

## Go2 Support Service Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 January 2024

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2014332671

## About the service

Go2 Support Service is registered to provide support to children, young people and young adults in the community and within their own homes. Go2 is located in Springburn, close to the centre of Glasgow, and operates from its own premises where people using the service have access to a wide range of facilities including a large garden, spa pool, sensory room, cinema room. The building is single story providing easy access and the location offers good links to local transport and community facilities.

## About the inspection

This was an unannounced inspection which took place on 23 and 24 January 2024. 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 two people using the service and three of their family;
- spoke with six staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

**Key messages**

- People using the service were supported with dignity and respect by people who knew them well.
- Relationships between supported people and the caring adults were highly positive.
- People's choices were respected but the benefits of their support was not well evidenced.
- Support was not consistently informed by relevant guidance and best practice.
- Quality assurance was not robust enough to ensure support was well evaluated and in line with people's changing needs and risks.

**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

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 overall, which means there were a number of important strengths which, taken together, clearly outweighed areas for improvement. Performance in one of the quality indicators reached a very good level.

People using the service were supported thoughtfully and with compassion. They benefited from highly positive relationships with the people who cared for them and who knew them well. This ensured that people were respected as individuals, thus personal preferences and interests shaped support. One person told us 'I have a great relationship with everyone who works here'. Positive relationships were a key strength of the service.

People were supported by a range of caring adults that was thoughtfully planned to reflect need and where possible preferences. Families we spoke with told us they supported this approach as it offered their loved ones opportunities to develop a range of relationships that offered consistency without creating dependency on one person, and they felt listened to when requesting a specific approach to planning. As a result, people using the service grew in confidence and had fun engaging in meaningful activities.

We were confident the service were proactively ensuring that people would continue to be supported by consistent, familiar support staff and had significantly reduced the used of unfamiliar agency personnel.

The choices and rights of people using the service were respected and given most people had been using the service for a long time, their preferences and needs were generally well understood; this was balanced with a good understanding of the risks each person faced. As a result, people were safe, and supported to take positive risks, without being subjected to unnecessary restrictions, however, this was not consistently and effectively reflected in people's plans, and reviews. Changing needs and risk were not well documented, and the over reliance on staff sharing information between each other had the potential to undermine the positive support that people were receiving; thus we made an area for improvement under key question two to ensure that process and procedures that underpin support, more robustly reflected the good experiences of people using the service.

People's health was supported by staff who mostly had the necessary skills and competence to meet their needs. People and their families were seen as experts in their care and this collaborative approach ensured families had confidence in those caring for their relatives. Whilst supportive staff promoted opportunities for people to express their preferences and make choices, limited staff training in methods of communication, and some limitations in understanding current best practice, meant positive outcomes for people were not optimised. We discussed this during inspection and were confident managers recognised this as an area for staff development and would ensure appropriate learning opportunities were offered.

## How good is our leadership?

3 - Adequate

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

The service had some systems in place to monitor and evaluate people's experiences. Scrutiny of the environment was effective in ensuring people have a safe, well resourced and good quality space to enjoy their support. However, routinely carried out audits of personal plans were not effective in identifying the

need to improve the quality of information that captured people's needs and the risks they faced. Whilst we were confident that people experienced good support, and any concerns raised had been acted upon this was not evidenced through good documentation. Overall we did not find these systems to be robust enough to ensure that support was consistently informed and meaningfully designed by a strong assessment and evaluation of peoples changing needs and outcomes. **(See area for improvement 1).**

The current leadership structure had recently changed and managerial roles and responsibilities regarding oversight of, and lines of accountability for the service were still evolving. The Improvement focus of leaders had been on sustaining and developing the service to ensure people would continue to benefit from a support service. However, we emphasised the need to ensure that quality assurance and improvement should be equally balanced between future planning that is informed by evaluation of people's current experiences and robust scrutiny of the existing service. **(See area for improvement 2).**

Families we spoke with were confident they would be listened to if they needed to raise a concern and the family forum provided a mechanism for meaningful feedback, and sharing of information. This ensured people felt valued and families could offer feedback on behalf of their relatives who would find this difficult. However, whilst concerns were responded to, not all staff and leaders were clear about their responsibility in following the organisational procedures in recording concerns and complaints. This limited opportunity to learn from people's experiences and robustly evaluate and understand what may need to improve. **(See area for improvement 3).**

## Areas for improvement

1. To support people's wellbeing and promote consistently positive outcomes, the provider should ensure that the evolving needs of people using the service are understood and evaluated.

This should include, but is not limited to, the implementation of a high quality model of personal planning and risk assessment that effectively informs the support people receive.

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 is to ensure that peoples support and plans are outcome focussed and in line with best practice as outlined in Care Inspectorates Guide for Providers on Personal Planning

2. To promote the safety of people and evaluate the quality of people's experiences the provider should ensure that a robust model of quality assurance and self evaluation is implemented in the service.

This should include but is not limited to, agreeing lines of accountability for service oversight, developing a programme of quality assurance that evaluates the standard and effectiveness of care planning and risk assessments, and undertaking evaluation of people's experiences that meaningfully informs service development.

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)

3. To protect people and learn from their experiences the provider should ensure that all staff in the service understand and follow the organisational procedures designed to promote people's safety and wellbeing.

This should include but is not limited to, ensuring all staff have a full understanding of how to raise and respond to concerns and complaints and that leaders can be confident that all incidents and safeguarding concerns are recorded and reported in line with organisational processes and national guidance.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20)

## 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

The service should ensure the meaningful and regular review and update of young people's planning and risk assessment documentation to support their safety and well-being, promote positive outcomes and evaluation of progress.

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); and

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

**This area for improvement was made on 10 March 2020.**

#### Action taken since then

There had been some changes to the way the service reviewed and updated care plans, risk assessments and outcomes, and whilst this had led to some improvements there continues to be a need for further development and an area for improvement has been identified.

## Previous area for improvement 2

Robust quality assurance systems should be implemented within the service. These should be meaningful and effective in identifying, addressing and monitoring areas for improvement. In addition, the service should notify the Care Inspectorate as detailed in the document: "Records that all registered care services (except childminding) must keep and guidance on notification reporting" (2012 and amended 1 April 2015).

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); and

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

**This area for improvement was made on 10 March 2020.**

### Action taken since then

The service has introduced a number of quality assurance processes and whilst some contribute to the safety and quality of people's experiences, further areas for improvement have been identified.

## 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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	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

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