

# Settled: Housing Support Housing Support Service

Aberdeen Cyrenians  
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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
8 August 2024

**Service provided by:**  
Aberdeen Cyrenians Ltd.

**Service provider number:**  
SP2003000015

**Service no:**  
CS2022000083

## About the service

Settled: Housing Support is a service provided and funded by Aberdeen Cyrenians. The service provides support to adults at risk of homelessness in Aberdeen City. There were six people using the service at the time of this inspection.

The service has one team based at Summer Street, Aberdeen, who are currently supporting six people in the community.

## About the inspection

This was an unannounced inspection which took place between 6 August 2024 and 8 August 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:

- received emailed or texted responses from three people using the service
- spoke with or emailed staff and management
- reviewed documents.

## Key messages

- The service has been successful in assisting and supporting people into their own permanent or temporary tenancies.
- The service had not met the requirements made since the last inspection.
- There had been a delay in recognising and responding to concerns regarding dignity and respect to both people and colleagues.
- Improvements are needed to ensure that there is a focus on the quality of the support and experiences of people.
- People's care plans lacked essential information.
- We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

## 3 - Adequate

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

We received very mixed feedback from people about the service and staff. The service have been successful in assisting and supporting people into their own permanent or temporary tenancies. A person said, "I am extremely grateful to everyone involved in helping me find temporary housing. It was incredibly fast and professional - literally within a couple of days. Now, thanks to these people, I can build my life and become a useful member of society". However, some people felt that the communication between them and the service was limited. As a result, people felt they were not fully involved in their support.

Staff had access to resources and toolkits to support people to achieve their goals. These helped people identify where changes could be made in their life to support improved wellbeing. These resources focused on the person's strengths and abilities. However, the documentation did not reflect the many positive outcomes for people. (See section 'How well is our care and support planned?')

People's confidentiality was not being fully respected. Systems were in place to provide consent to discuss specific situations. This was not being used effectively or consistently. People's rights were not being fully acknowledged. **(See Area for improvement 1)**

Systems and processes were in place to support good collaboration with other agencies involved in supporting people's health and wellbeing. This commitment greatly contributed to ensuring the safety of people.

### Areas for improvement

1. To ensure that all service users confidentiality is respected in all aspects of their support, the provider should at a minimum ensure that:

- a) staff have a clear understanding of confidentiality
- b) staff have a clear understanding of their roles and responsibilities
- c) people's human rights are respected and promoted at all times.

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

**How good is our leadership?****3 - Adequate**

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

There were a range of quality assurance and audit tools that were used to inform the manager and senior management about how well the service was performing. The quality assurance system mainly focused on processes and performance. As a result, improvements were not always linked to people's experiences or outcomes. There was a lack of oversight of people's experiences or outcomes.

Formal complaints or staff conduct concerns were fully addressed and acknowledged appropriately by the senior management team. As a result, people felt that the organisation had taken their concerns seriously. There had been limited learning for staff following adverse incidents or concerns. As a result, there was potential for these issues to reoccur.

A formal improvement plan was in place based on internal and external assessments of the service. A number of the improvements identified were on hold due to staffing difficulties and an ongoing review of the service by the organisation. The service was in a state of instability and the desired culture of continuous improvement was not being developed or supported.

A requirement regarding the quality assurance systems had not been met and we have agreed an extension until 8 November 2024. (See 'What the service has done to meet any requirements made at or since the last inspection')

**How good is our staff team?****3 - Adequate**

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

There had been a delay in recognising and responding to concerns regarding dignity and respect to both people and colleagues. Senior management have a plan in place to address these concerns following investigation and disciplinary action. Learning and support for staff to improve the culture within the service had been identified.

Staffing levels have been a concern. Staff have been deployed from another service. However, staff felt that having the dual role, they were unable to provide the level of commitment required to support people and the service. This was having an impact on the quality of service and the outcomes for people. (See 'How good is our leadership?')

Staff one to one support was well established. There was a lack of oversight of this process by the management team. Staff support was not consistently recorded. This resulted in concerns or issues relating to practice not being identified promptly and addressed appropriately. (See 'How good is our leadership?')

Many of the staffing decisions were made using professional discretion and Judgement. Staff were matched with people based on the staff members skills, knowledge and experience. This assisted in ensuring people had the best chance of achieving their goals. The management team should consider how they will formally evidence the decisions on staffing and how the service is staffed, to ensure they remain open and transparent to all. This should take into account the views of staff and people who use the service and The Health and Care (Staffing) (Scotland) Act 2019 - Having the right people, in the right place, with the right skills, at the right time. (See 'How good is our leadership?')

## How well is our care and support planned?

3 - Adequate

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

The standard and quality of documentation within people's personal plans was very limited and inconsistent. The documentation in place to support people did not fully reflect their involvement in the assessment and planning of the support they were receiving. This meant that people's personal plans did not always detail their choices and preferences.

People's plans did not contain relevant guidance which had an impact on the support required. This meant opportunities to maximise people's wellbeing could be missed. There was a potential that people do not experience support consistent with their current needs and wishes.

A requirement regarding care planning had not been met and we have agreed an extension until 8 November 2024. (See 'What the service has done to meet any requirements made at or since the last inspection')

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 12 February 2024, the provider must ensure appropriate care recording and implementation of appropriate care plans, to ensure the health, safety and welfare of people.

To do this the provider must, at a minimum:

- a) Undertake a full assessment of people's needs and ensure these are documented in people's care plans.
- b) Ensure care plans are completed robustly, detailing how people are to be supported and contain clear guidance for staff.
- c) Ensure people are involved, as much as they wish to be, in the development and maintenance of their care plans.
- d) Where there is a risk identified, there is appropriate risk reduction or preventative measures to provide guidance to staff.
- e) Ensure care plans are reviewed and updated when people's needs change and this is reflected in people's identified goals.
- f) Ensure that there is effective case recording with appropriate evaluation to determine if actions are required.

g) Implement an effective auditing system to review care plans and take action when concerns arise.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This requirement was made on 14 November 2023.**

#### Action taken on previous requirement

See 'How well is our care and Support planned?'

This requirement had not been met and we have agreed an extension until 8 November 2024.

**Not met**

## Requirement 2

By 12 February 2024, the provider must ensure robust quality assurance processes are in place and used effectively to drive improvement and ensure the care and support people receive is effective. This must include, but is not limited to, the assessment of the service's performance through effective audits.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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: 'I use a service which is well led and managed' (HSCS 4.23).

**This requirement was made on 14 November 2023.**

#### Action taken on previous requirement

See 'How good is our leadership?'

This requirement had not been met and we have agreed an extension until 8 November 2024.

**Not met**

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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