

# Glasgow Area 1 Housing Support Service

Community Integrated Care  
2000 Academy Park  
Gower Street  
Glasgow  
G51 1PR

Telephone: 0141 419 9401

**Type of inspection:**  
Unannounced

**Completed on:**  
31 March 2025

**Service provided by:**  
Community Integrated Care

**Service provider number:**  
SP2003002599

**Service no:**  
CS2004072162

## About the service

Glasgow Area 1 is a Housing Support and Care at Home service. The provider is Community Integrated Care.

The service is provided for adults with a learning disability. Some of the people who use the service also have an additional physical or sensory impairment, and complex communication support needs. The service can also support up to ten people with physical or mental health needs, or acquired brain injury, living in their own homes.

Three staff teams currently provide care and support to people in their own homes, either individually or in groups of up to four, located across nine houses mainly in Glasgow. The service is organised into three 'clusters' with a service leader for each. The registered manager oversees these clusters; however, this post was newly vacant at the time of the inspection.

At the time of the inspection, the service supported 18 people.

## About the inspection

This was an unannounced follow up inspection which took place on 28 and 31 March 2025. This was a follow up inspection to consider progress made on requirements made following the last inspection. The initial inspection was completed on 18 December 2024.

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 two members of senior management
- reviewed documents
- spoke with two service leaders and three support workers
- spoke with two family members
- met six people supported by the service.

## Key messages

The provider had completed reviews for everyone supported by the service which meant that everyone had a recently completed review to ensure that their care and support was based on their current needs.

Staff changes at senior level had been implemented as well as the vacancies for service leaders having been filled. This should lead to more stability and a focus on continuous improvement.

The provider had implemented changes in processes to ensure that service improvement could be monitored. This meant that improvements identified, and actions taken can be more effectively monitored and updated.

## 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 good is our leadership?	3 - Adequate
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 good is our leadership?

### 3 - Adequate

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

People should be supported by a service that has a culture of continuous improvement and robust and transparent quality assurance processes. Since our last inspection, processes for monitoring actions taken to drive improvement had been improved. This meant that improvement actions were now being monitored.

Vacant service leader posts had been filled just prior to us completing our last inspection. In addition, new senior managers had been appointed. We found that the senior managers in these roles were driven and had a good understanding of the need for good quality assurance processes. Actions were now being monitored and staff guided through expectations by the senior management team.

Planned changes to the role of the registered manager to lead this and another Glasgow based team meant that there was a vacant post. This vacancy and the significant amount of change in personnel experienced by the service, meant that it was not possible to evidence that progress in the area of quality assurance could be sustained. We have written an area for improvement to ensure that progress continues (see area for improvement 1).

#### Areas for improvement

1. In order to ensure that people experience a service which is well led and managed, quality assurance system should support a culture of continuous improvement. The provider should continue to develop the skills of the staff team to ensure that auditing and planning for improvement are effective and ensure that actions and progress are monitored and timescales for actions are adhered to.

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 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's personal plans were written in a person-centred and detailed way. These included good quality and in-depth information about the person, their needs, likes, dislikes and life history. These were developed with the person, their families and relevant professionals. Work had been ongoing to ensure that plans were written in a person-centred way and were in a consistent style. Plans contained information to ensure staff were able to support people well and to get to know them as individuals.

We gave a requirement at our last inspection to ensure that all personal plans were updated after reviews

had been completed. As this has been met, we have regraded this key question to reflect the good quality of the care plans.

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

### Requirements

#### Requirement 1

By 28 March 2025, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for them and that the quality assurance system supports a culture of continuous improvement. To do this, the provider must, at a minimum, ensure:

- a) Audits are completed with transparency and reflect relevant best practice guidance for the area being assessed.
- b) They develop their continuous improvement plans to address the deficits in the service.
- c) Feedback from people who use and work within the service should be used to inform the continuous improvement plans.
- d) Actions and progress are monitored and timescales for actions are adhered to.

This is to comply with Regulation 3 (Principles) and 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 18 December 2024.**

#### Action taken on previous requirement

Each 'cluster' had a continuous improvement plan and we were able to see that these were regularly updated to include required improvements that had been identified through a variety of methods including audits.

The senior management team had implemented new processes and tools to ensure there was better monitoring and auditing of the quality of care and support provided to people. This included having a focussed approach to ensuring that supervision was completed regularly. The provider called supervisions 'U Can' and the format of these had been developed since our last inspection to focus more on outcomes and ensuring staff members were meeting expectations.

New systems were being put in place to ensure that the management team, including senior management, had good oversight over the service. This included being able to track information about incidents, ensuring

personal plans were up to date and tracking people's reviews. During our inspection, further improvements were made to make information simpler to use and access.

Service leaders shared that they felt that some guidance for them to complete audits would be beneficial as they did so, but were not always given training to complete them and were unsure if they did so correctly. However, we were able to see that these had been completed.

There has been sufficient progress made to meet this requirement. However, as there is still a need for some areas to improve, we have written an area for improvement which can be found under key question 2.

This has been met.

## Met - within timescales

### Requirement 2

By 28 March 2025, the provider will ensure people have personal plans that reflect their current needs, wishes, and interests. Plans should be:

- a) Reviewed every six months in an inclusive way by involving people and their relatives and identifying actions.
- b) Informed by good practice and completed consistently.
- c) Reflective of people's current needs by having regular, quality audits that ensure personal plans are up to date and reflect people's current needs and wishes.

This is in order to comply with Regulation 5 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).

**This requirement was made on 18 December 2024.**

### Action taken on previous requirement

Service leaders had completed all outstanding reviews, which ensured that each individual had their review completed within the six-monthly timescale as required in legislation. A process had been put in place to ensure that future reviews were planned and completed in accordance with statutory timescales.

This has been met.

## Met - within timescales

## 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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

  

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.