

# Holland Street Project Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
24 April 2024

**Service provided by:**  
Blue Triangle (Glasgow) Housing  
Association Ltd

**Service provider number:**  
SP2003000162

**Service no:**  
CS2004079138

## About the service

Holland Street Project is a housing support service provided by Blue Triangle (Glasgow) Housing Association Ltd. The service is based in the centre of Glasgow and provides emergency accommodation to people between the ages of 16 and 35 in fully furnished flats on site and a further eight flats in the wider community.

## About the inspection

This was an unannounced inspection which took place on 9 and 10 April 2024. 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 five people using the service;
- spoke with nine staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

**Key messages**

- People accessing the project were supported by staff who were warm and encouraging.
- The service supported people well under emergency circumstances.
- Following an unsettled period the service was well managed and morale within the staff team was very good.
- Staff were knowledgeable regarding available resources within the local authority area.
- The provider should continue to improve the ongoing quality assurance and auditing.
- The provider should ensure all supported people have an effective personal plan - including outcome plans and safety 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

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 in aspects of the care provided and how these supported positive outcomes for supported people. These outweighed some areas for improvement, therefore we evaluated this key question as good.

Supported people were treated with compassion and there was a strong focus on relationships. Supported people had positive relationships with staff, and staff invested time in developing trust with people when they moved into the service. Staff consistently spoke of regularly checking in with people and offering a cup of tea as a way to get to know people and show care.

The support that was provided by staff within the service was wide-ranging and provided from a trauma-informed approach to practice.

The primary focus of support was to address homelessness, but many using the service had a wide range of needs. People told us they were treated with respect and their wishes and preferences were used to shape the care they received. Support was varied and flexible, and reflected people's needs and wishes.

The rights of people using the service were respected and important relationships were maintained. Supported people chose how they spent their days, with staff support available as and when required. People remained connected with their communities and maintained valued relationships. Visitors to the service were encouraged and rules were in place to ensure this did not unsettle other supported people.

All supported people using the service were treated fairly by a care team who understood trauma and worked effectively with people who had experienced it. Where people's behaviour was disruptive, staff took proportionate action.

Advocacy was signposted to people using the service and we heard had been used successfully in some cases to improve outcomes.

Supported people who used English as an additional language, for example those with refugee status, were supported well. Interpretation services were used to help remove any barriers to accessing support. Following a review of translation services, the service has improved access for supported people and the care team.

People were referred to Holland Street often with very little background information. The service undertook initial/baseline assessments of people entering the service, to try to best understand their needs and make a plan for support.

The service did not aim to provide intensive support, instead people were referred or signposted to relevant services to help meet their needs. Staff were knowledgeable about other local services, and we saw evidence of effective partnership working to promote the best outcomes for people.

People were enabled to get the most out of life by staff helping to explore their strengths, interests and skills. For example people with refugee status had been supported by the service to access college courses, which significantly reduced their isolation. We also heard of staff attending University open days with people using the service, to help them navigate the process and provide companionship and reassurance.

Activities were planned based upon people's interests. An activity folder retained important memories of supported people and staff having fun during planned outings and activities within the service. Activities were well planned and, where possible, included the skills and knowledge of supported people. This type of gesture improved confidence and enabled a sharing of important skills that benefited others.

People using the service told us they felt safe. Regular check-ins and welfare checks on all flats helped to ensure people's safety could be regularly reviewed. We saw that staff would make efforts to contact those who had not returned to the service, and escalated matters to relevant services to ensure people were safe. Relevant policies and procedures were in place to ensure the responsibilities of supported people were well known, and we saw evidence of staff issuing warnings if behaviour posed a risk to others' physical or emotional safety.

Staff were confident in reporting concerns about people's safety when required and we saw evidence of staff involving partners from social work, housing and the police if risks were heightened. All staff were trained in adult protection and this was done every year to ensure it was high on the agenda.

The service respected people's right to take risks and we considered risk assessments to be proportionate. We did however express some concern that important aspects of risk were not always documented within risk assessments and we discussed this with the management team.

The staff team, along with external professionals, were knowledgeable and responsive to support and advise people with health care issues.

We examined a sample of support plans. The service had recently rolled out a new format for support plans. We found the format to be well laid out, however in some of the examples we looked at, there was some poor recording and information not completed. There was a lack of obvious consultation and discussion with supported people. This was in contrast to those we spoke to who told us they were involved in any decision making about their wellbeing or support planning. We discussed this with the management team and it was concluded the system was new, staff were getting used to new recording processes and further review and evaluation would be in place to support better recording.

## How good is our leadership?

4 - Good

We found important strengths in aspects of the care provided and how these supported positive outcomes for supported people. These outweighed some areas for improvement, therefore we evaluated this key question as good.

The service had been through a period of significant change. There had been multiple changes in management which impacted negatively on staff we spoke to and those we had survey responses from. A new manager had been in post since October 2023 and staff told us they were enthusiastic about the changes and morale was on the up.

Since the appointment of the new manager the experience of supported people was continually evaluated and new systems and processes had been introduced to support this. This was in the early stages and, due to good communication, staff and supported people were well informed of any changes before they occurred. The manager had taken time to establish what changes were required and was introducing these appropriately to avoid disruption to the service.

Staff told us the ethos of the service had changed to one of positivity with new strategies and ideas being rolled out and staff being asked for their views about all aspects of the service. The service was looking at innovative ways to encourage the input of supported people in this process. This supported a cycle of evaluation, improvement and change and was being used to create an up to date service development plan.

We had some concerns regarding the evaluation of support plans and risk assessments which we discussed with the management team. We were confident this will be subject to further evaluation and scrutiny to ensure improvements are made.

We reviewed incidents which had occurred in the service. These included a debrief for all people involved and external managers evaluated incident reports. We identified an incident which was not reported to the Care Inspectorate. We discussed this with the management team who assured us this was an oversight.

## 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	5 - Very 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

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