

# Community Reablement and Support Team North Housing Support Service

North West Kilmarnock Area Centre  
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Announced (short notice)

**Completed on:**  
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**Service provided by:**  
East Ayrshire Council

**Service provider number:**  
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CS2015337880

## About the service

Community Reablement and Support Team (CREST) North is registered to provide a combined housing support and care at home service to adults with learning disabilities and/or mental health conditions which may include drug/alcohol difficulties or long term medical conditions. The provider is East Ayrshire Council.

Two staff teams provide support tailored to meet the individual needs of people living in their own homes across East Ayrshire. Packages of support varied from a few hours per week to 24 hours per day. There were 38 people using the service during this inspection.

The CREST North service is based in the North West Area Centre in Kilmarnock, co-located with integrated health and social work teams such as the community learning disabilities team. One team of staff was supporting 28 people in the community, delivering a variety of support hours seven days per week. The staff team located in the Tourhill area provided 24-hour housing support to 10 people living in a cluster of tenancies.

## About the inspection

This was a short notice inspection which took place on 10, 11, 12 and 16 June 2025. The inspection was carried out by one inspector 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 eight people using the service and three of their relatives and reviewed five completed questionnaires
- spoke with six staff and management and reviewed 20 completed staff questionnaires
- observed practice and daily life
- reviewed documents
- received feedback from seven professionals associated with the service.

## Key messages

- People benefitted from personalised and responsive support enhanced by good communication and the promotion of involvement.
- Managers and staff had developed positive relationships with the people they supported. They were highly motivated and focussed on achieving good outcomes and maximising potential for each individual.
- People's health and wellbeing benefitted from a staff team who knew people well and staff were proactive in supporting access to the right health professionals, enabling people to live at home and remain as independent as possible.
- Staffing constraints had the potential to impact on the quality of the service provided and the management should monitor this closely.
- Performance needed to improve to establish and maintain robust quality assurance processes.

## 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?	5 - Very 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 found important strengths that had a significant, positive impact on people's experiences and outcomes, with some areas for improvement to maximise wellbeing. We evaluated this key question as good.

People's health and wellbeing needs had been assessed and managed by skilled and knowledgeable staff. This, alongside the positive relationships that had developed, meant that people experiencing care benefitted from safe and effective support that respected their rights. Confidence in staff was expressed and comments from people experiencing care and their relatives included:

'I'm very happy. It makes a big difference to me having them in my life.'

'I would be lost without them. I don't think I could cope if they weren't there for me. They are all so easy to be around. They are all very kind to me. They help me to keep well and to stay in my own place so I'm very grateful for that.'

'I'm really happy. I wouldn't get out and about as much without them. Having that adult company too and being able to talk things through and offload really helps a lot - it means the world to me.'

'He's doing very well just now with their support. It also takes the pressure away from myself. If they weren't there it would be difficult so they're a good help to him and to me as well. They help him keep his independence and it's reassuring for me that they have eyes on him, and they would definitely pick up on anything that was off with him health wise as they know him so well. He really looks forward to seeing them and gets a lot out of it.'

'Certainly, the fact that I know there is always someone there for him is a great comfort to us. He's a much happier young man now and his health is better.'

There had been a low turnover of staff and staff knew the people they supported well. This meant that concerns around health and wellbeing had been shared with the relevant social workers and healthcare professionals quickly when identified. The resulting actions had benefitted people's individual health and wellbeing by meeting their changing needs in a responsive and proactive way that was right for them. All of the professionals we spoke with held the CREST North service in high regard, praising the staff team. They told us that collaborative and effective working relationships promoted a holistic approach that had significantly benefitted people being supported and their families. Comments included:

'The staff have made a huge difference to my service user's mental health and general wellbeing. They have gently encouraged him to make changes and supported him to go further and do more when he is doing well. When I have needed to increase support, I have found the CREST managers to be accommodating and willing to do their best to suit the requirements of the individual.'

'Staff always contact me if there are concerns to wellbeing or physical health matters. Staff promote healthy choices within the service and promote best practice when encouraging service users with matters pertaining to their physical or mental health state.'

Managers were open with us regarding some staffing challenges encountered by the service since the last inspection. Although this was improving, it had impacted on the level of support some individuals received. A professional commented:

'The service and staff promote involvement and choice as much as practicable however this can be problematic at times due to the level of staff working at any one time. Additional staff would benefit the service and promote these outcomes by providing staff a level of flexibility and capacity to develop service user involvement and foster choice. Independence within the service is always evident.'

Staffing provision and outcomes for individuals should be closely monitored by the management team to ensure the service continues to meet the stated aims and objectives. However, despite the staffing issues that had arisen, we saw that people had benefitted from personalised and consistent support, delivered by a skilled and highly motivated team of staff. The good relationships that had developed had a positive impact on people's lives, enabling people to feel included and valued. Weekly team meetings included a review of each individual's needs, discussion about any concerns, and progress towards meeting goals. This supported good communication and information sharing.

Staff knew the people they cared for well, providing individualised and responsive support. We observed familiar and friendly interactions that people responded to in a positive way. Staff and people being supported were relaxed in each other's company and the appropriate use of humour created a good atmosphere.

We reviewed care diaries (personal plans) and found examples where staff were supporting people to achieve their potential using shared goal setting. Healthy lifestyles were promoted and flexible support enabled people to attend appointments. Good opportunities to remain connected within the local community had been delivered to reduce the risk of isolation and to help maintain hobbies and interests. People told us how important this was as it had improved their quality of life and offered social opportunities, enabling them to develop and maintain connections with people important to them. We asked managers to ensure that appointment diaries were included in care diaries.

Training in adult support and protection been undertaken by staff. This protected people being supported from the risk of harm and meant staff knew how to identify and escalate any concerns to managers.

Clear protocols had been established for the safe management of medication. This had informed and enabled staff to provide support that ensured people received the right medicines at the right time whilst having a minimal level of involvement. This helped to keep people safe and well in addition to promoting independence. Medication records were improved during the inspection in response to our feedback and managers should monitor the completion of these documents.

Infection prevention and control (IPC) measures had become well established in line with current guidance. Staff received IPC training with checks in place to monitor their practice. This helped to protect people from the risk of infection.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. There were some strengths that had a positive impact but we concluded that key areas of performance needed to improve.

People experiencing care and their families need to have confidence that care services are well led. The people we spoke to during the inspection expressed confidence in staff and were positive about communication and the support provided. The well-established culture of openness and working in partnership with people being supported, their families and the staff team had developed an ethos of trust and respect. Comments included:

'The manager is approachable and communicates well.'

'The staff are open to constructive feedback relating to the service and are keen and solution focussed when challenges arise with the service or with service users.'

'Of all potential service providers, CREST service is the team's first choice of provider every time. Trust in the quality of service provision, the service flexibility/accommodating of needs, and immediate communication is invaluable to us. An increase in service staff/capacity would be wonderful.'

The management team had changed since the last inspection and managers demonstrated a good awareness of what was needed in terms of improvement as well as a commitment to the ongoing development of the service. A responsive improvement plan had been devised for the day-to-day running of the service. This set out priorities, responsible person(s) and timescales. It was positive to see the potential impact of each area for improvement being considered. We suggested linking these to the Health and Social Care Standards (HSCS) to continue to raise awareness of the HSCS guidelines on how to achieve high-quality care. The improvement plan should be closely monitored to ensure planned actions are progressed. Moving forward, the improvement plan should also be shared with people being supported, their families and the staff team to promote involvement.

People experiencing care and their families should be supported to understand the standards they should expect, as well as being involved with the service in meaningful ways to encourage the sharing of views and ideas. This enables people to feel empowered and valued. It was positive to find that, in addition to regular tenants meetings, managers were keen to support opportunities for people experiencing care and their families to become more involved in the service; for example, developing a questionnaire linked to the HSCS for people to give feedback. A localised policy would help to inform a meaningful and inclusive approach so people are clear about the range and frequency of the opportunities available to them.

Quality assurance checks and audits are needed to monitor, maintain and continuously improve standards of performance. Although we saw that a range of checks had been undertaken, two existing areas for improvement regarding quality assurance had not been met. A reduction in management hours and the absence of an annual quality framework had failed to support robust quality assurance. The lack of clarity regarding the regularity of checks and audits, along with the absence of audit tools informed by good practice should be addressed to ensure quality assurance is well led. We made a new area for improvement to support managers to embed systems and processes that underpin and drive change and improvements that support positive outcomes for people experiencing care and their families (see area for improvement 1).

Timescales for meeting previous areas for improvement were overlong with a clear need for more planned and targeted actions that will raise the evaluation of this key question from 'adequate' which is only tolerable in the short term. In addition to the quality assurance processes carried out at service level, there was a need for the provider to establish an additional layer of monitoring and robust oversight of overall service performance. This is to provide assurance that professional standards consistently meet the relevant statutory requirements and the HSCS, and to support the management team to continue to improve and develop the service (see area for improvement 2).

Moving forward, self-evaluation against the HSCS and the quality framework for inspection should be undertaken in partnership with people being supported, relatives and staff. The outcome should be used to inform a development plan for the service with clear links to the HSCS.

### Areas for improvement

1. So that people experiencing care and their families benefit from a culture of continuous improvement, including robust and transparent quality assurance processes, the management team should establish a quality assurance framework that informs the checks and audits to be undertaken. It should be clear how the systems and processes in place underpin and drive change and improvements that deliver positive outcomes for people using the service and their families.

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).

2. The provider should establish an additional layer of monitoring and robust oversight of overall service performance to provide assurance that professional standards consistently meet the relevant statutory requirements and regulatory expectations; take account of the HSCS, and to support the management team to continue to improve and develop the service.

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 found major strengths that supported positive experiences and outcomes for people being supported and their families. We evaluated this key question as very good.

People being supported and their families expressed confidence in staff. They told us they knew staff well and confirmed that they had developed positive, trusting relationships with staff going 'above and beyond' what was expected of them. We received consistently good feedback about the staff team. Comments included:

'Staff are good. I get on well with them all and know them all.'

'I'm grateful to have the same ones coming in. I know them really well. They've been really accommodating to me like that-one of the workers that came to me, we just didn't click, and (manager) was great in understanding that and she sorted it really quick. They are really fair like that.'

'Staff have attended meetings to give their views and knowledge of an individual's care and support - this has been invaluable to ensure social work provides the right support.'

'Longstanding, positive relationships developed with the (CREST) teams. We are co-located so communication is immediate, collaborative and responsive.'

The management team recognised the importance of delivering consistency in respect of the staff teams supporting individual people. People told us the service was reliable and that they had experienced good continuity overall. Although there had been some changes at times, the management team worked hard to minimise the impact of this on staffing rotas. This had promoted stability and people told us they were familiar with all the staff supporting them, which they appreciated.

Feedback from staff was mostly positive, with a few individuals commenting on the staffing challenges experienced by the service. We concluded that staff were professional, skilled and motivated to deliver positive outcomes and experiences for the people they supported. Staff felt that CREST North was a good service to work for and confirmed they had the training and resources needed to meet people's needs. Communication and information sharing processes were said to be effective. Staff clearly valued the work they did and said they had good relationships with colleagues and their management team.

The recruitment of new staff had been carried out properly which protected the people using the service. It was positive to see a focus on values and motivation when assessing the suitability of applicants with the induction process also supporting a values-based approach.

A blended approach to training equipped staff with the knowledge they needed to meet people's needs. Staff benefitted from face-to-face training on topics that were relevant to their roles as well as a wide range of online learning. Checks were in place to monitor compliance with training to prevent any becoming overdue which can compromise staff practice. We asked managers to ensure all the online training undertaken by staff is entered onto the training overview.

Direct observations of staff practice are necessary to assess competency and compliance with good practice and the principles of the HSCS. Competency checks had been undertaken and this offered learning opportunities for staff where good practice and areas for improvement could be acknowledged and further reflected on during supervision meetings. It was the intention that these would be carried out twice a year as a minimum for all staff. A local policy should be developed to reflect this and associated records should be fully completed as we noted some gaps.

Staff supervision should result in better outcomes for people experiencing care. It should demonstrate a sense of planning and progression as well as meaningful reflection on practice. We saw that group and one-to-one supervision meetings had been carried out and discussed how group supervisions could be more clearly recorded. The addition of meaningful reflection on training and situational learning would further enhance the supervision process as would a clear focus on staff registration with the SSSC, the associated Codes of Practice and professional registration requirements.

Team meetings are a useful means of sharing information, problem solving, improving performance and building teamwork. They help to clarify future actions and promote a shared sense of purpose. Managers had facilitated productive team meetings that supported this approach on a weekly basis.

## How well is our care and support planned?

4 - Good

We found important strengths that had a positive impact on people's experiences and outcomes with some areas for improvement to maximise wellbeing. We evaluated this key question as good.



People experiencing care should benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience. Detailed assessments provided by social workers had been used by staff to develop personal plans (care diaries). We saw that care diaries included information regarding people's physical and emotional wellbeing needs; for example, participation in support, the promotion of independence, personal choices, reablement goals, and so on. This, along with good communication from managers, meant that staff knew each person well. This ensured that staff were aware of people's current needs and choices, enabling them to reduce risks and deliver the right support in accordance with people's wishes.

Weekly diaries set out the support to be provided. We discussed with managers how care diaries could be further developed to fully reflect the level of knowledge held by staff and the person-centred support being provided. Detailed care plans for each aspect of support should be developed to clearly reflect each goal and the actions undertaken by staff to achieve these. The abilities and involvement of people being supported should be included (see area for improvement 1).

Supporting people to identify goals that are important to them is empowering, enabling them to get the most out of life. The records we looked at showed that targeted goals and outcomes had been set. Reviews had been carried out on a six-monthly basis to reflect progress in achieving goals. The records we reviewed demonstrated an outcome focussed approach and what was important to people being supported. Plans to maintain progress or set new goals and the planned strategies to support success had been recorded. We saw examples where the goals achieved had delivered positive outcomes and experiences for the individuals concerned. Some goals had not been revisited at each review which made it difficult to verify whether they had been achieved, although we were assured they had been. Staff should ensure all goals are fully reviewed and reported on in terms of achievements and ongoing actions.

### Areas for improvement

1. In addition to the weekly diaries, detailed care plans should be developed for each aspect of support being provided to clearly reflect each goal, the involvement of people being supported and the actions undertaken by staff to help achieve these. The abilities and involvement of people being supported should be included.

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

To continuously improve the quality of the service, the provider should improve the amount of time managers have available to focus on their role. This should include, but not be limited to, ensuring that regular quality assurance takes place and using any findings to develop and improve the service, using an action plan.

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

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

'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 8 August 2024.**

#### Action taken since then

A reduction in management hours and the absence of a clear quality assurance framework had impacted on this area for improvement being met. We made two new areas for improvement regarding quality assurance as detailed under key question 2.

#### Previous area for improvement 2

The manager should ensure that there is routine and regular management monitoring of the quality of care and support and staffing; that quality audits are kept up to date and lead to any necessary action to achieve improvements; and that a service development plan is available to show how and when improvements will be made.

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 30 August 2021.**

#### Action taken since then

See previous area for improvement 1.

### 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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