

# Aberdeen City Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
27 February 2025

**Service provided by:**  
Inspire (Partnership Through Life) Ltd

**Service provider number:**  
SP2003000031

**Service no:**  
CS2004068564

## About the service

The service provides a service to adults with learning disabilities living in their own homes within the community. There are 14 separate services which allows people either to live on their own or in shared accommodation. There are five staff teams across Aberdeen City providing the support. The service's aims are to place individuals first and promote dignity, independence and the right of choice for every person enabling people to lead the 'best lives possible.'

## About the inspection

This was an unannounced inspection which took place between 11 February and 25 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, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with nine people using the service and received nine questionnaires.
- Spoke to 12 staff and management and received 30 questionnaires.
- Received four questionnaires from health professional.
- Observed practice and daily life.

## Key messages

- People actively participated in activities they enjoyed.
- People were part of the community.
- People felt safe and respected.
- Staff were knowledgeable.

## 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?	5 - Very Good
How well is our care and support planned?	5 - Very 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 were very happy with the support they received. Staff knew people well and we observed respectful, kind interactions which meant people felt safe and valued.

Individual flats and rooms were personalised reflecting people's interests, creating a homely atmosphere that people enjoyed. People said they were happy to be living there. This meant people's individuality was respected.

People were supported to attend various activities both at their homes and within the local community. This included a trip to Disneyland Paris which was thoroughly enjoyed. People had jobs and some people did voluntary work. This meant people were supported to enjoy and be part of the community.

Medication was overall well managed with people receiving the right medication at the right time. However, there were some gaps in the protocols for 'as and when medication' which was promptly addressed during our inspection. The effectiveness of this medication must be consistently recorded so the service can be assured the medication remains correct for the individual. We will review this at subsequent inspections.

There was very good collaborative working with health professionals ensuring people's needs were continually reviewed, for example strategies to support stress and distress. People were encouraged and supported to attend health appointments. This meant people's health needs were being met.

## How good is our leadership?

## 4 - Good

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

The provider had quality assurance processes in place, for example medication and finance audits. We were able to track any medication errors and actions taken by the service to reduce errors. This meant people could be assured the service was ensuring people were safe.

The provider had an overarching improvement plan with each service having a local plan. Planned improvements included ensuring reviews of people's care and support were completed. We were able to see reviews in those care plans we looked at. This meant the service were identifying areas for improvement and took action when needed.

The overarching improvement plan lacked views from people and families about the service and what could be improved. It is important that people are heard and their views are taken into account when developing an improvement plan. One area of the service had a comprehensive feedback report which was shared with families and it would be beneficial to share this good practice throughout the service. We will review this at the next inspection.

Accidents and incidents information were held digitally, allowing the service to track the situation clearly. Within team minutes we could see discussions about incidents and the action the service took to reduce the

risk of further incidents. This meant people could be assured the service was continually learning from situations to ensure improved practice.

We did not receive notifications appropriately and raised this at the inspection. Notification guidance was sent to the registered manager and we subsequently received the notification retrospectively (**see area for improvement 1**).

### Areas for improvement

1. To ensure that people benefit from open and transparent leadership, the provider should, implement the guidance in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.' This is in order to keep the Care Inspectorate updated on important events.

This is to ensure that care and support is consistent with the 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 use a service and organisation that are well led and managed' (HSCS 4.23).

### How good is our staff team?

**5 - Very Good**

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

Staffing levels were flexible ensuring people's needs were supported and people were able to get the most out of life, for example being able to go swimming when people wished to. People and their families told us they were happy or very happy with the staff and that they were very friendly and helpful. This meant people felt comfortable with those supporting them.

Staff received both one-to-one supervision and group supervision. Documents were held within an annual booklet, which made it easy to track discussions on wellbeing and practice. This meant staff felt supported and were able to discuss areas of their practice and other concerns. The provider should continue to ensure staff are supported when a complex situation occurs.

Staff felt confident to carry out their role through the training they received, for example moving and handling and autism. This meant staff were competent and knowledgeable to undertake their role. Some staff raised they would find it more beneficial for training to be more face-to-face than online. The provider should continue to consider how individual learning styles can be met through different forums.

The provider had a comprehensive recruitment policy and we reviewed documentation, for example references and right to work. This meant people were assured those supporting them were recruited well.

## How well is our care and support planned?

**5 - Very Good**

We found significant strengths in how care and support was planned. Care planning supported positive outcomes for people, therefore we evaluated this key question as very good.

Support plans were held digitally, enabling staff to access information easily. The plans were comprehensive, reflecting the individual's support needs and aspirations. Support was person-led and flexible depending on people's wishes. Risk assessments, where needed, were detailed ensuring both people and staff were safe. This meant people's care and support was individualised and person led.

A benefit of the digital system was the ability to upload documents, for example incapacity certificates. The provider should continue to upload any updated documentation timeously to ensure the most up-to-date information to be accessible for staff. This meant information was in one place and available to staff.

Reviews were held regularly with people actively being involved in changes to their planned support. This meant people had a say in how their support was planned and worked in partnership ensuring their care was planned together.

## 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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