

The Haven Kilmacolm Housing Support Service

Horsecraigs
Kilmacolm
PA13 4TH

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Type of inspection:
Unannounced

Completed on:
30 April 2025

Service provided by:
The Haven Kilmacolm

Service provider number:
SP2004005220

Service no:
CS2006118189

About the service

The Haven Kilmacolm is registered with the Care Inspectorate to provide a housing support service to men with a history of drug and alcohol misuse.

The service provides a structured rehabilitation programme delivered in three main phases, with the option to include phase four where this may be required. People work through each phase at their own pace. On completion of the programme there are opportunities for outreach support in the community.

The service is delivered from a Christian ethos of supporting people with addiction recovery. The registered manager is supported by a Head of Support and Admissions, Pastoral staff, support workers and volunteers. Most of the staff team have lived experience of recovery and some have themselves completed the programme.

At the time of this inspection, the service was supporting around 18 people including some in satellite flats in the Inverclyde area.

About the inspection

This was an unannounced inspection which took place on 23 and 24 April 2025 between the hours of 09:30 and 19:30. 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, complaints, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 12 people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

We also took into account feedback about the service received via Care Inspectorate surveys from 12 people and ten staff.

Key messages

- People supported by the service felt respected, valued, and were treated with dignity.
- People were empowered to be involved in decision making.
- Leaders had a meaningful mission and a clear vision for the future of the service.
- Improvement was needed to ensure staff are trained and competent to support people safely and well.
- Quality assurance processes needed development to improve oversight of service performance.
- Staff had fostered trust and rapport with people who felt understood and supported.
- Record keeping needed to improve to evidence how people were supported with their physical and emotional wellbeing.

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?	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 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.

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

Staff provided people with very good support, ensuring people felt respected, valued, and were treated with dignity. This came through in all of the feedback we gathered during the inspection. Many of the people supported by the Haven told us that they had a significantly better experience in the service than other residential rehabilitation programmes they had gone through in the past. The relaxed but structured approach, freedom of choice, and positive atmosphere stood out from the feedback we received. Comments included "The Haven's programme has helped to change my life. I tried for years to address my addiction issues but could not do it" and "the Haven is a special place, I have felt loved, respected and valued".

The recovery programme is set out in three key phases, each of which are designed to offer stabilisation, recovery support, rehabilitation and transition to outreach support. Key strengths of the programme included one-to-one pastoral sessions, opportunities for external group activities, such as attending church, swimming, football, hill walking, health and fitness programmes, life-skills development and support from staff with lived experiences. These provided people with structure and routine in their lives which was a key element of recovery support. One person told us "You are kept busy, have jobs to do and things happening every day which help to keep you focused".

People were provided with support to access healthcare services such as GPs, dentists, and opticians, which reduced any barriers to healthcare. We saw examples of the service ensuring people attended healthcare appointments, including emergency hospital visits where this was required, demonstrating a commitment to their well-being. Although we could see clearly where people had been supported to attend these appointments, there was no record of the outcome of these. We fed this back to leaders who were responsive to suggestions on how this could be improved. That will help the service track people's progress in relation to their health and wellbeing, and promote improved communication between staff.

People using the service consistently shared how the Haven had changed their lives. Highlighting meaningful progress in their addiction recovery, improved family relationships, and finding a sense of purpose through structured daily activities and professional care. The Haven was praised for its caring, engaging, and life-changing environment. We heard how some people who had left the programme had went on to gain employment in a range of roles and had accessed further learning and education. Other people had taken on volunteer and paid roles in the service to offer peer support and life-skills development to others. That had helped to empower people through their journey of recovery.

How good is our leadership?

4 - Good

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

Quality Indicator 2.2 Quality assurance and improvement is led well

Leaders had a meaningful mission and a clear vision for the future of the service. That included plans for expanding the premises to support more people through addiction recovery. It was heartening to see and hear that leaders were passionate about addressing this growing need. At the same time, there was a need for continued emphasis on maintaining day-to-day operations of the service to maintain regulatory standards required to sustain and grow such an impactful organisation. Some operational processes needed to be more formalised to provide assurance that these comply with statutory guidance and national standards.

Quality assurance processes in areas like medication practice, recruitment, staff training, service development, and care planning arrangements needed improvement. By strengthening oversight in these areas, leaders can ensure that the foundation of the service remains robust and that people are supported safely and well, while pursuing wider goals. It is essential that leaders conduct frequent audits or checks to identify and address deviations from national guidance and standards. Feedback from audits should be used to improve practices and policies. **See area for improvement 1.**

The manager had developed a comprehensive three-year strategy. This demonstrated an understanding of the increasing demand for holistic and integrated treatment approaches, incorporating physical, emotional, and spiritual models of care and support. We saw that specific improvement areas such as risk management, governance, compliance, and staff training had been outlined in the strategic plan. This demonstrated an awareness of priority areas where the service needed to improve. However, we were unable to see where those improvement areas had been actioned. The absence of a detailed service development plan makes it difficult to turn strategic aims and visions into actionable steps. Where improvements are required clear actions, timescales, and measurable outcomes should be set out to enhance accountability and progress tracking. **See area for improvement 2.**

The service provided support to help people manage their finances. While we saw well-documented financial records and reconciliation, financial management processes needed improvement. Where services support people to manage their finances, clear guidance should be in place for all staff to ensure that support aligns with statutory and national guidance. That includes ensuring that services have the appropriate authority to manage people's benefits where required. This ensures that people's rights are upheld and protected. Leaders were able to take immediate action to ensure that practice aligned with the providers finance policy and the standards expected. We were satisfied that this reduced any significant impact or risks to people.

Areas for improvement

1. Internal quality assurance systems should be developed to effectively identify any issue which may have a negative impact on the health and welfare of people supported. Action plans with timescales should be devised where deficits and/or areas for improvement have been identified.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

2. To ensure that people benefit from a service which is well led, the provider should create a service development plan to evidence and centralise where improvements to the service have been identified, actions agreed and outcomes achieved.

This is to ensure 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) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

How good is our staff team?

3 - Adequate

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

Quality Indicator 3.2 Staff have the right knowledge, competence and development to care for and support people

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

People told us that their support from staff with lived-experience who had first hand knowledge of adversity, helped them connect easier and navigate their past experiences and trauma. This helped to foster trust and rapport as people felt understood and supported.

People using the service benefitted from a warm atmosphere because there were good working and interpersonal relationships between staff. We saw effective communication between staff at handovers and use of the service diary to ensure staff know the plans for the day ahead.

A proactive approach was taken by leaders to address staff turnover to help maintain operations during challenging periods. The recruitment of 'bank' staff as contingency support had strengthened workforce flexibility and ensured that people had support from the right number of people at the right time during periods of staff absence.

There was an imbalance in the diversity of skills, experience, and knowledge among the current staff team, which could potentially limit the service's overall impact. Future recruitment should consider staff from professional backgrounds and knowledge of addiction support that could give a broader range of expertise. Establishing further training and/or development opportunities would help current staff enhance their skillsets and contribute to a more balanced team dynamic. That would help to support improved outcomes for people.

We sampled training records for staff and found that these were outdated. It was difficult to verify that staff have completed mandatory and essential training, for example, Adult Support and Protection, De-escalation, Medication, Trauma Informed Practice and First Aid. We could not be assured that staff and volunteers had the right knowledge, skills and competence to support people safely and well which meant people may be at risk. **See requirement 1.**

Staff had one-to-one supervisions and appraisals over the year with senior staff. Staff told us that these sessions were supportive and helped them to discuss and resolve any particular challenges they may have been experiencing. An example was around individual staff's home-life responsibilities which could impact on their attendance at work. Leaders supported adjustments to work patterns to enable staff to continue to remain at work. That ensured the smooth running of the service and helped to make sure people continued to receive consistent support.

Requirements

1. By 20 July 2025, the provider must have a clear plan to ensure all staff training is up to date and regularly reviewed. This is to ensure people are supported safely and well with their needs. In order to achieve this the provider must:

a) Carry out a training audit of all essential training, including refresher training. This should include; Adult Support and Protection, De-escalation, medication administration, first aid, trauma informed practice and specific training to support people with substance misuse.

b) Put a training plan in place, prioritising training for new staff and core training which has lapsed for existing staff.

c) Monitor the training plan to ensure it is kept up to date and any remedial action required is taken.

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

This is also 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).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths led to people having positive experiences, which clearly outweighed areas for improvement.

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

The service used a method of recording people's planned support called 'Outcome Recovery Stars'. This provide a structure for tracking progress and facilitating conversations with people about their wellbeing. These were used to help empower decision-making and ensured people were actively involved in making informed health and lifestyle choices, which positively supported their physical and mental health. Some recovery stars were very person-centred and clearly reflected people's voice, thoughts and feelings, whilst others leaned more towards staff's views. It is important that records of people's recovery journey are completed consistently. Ensuring all recovery stars reflect people's voice would make them more effective and meaningful. We discussed this with leaders who recognised that further support was required to develop staff skills in this area.

We were unable to see any documentation that told us about who people were as individuals. Knowing what matters to people, their likes, dislikes and important people in their life can help staff to form meaningful connections and trust. Particularly where staff may be new or unfamiliar. We discussed this with leaders who recognised the importance of having a 'snapshot' who people were and what's important to them, and there were plans to address this improvement area.

We saw that people benefitted from a planned holistic programme of structure and routine, which included taking responsibility for example, to undertake specific 'work' roles, such as, gardening, laundry and in the kitchen. This was supplemented by opportunities for fitness and exercise to promote people's wellbeing, meaningful group events and support with individual goal planning.

This included plans to maintain contact with their families and promotion of parental rights/contact. This helped people to have a sense of purpose and fulfilment.

There was a lack of formal record-keeping around interventions aimed at supporting people's emotional and physical wellbeing. While we saw verbal discussion in these areas during the inspection, the lack of consistent recording could hinder tracking of people's progress in their recovery journey or to help identify improvements in practice. There should be a system in place for staff to recognise deterioration in people's physical and emotional health to ensure they are able to take responsive action where any concerns arise. That is a particular risk, during the first phase of the programme where challenges may be greater and where people may be more emotionally and physically vulnerable. For example, when detoxification support from substance abuse may be required. **See area for improvement 1.**

Areas for improvement

1. To ensure people's support needs can be clearly tracked and monitored, the provider should ensure there is a system in place to record any aspects of people's daily support that relates to their health and wellbeing. This includes, but is not limited to; general observations of people's mood and appearance, and where medication may be required. Recordings should be used to help recognise where people's health may deteriorate, inform decision-making and take appropriate action.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to ensure that people are supported in a way that maintains their health and wellbeing, with respect to people's rights to self manage and refuse medication, the service should develop a medication recording system for non-detox related medication that more robustly offers the right kind of support to people using the service.

This could include individual protocols that clearly stipulate what support is needed, and link to risk assessments that identify any potential for misuse of prescribed medicines, impact to the person or others, and identify to staff and people using the service what action is expected to be taken to support people with medication management.

Records appropriate to these risk assessments and support needs should be kept so that the service can evidence how it is supporting people with routine prescribed medication where that support is needed, in order to keep the person or other people using the service safe.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

This area for improvement was made on 23 August 2023.

Action taken since then

Practice to support people to self-manage their medication has improved to ensure this is least restrictive and the support provided follows an assessment of risk. Guidance within the medication policy clearly sets out how people are supported with their medication through each phase of the programme, with any restrictions lessening through each phase to give people autonomy and responsibility around managing their own medication.

Medication Administration Records (MARs) were in place and well recorded to evidence how people were supported with their medication which aligned with best practice.

This area for improvement has been met.

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

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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?	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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