

# Hillcrest Homes Tenancy Support Service Housing Support Service

36 Glenmoy Terrace  
Forfar  
DD8 1NH

Telephone: 01307477733

**Type of inspection:**  
Unannounced

**Completed on:**  
8 January 2025

**Service provided by:**  
Hillcrest Homes (Scotland) Limited

**Service provider number:**  
SP2004005964

**Service no:**  
CS2004060991

## About the service

Hillcrest Homes Tenancy Support Service is registered to provide a housing support service.

The service is provided by Hillcrest Homes and is situated at 36 Glenmoy Terrace, Forfar and provides short term accommodation for homeless adults and families on behalf of Angus Council.

The service also states, in its aims and objectives, that it provides 'a high quality housing support service which enables service users to achieve their own personal goals and aspirations while they live in our accommodation until they are offered permanent accommodation elsewhere'.

## About the inspection

This was an unannounced inspection which took place on 07 and 08 January 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 three people using the service. We also considered the feedback received from questionnaires.
- spoke with three staff and management. We also considered the feedback received from questionnaires.
- observed practice and daily life
- reviewed documents
- considered feedback from visiting professionals.

## Key messages

We considered feedback from people when making our evaluations of the service.

- People were very happy with the support they received. People felt safe and secure.
- Accommodation was well maintained and consistently of a very good standard.
- Staff had very good relationships with people who were using the service.
- Whilst people felt listened to, the managers should consider how peoples views are gathered and used to inform service development plans.
- Staff felt well supported and had completed a range of training. The manager was planning an analysis of training needs for the future.
- A regular audit of documentation would help to ensure it is consistently completed with relevant information.

## 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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced support from staff who were compassionate, kind and respectful. This helped people to build trust and confidence in staff which in turn contributed to better outcomes for people. The relationships that had been formed were important to people and they told us they felt listened to and valued.

Peoples health and wellbeing benefitted from their support. People told us they were pleased with the quality of accommodation which was of a very good standard. The attention to the quality of fixtures and fittings demonstrated respect and compassion for people. People told us they felt safe and secure and this contributed positively to people's mental wellbeing. This was reflected in feedback we received from people who told us;

'It is a supportive environment which provides people who are homeless the opportunity to live in an environment which is safe.' and,

'The service provides safe, non judgemental supported accommodation for all service users'.

People could be confident that staff would check on their wellbeing at least daily - 'I know if I don't check in first someone will call me just to see I'm ok'. Staff provided reminders about any appointments and advise when they may need to see other professionals. Support was available to accompany people to attend appointments to provide reassurance but this also helped to ensure people understood the information being provided. This helped to encourage people to engage with other agencies that could help them to maintain and/or improve their health and wellbeing.

The staff team had a good knowledge about local resources and opportunities. People benefitted from this information as it helped them to engage in the local community and provided some structure to their days. This helped to build confidence and self esteem promoting better physical and mental health.

People had housing support plans that described what support they needed. These were complimented by 'Outcome Star' tools and action plans. The outcome star provided an opportunity for people to decide which area of support was most important to them. Action plans were created to describe how support could help people achieve their goals. In some examples, the plans needed to be more specific to ensure actions and responsibilities are clear. This would help to ensure that peoples desired outcomes are being progressed or updated as is necessary with people.

Whilst some elements of documentation could be improved (see key question 5), outcomes achieved were personalised and consistently met peoples desired needs and expectations. The feedback we received from people informed our evaluation of very good for this key question.

## How good is our leadership?

## 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People had opportunities to provide feedback about their support and were confident they would be listened to. Reviews of support took place and satisfaction surveys had been reintroduced so people could express their views at the end of their support period. We discussed with the manager how feedback could be gathered and evaluated to inform service development plans and improvements. This includes positive feedback so that successes could be celebrated and highlighted which could give hope and encouragement to people who have contact with the service.

The staff team work closely within this service with ongoing and natural communication with people which helps to maintain good relationships overall. This provides natural oversight and contributes to the quality assurance within the service. The managers should however consider introducing tools that would help to provide an overview of key processes such as staff training, supervision, annual reviews, quality of documentation and feedback from all stakeholders. This would help to ensure a robust approach to self evaluation and quality assurance. **(See area for improvement 1)**

There had been no complaints about the service so we were unable to see how well they were dealt with. There was a clear process for hearing and managing informal concerns and formal complaints. People told us that they were confident to raise concerns about the service they received and knew how to do this. We were satisfied that complaints would be handled effectively to help improve outcomes for people.

There was a service improvement plan that reflected the Health and Social Care Standards. Actions were identified and progress noted. This was largely a management tool. A service improvement plan should reflect how feedback from people who use the service, staff and other stakeholders has informed the evaluation of the service and contributed to actions planned. The manager should consider how this can be achieved with people, enabling regular opportunities for people to inform and contribute to the review the improvement plan.

There had been very few notifications made to the Care Inspectorate due to accidents or incidents. Accidents and incidents were well recorded and appropriate actions were taken to help keep people safe and well. We discussed the expectation around notifications and provided clarity on requirements going forward.

### Areas for improvement

1. In order to ensure that people benefit from a culture of continuous improvement, the provider should ensure that there are robust systems and processes in place to help evaluate the performance of the service. This should include opportunities for people who use the service, staff and other stakeholders to contribute to improvement plans.

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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of 'Safer Recruitment, Through Better Recruitment'. New staff had been interviewed with employment references, protection of vulnerable group checks and registration of professional bodies checks being undertaken. This ensured that appropriate checks on new staff had been carried out to keep people safe.

New staff had a comprehensive induction to their roles and felt well supported through their initial probationary period of employment. The opportunity to work with more experienced staff during this time helped to ensure new staff felt prepared and well informed about their roles and responsibilities.

Staff had annual reviews with their manager which provided a forum to reflect on their role and experiences and plan for the year ahead. Workload meetings could be arranged when required if further support was needed. The manager should continue to ensure staff have the opportunity for planned and regular supervision in line with the providers own policy and influenced by the nature of service.

Staff worked well together in this service, with warm and friendly approaches with people using the service. There were positive relationships with people that used the service. People told us 'The staff are great - exceptional', 'I feel that staff do respect me'.

Staff training commensurate to their roles. Staff felt they had relevant training and were confident that if they identified further training it could be arranged. The manager planned to conduct a training needs analysis for the staff team to help ensure that the range of training and development activities available reflected the needs of people who were using the service. **(See area for improvement 1).**

Staff who are not involved in providing direct care and support to people should have opportunities to contribute to the overall quality of the service and know they play an important role in building a staff team. It wasn't clear how all staff were involved in quality assurance processes or how their views impacted on the development of the team or the improvement of the service. The manager should consider how this can be progressed.

The Health and Care (Staffing) (Scotland) Act 2019 was effective as of 1 April 2024. Staffing arrangements were relatively static within the accommodation and this was meeting people's assessed needs. Staffing needs were considered through the assessment procedure and co-ordinated accordingly. We will continue to monitor safe staffing levels in the service at our next inspection.

### Areas for improvement

1. In order to ensure that peoples needs are met, the provider should ensure that;

- they review training needs for the staff team
- source relevant development opportunities for staff that reflect the needs of people who use the service.

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

**How well is our care and support planned?****4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People had support plans which provided brief information about peoples needs. This did however reflect the level of support that people required at the time of inspection. The 'Outcome Star' tools and risk assessments contributed to the overall information available to ensure people were supported with the things that were most important to them. Reviews had taken place on a six-monthly basis where support had continued for this time, other support plans we looked at were for shorter periods of time and would be reviewed in due course.

Some documents were not fully completed at the time of writing. For example, risk assessments and some areas of support plans. This was possibly due to a lack of information available. We discussed how this could be improved by ensuring an earlier review as staff got to know more about people. This would help to ensure that documents contain complete information about peoples support needs.

The action plan from the 'Outcome Stars' reflected the areas most important to the person to work through during their contact with the service. We advised that action plans should be more specific with timescales and responsibilities which can always be updated if required. This would help to ensure that progress to meet goals was clearer.

As previously stated, the manager should encourage regular review/audit of documentation to ensure information is accurate and sufficient to help direct support and risk management with people. People's views and experiences should be reflected in these documents to help ensure they are fully informed and involved in the planning and review process.

People should have access to and be offered copies of their support plan and associated documents. We acknowledge that people may not want copies and where people do decline this should be clearly recorded. It is people's right to receive a copy of their support plan so this should be offered to them regularly.

**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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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