detailed, informative and person-centred. This information should inform the basis for a clear set of goals and outcomes being established with people, and for measuring progress towards these. We saw examples of informal reviews carried out every six months, but as with monthly keyworker meetings these tended to be stand alone without clear links or actions. The STAR outcomes tool was not applied consistently or frequently enough to meaningfully capture people's progress. The service should improve their approach to personal planning and reviews so that people can work towards achieving their desired goals and outcomes **(see requirement 1)**.

Risk assessments should be improved to take account of the key risks in someone's life in order that risk reduction measures can be agreed and implemented to help keep people as safe as possible **(see requirement 1)**.

To ensure people get the right medication at the right time, all PRN medication should have a detailed administration protocol within their personal plan **(see requirement 1)**.

Requirements

1. By 26 September 2025, the provider must review and improve personal planning to ensure all assessments, support/safety plans and recovery tools align with the current needs and wishes of the individual.

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

Personal plans set out how people's needs and choices will be met;
Reviews to evaluate the effectiveness of planned interventions are used to direct staff on how to support people to achieve identified outcomes.

This is to comply with Regulations 4(1)(a) (Welfare of Users) and 5 (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); and
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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 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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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