

Inverclyde Association for Mental Health Housing Support Unit Housing Support Service

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Type of inspection:
Unannounced

Completed on:
27 March 2025

Service provided by:
Inverclyde Association For Mental
Health

Service provider number:
SP2003000217

Service no:
CS2003053703

About the service

Inverclyde Association for Mental Health provides a housing support service to people living in Inverclyde. Adults with mental health issues receive support to maintain their tenancies and live fulfilling lives within their communities.

During the inspection the service was supporting 28 people.

The service operated from their office in Greenock. The registered manager was supported by a depute manager, senior support worker and a team of support workers.

About the inspection

This was an unannounced inspection which took place on 21, 22, 24 and 26 March 2025, between the hours of 09:00 and 20:30. 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 four people using the service and three of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Management and staff were very good at developing meaningful relationships with people.
- Staff were highly motivated and committed to wanting to provide the best support to people.
- Support from a stable staff team meant people could build positive, trusting and caring relationships with their carers.
- Service management require to ensure staff training is up-to-date and relevant learning and development opportunities offered.
- Support plans and risk assessments did not always guide staff on people's current support needs.
- Quality assurance systems could be improved to continue to identify developments across 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?	4 - Good
How good is our leadership?	4 - Good
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. Improvements were required to ensure that people's experiences and outcomes were consistently positive.

People experienced respectful, attentive and compassionate care. Through observations and discussions, it was clear that staff and management had developed strong, trusting relationships with the people they support. The staff team's stability played a key role in this, allowing them to build meaningful connections. People and their families spoke highly of the difference the support had made to their daily lives, indicating the positive impact of the service. A person supported shared "I have a good relationship with all of the staff, my relationship with my keyworker is great, I can talk to them about anything, how I'm feeling, if I'm worried, stressed or anxious and I always feel better afterwards".

Support was provided in a flexible manner, adapting to the needs and preferences of individuals at the time. Staff recognised that people's plans could change and were respectful of the preference for individuals to connect with family or friends rather than staff when possible. This personalised approach helped ensure that the support aligned with people's wishes.

People were supported to celebrate special events in ways that were individual to them. This promoted positive relationships and built confidence in the staff team.

People can expect to know who is providing support on a day to day basis. Support was provided by a stable staff team, who people were able to develop relationships with. However we heard that people were not aware in advance who was visiting them or the time. Whilst we appreciate that not everyone would want to know this, people should have the option of having access to this information in a format that suits them.

(Please see area for improvement 1)

A person supported told us "I don't know who is visiting on the days I get support or what time it will be, but sometimes staff will phone in the morning and let me know who is coming and at what time".

Staff had worked alongside people to develop connections and access activities within their local community to promote wellbeing and support good mental health. For some people their week was very active and varied, based on their personal preferences.

The healthcare needs of people were managed by the staff team. Staff accessed a range of health care professionals for advice and support when required. External professionals informed us that the service was responsive to their advice and guidance, which had a positive impact on people's health needs.

Relatives shared with us that staff had a good understanding of their loved ones needs, and that they were kept informed of any changes or concerns. This gave confidence in the support provided.

A small number of people were supported with accessing their finances from a locked box. We appreciate that people were aware of the balance held within their boxes at any given time and the plans for access. However to keep people safe there should be a clear plan of support required, transactions supported and oversight arrangements.

(Please see area for improvement two)

Areas for improvement

1. To ensure the safety and wellbeing of people and improve the quality of service the provider should improve communication with people in relation to support to be provided.

This should include providing people with information detailing who will be visiting, when and support to be provided in a format most suitable for their needs.

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

"I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support". (HSCS 3.11)

2. To keep people safe, the provider should ensure effective support planning and recording in relation to support provided with finances.

This should include a clear finance support plan being in place, regular auditing process and ongoing recording of all transactions.

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

"Any treatment or intervention that I experience is safe and effective." (HSC 1.24)

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. Improvements were required to ensure that people's experiences and outcomes were consistently positive.

People should benefit from a culture of continuous improvement. There was an improvement plan in place, which demonstrated an understanding of areas of development. This could be improved further with clear steps of how the improvements will be achieved and measured. This would ensure progress was tracked and that changes were achieving the desired outcomes.

Whilst the service had quality assurance processes in place, these were not always being utilised to identify and action improvements. As the management team know the service well there was a number of informal processes in place, which would benefit from being formalised. For quality assurance processes to be effective the service requires a clear and structured plan of what is required, when and by who (please see area for improvement one).

There was a number of audits currently being carried out. However these were not being fully recorded.

Audit formats should be developed to ensure they detail the quality assurance checks that are being undertaken to improve the quality of the experience for people. All audits should have a clear action plan with the intended outcome, whose responsible, required dates and signed off when completed.

(Please see area for improvement 1)

Senior staff were conducting regular checks of case note recordings. This provided an effective mechanism for tracking the support being delivered, identifying any required actions, and ensuring the management team had a comprehensive understanding of the service. This ensured that any necessary actions were promptly identified and acted upon.

People should have the opportunity to give regular feedback on how they experience care and support, with the organisation using learning from this to improve. Questionnaires were regularly sent to people and their relatives, with comments gathered and collated by the management team. Feedback overall was very positive. To develop confidence that feedback was being heard outcomes and resultant actions should be shared with relevant others.

There were minimal incidents recorded, which appeared to be reflective of the stability of the service. An overview of key incidents was collated and reviewed on a quarterly basis. This improved the management teams understanding of themes and areas that required attention.

All staff were appropriately registered with their regulatory body, either Scottish Social Services Council or Nursing and Midwifery Council.

Areas for improvement

1. To further the improvement journey, the provider should continue to develop and embed their quality assurance system.

This should include but not be limited to:-

- a. quality audits and action plans including care planning are fit for purpose, completed regularly and ensuring they lead to the necessary action to achieve improvements without delay
- b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service and
- c. senior staff having a clear understanding of their role and responsibility with regards quality assurance activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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?**3 - Adequate**

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

People can expect to have confidence in their staff team, because they are trained, competent and skilled.

Whilst specific training was being sourced each year, there was no clear plan outlining mandatory and additional training, with expected timescales. The provision of core training across the staff team was not consistent, with several staff not yet having completed adult support and protection or mental health training. To ensure training is effective in equipping staff to carry out their role safely it would be beneficial to encourage reflections following training detailing what was learned and how this would be applied in practice.

(Please see requirement 1)

Regular supervision and team meetings were in place. This gave the opportunity for staff to discuss their role, workload, feedback from people and observations then action planning for the period ahead. These were good development opportunities giving staff the opportunity to reflect on their practice and link with colleagues.

Observations of staff practice were in place, exploring several areas. These included clear feedback to staff on what has been observed. This gave management confidence in the staff team. Where there had been areas for development identified, details should be recorded of follow up actions required, to ensure the expected improvements have been made.

People should experience a warm atmosphere because people have good working relationships. Staff shared that they feel they work well together as part of the team and support each other as and when needed. There was recognition of the skills brought to the team by each member of staff, which were celebrated and appreciated. The management team was seen as approachable and capable of addressing issues promptly and effectively as they arose, this contributed to a supportive work environment.

People's needs should be met by the right number of people. Staff felt they had sufficient time to complete tasks without feeling rushed. Observations confirmed that support was delivered in a calm, unrushed manner, which positively impacted peoples experiences.

Support was allocated by senior staff each morning, which was managed flexibly throughout the day to meet peoples needs. Assessed hours of support, were allocated over the week, however it was not always clear how this linked with staffing each day. Support should be adaptable to meet peoples needs, however there requires to be clear information detailing peoples assessed needs, preferences for support and how this matches with staffing, both on a daily and weekly basis. Whilst we were confident that there was enough staff over the course of the week to meet peoples needs, we could not see a direct link between support hours to be provided and staff on shift.

(Please see area for improvement 1)

Staff surveys regarding health and wellbeing were conducted. Results were collated effectively with the manager noting additional comments and questions, which were then discussed with the team. This demonstrated engagement with staff feedback and a proactive approach to addressing concerns.

Requirements

1. By 1 July 2025, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities to enable them to be competent in their roles. To do this the provider must at a minimum:

- a) undertake a training needs analysis to identify what training and development is required for each role
- b) maintain an accurate record of all staff training, including refresher training
- c) implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

Areas for improvement

1. The provider should ensure that effective methods are in place to support the evidence based assessment and planning of staffing levels and deployment. To do this the provider should develop a staffing assessment that is transparent, which takes account of a variety of meaningful measurements including people's assessed needs and support preferences.

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

"My needs are met by the right number of people" (HSCS 3.15).

How well is our care and support planned?

3 - Adequate

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

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

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. There were no support plans in place detailing peoples strengths and guiding staff on how support should be provided. From observations and discussions with the staff team we were assured that staff had a knowledge of peoples needs and were able to engage and support people with dignity and respect. Staff knew people well which may lessen the reliance on support plans. However, a lack of information within support plans may cause confusion in relation to the consistency of support and ensuring people's needs are fully met.

Risk assessments were in place, detailing a brief overview of identified risks. For some people these could have been more in-depth giving guidance on how to provide support to minimise risks.

Support reviews were carried out regularly providing thorough updates on peoples progress and planning for the upcoming period, ensuring support remained appropriate. This demonstrated the knowledge of staff and management.

To ensure support plans are effective in directing care and support clear guidance should be developed for staff on the expectations of the care planning process. Documentation should be streamlined to include a clear support plan that reflects the persons needs and how these are to be met with relevant risk assessments.

(Please see requirement 1)

Requirements

1. By 1 July 2025 the provider should ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time.

This should include at a minimum:-

- a. each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach
- b. they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c. they contain accurate and up to date risk assessments, which direct staff on current/ potential risks and risk management strategies to minimise risks identified
- d. they are regularly reviewed and up dated with involvement from relatives and relevant others.

This is to comply with Regulation 5(2)(b) (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 states 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)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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
1.3 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

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good

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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