

# Emmaus Glasgow Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 February 2025

**Service provided by:**  
Emmaus Glasgow

**Service provider number:**  
SP2005007395

**Service no:**  
CS2005106415

## About the service

Emmaus Glasgow is a member of the Federation of Emmaus Communities and groups, and liaises with, as well as gains some support from, Emmaus UK.

People who live and work in the service are known as companions.

The service consists of purpose-built living accommodation with an associated workshop and charity shop in the same building. One other shop is operated in Glasgow by the service, along with soup kitchen support and other charity work provided for, and by, the companions.

The aim is to support the companions aged 21 and over, who were previously socially excluded, to regain self-respect and to sustain a supported tenancy and to potentially move to greater community independence.

The ethos is that people benefit from helping others in more need than themselves. The service operates as a community where most living tasks and voluntary work are shared out equally between staff and companions.

The service mission statement states: "To work together to overcome homelessness and social exclusion" by "providing a stable home and meaningful work in a community setting".

At the time of the inspection 20 people were living at the service.

## About the inspection

This was an unannounced inspection which took place on 04 and 05 February 2025 . 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with ten people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents including support plans, quality assurance and forum minutes.
- prior to the inspection we issued questionnaires and received three from people using the service, four from staff members and two from visiting professionals.

## Key messages

- Staff knew companions well and people felt comfortable and safe in their accommodation.
- People lived as part of a community that worked, lived and socialised together.
- The service promoted a culture of mutual respect and collaboration.
- Quality assurance and a service development plan needed to be improved.
- Support planning needed improvement to reflect people's current needs and preferences.

## 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?	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?

4 - Good

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

### Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

Emmaus Glasgow provided accommodation and work opportunities through social enterprise ventures. People who had experienced homelessness and social exclusion lived as part of a community which offered stability and meaningful work. People were at work either within the accommodation, at one of its second-hand furniture shops or as part of the collection team. This provided structure and meaning to their day.

Companions and staff worked together to provide a mutually supportive environment in which to live and work. Daily living tasks such as cooking, cleaning and gardening were completed by companions. The weekly service planner provided details of both staff and companions responsibilities. This demonstrated genuine partnership working and ensured companions felt valued and included. Some companions had the role of "responsible companion" - where they were available to others outwith office hours when staff were not on shift. This involved being a keyholder and being accessible via a mobile phone. Responsible Companions confirmed this was a prestigious position. They felt confident in their role and were clear about when and how to escalate incidents that they could not resolve. This improved people's self-esteem and feeling of self-worth.

People were aware of expectations before coming to live in the community. This included the requirement to work or complete daily living tasks for which they received an allowance. Some people used the opportunity to heal from past trauma and negative experiences as they stated the community offered them a safe living environment. Comments included: "this is a safe, calm place to live and that's important to me to allow me to work on my mental health" and "this is a great place to be, suits my needs just now and I feel secure here".

The service had seen recent management changes and overwhelmingly people felt this had impacted positively on the service, creating a culture of respect and more of a focus on companion's wellbeing. This made people feel valued.

People living in the community were assessed on admission. Regular meetings with an allocated keyworker offered protected time to explore and agree on personal goals. However, personal plans and outcome tools were not being implemented effectively and need to be improved to offer assurance that staff provided support according to people's current needs and preferences. (See requirement within key question five)

People were supported to maintain good health including physical health, mental wellbeing and addiction issues if appropriate. People were directed to the relevant resources and were supported on admission to register with a GP and a dentist. This helped to keep people well.

The new manager planned to review how best to prioritise healthy eating and further wellbeing activities as part of a holistic service improvement programme.

All meals were prepared and served by companions in the communal dining area on weekdays. The service relied on donations with menus being developed based on what was donated.

Companions confirmed that the quality and choice of food had improved with fresh fruit, drinks and snacks available.

The dining area had not been cleaned to a good standard. Management responded appropriately and offered assurance of improved monitoring and development of a contingency plan to address deficits. The organisation was implementing an online health and safety system which aimed to improve monitoring and recording of key functions of service delivery. This will help keep people safe and the service free from infection. This should be monitored as part of quality assurance and management oversight. (See requirement within key question 2)

Companions accessed a variety of online training opportunities, and a recent initiative supported access to SVQ modules. This ensured people had opportunities to further their education and learning. This impacted positively on people's self esteem.

Staff and companions came together fortnightly and discussed community issues. This allowed people the opportunity to have a say in how their community was run and to make suggestions for improvements. Feedback was sought from all companions about how the service was being delivered. Companions had been involved in updating the service handbook for people new to the community. The manager agreed to better report on findings and actions and to ensure people's views and opinions were reflected within the service improvement plan.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 2.2 Quality assurance and improvement is led well

People can expect to use a service that is well led. Recent management changes had been received favourably by companions and staff alike. Feedback confirmed the new managers clear vision for the community in line with Emmaus philosophy and the prioritising of people's wellbeing. This ensured companions felt safe and valued.

People benefit from a culture of continuous improvement. Quality assurance systems help to identify where improvements are needed. The management team had oversight of key areas of service delivery but need to develop a formal framework to support a robust overview and evidence appropriate actions where needed. This would ensure areas such as, accidents/ incidents, support planning, the environment and staff practice/development could be collated, evaluated, and acted upon. Learning from evaluating key areas would help improve outcomes for people. (See requirement one)

A service specific improvement plan is needed to take forward identified actions and areas for development. This should be informed by findings from quality assurance processes, including the views of people using the service. The management team should develop a feedback process which includes questionnaires, companion forums and more informal opportunities such as social events. (See requirement one). This would ensure people using the service can influence improvement of their service.

## Requirements

1. 1. By 28 July 2025, to promote positive outcomes and the ongoing development of the service the provider must review quality assurance arrangements.

To do this, the provider must, at a minimum, ensure:

- a) Quality assurance activities are developed to cover all key areas of the service's care and support to people.
- b) That a service improvement plan is in place informed by quality assurance outcomes and feedback from people using the service.

This is to comply with Regulations 3 and 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and '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?

## 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 3.3 Staffing arrangements are right and staff work well together

People should have confidence that the people who support them are trained, competent and skilled. Staff were motivated and committed to supporting people to achieve identified outcomes.

New staff in post were recruited following best practice guidance and there were sufficient staff available to meet people's needs. Staffing arrangements ensured scheduled support took place and support was adjusted according to people's needs and preferences. This demonstrated a flexible, person-led approach.

Staff confirmed that senior staff were visible and available to them routinely to support their practice and development. Staff demonstrated sound values and a person-centred approach. However, some language used, and recordings reviewed fell short of best practice.

The manager planned to develop the format of formal 1:1 sessions to promote reflective practice and identify learning priorities. This will help inform a service training/development plan to ensure staff have the skills and knowledge to meet the current and future needs of companions. (See area for improvement)

Direct observations with constructive feedback and more robust quality assurance of recording and support planning would offer assurance that staff practice was in line with the organisation's values and the health and social care standards.

To improve staff knowledge and skills to help people achieve their personal goals and outcomes the manager planned to develop team meeting forums. This would support a reflective approach to review key areas of best practice.

Staff accessed online and face to face training and plans were in place to refresh learning on areas such as safeguarding, trauma informed practice and neurodiversity awareness. Some staff were confident in reflecting upon their own practice and learning whilst others required support to develop these skills. (See area for improvement)

### Areas for improvement

1. The provider should develop a service learning and training programme that improves opportunities for staff to develop their roles, reflect on practice and have access to training that meets the current and future needs of companions.

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

**3 - Adequate**

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

#### Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans help to direct staff about people's support needs and their choices and wishes. The organisation had implemented an electronic support planning system, and some training had been delivered to staff to support this. However, it was evident that staff were not confident using this system and there were significant gaps in assessments, support plans and in the use of recovery tools. Information did not reflect a person led approach or always use appropriate language.

The management team had requested further support from the organisation to address this and in the meantime were utilising previous support plans which offered some assurance that people's basic needs were being met.

The organisation must prioritise staff training and ongoing support to deliver an effective support planning system. Companions should be involved in developing and reviewing their support plan. This would offer assurance that support is delivered according to companions expressed needs and preferences. (See requirement one)

### Requirements

1. 1. By 28 July 2025, the provider must implement a support planning system that ensures service users' holistic needs are accurately assessed, documented and effectively communicated between all relevant staff and met.

To do this the provider must, at a minimum ensure that:

a) Staff have appropriate training and support to utilise any personal planning system effectively.

This is to comply with Regulations 3 and 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17) and " 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).

## 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?	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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