

# Glasgow Simon Community - Housing Support Branch Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
2 May 2025

**Service provided by:**  
Simon Community Scotland

**Service provider number:**  
SP2003000169

**Service no:**  
CS2003054036

## About the service

Glasgow Simon Community - Housing Support Branch offers housing support services to adults who are, or are at risk of, being homeless. The service offers accommodation and support in different settings to reflect the differing needs, gender and preferences of the people the Glasgow Simon Community supports." The provider is Simon Community Scotland.

The service operates 24-hours a day, seven days a week, 52 weeks of the year. The registered manager co-ordinates the overall running of the service, with locality based service leads managing the staff teams, who provide direct support to people.

The branch is made up of seven services:

Govanhill Service (Women only)  
Maxwell Drive (Women only)  
Parkhead Service (Women only)  
Kent Road Service (Women only)  
Lenzie Gate (Men only)  
Intensive Outreach Service  
The Saffron Service

The provider places a strong emphasis on empowering and enabling people to take control of their life situation. Staff members provide support with other issues, such as, budgeting, cooking, addiction, mental health issues, and securing future accommodation.

At the time of the inspection, 47 people were accommodated by the service and up to 80 people were supported by the Intensive Outreach Service.

## About the inspection

This was an unannounced inspection which took place between 28 April and 2 May 2025. The inspection was carried out by three inspectors.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 11 people using the service
- spoke with 19 staff and the management team
- spoke or had communication with eight external professionals
- observed practice and daily life
- reviewed documents
- obtained feedback from nine other staff through feedback questionnaires.

## Key messages

- People experienced high quality support where they were respected and valued.
- Staff were compassionate, kind and motivated to support people in the best way.
- Staff were skilled in supporting complex needs and delivering person-centred support.
- People were highly complimentary about the staff and management's non-judgemental approach to safe substance use.
- Management oversight and quality assurance was led well.
- The service should continue to monitor and review staffing levels to sustain the positive wellbeing of people using the service and staff.

## 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?	6 - Excellent
How good is our leadership?	5 - Very 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?

6 - Excellent

We evaluated this key question as excellent, as the service demonstrated a track record of effective practice and very high-quality care.

We found that the Glasgow Simon Community were making a positive difference to people's lives and supporting people to achieve their chosen outcomes. Through feedback and our observations, we could see that the service demonstrated the Health and Social Care Standards in their everyday practice. The service understood their role in supporting people to access health care and addressing health inequalities. People were well informed about 'The Safer Services' model, which focused on harm reduction, to better support people who used substances. The service introduced the WAND initiative (Wound care, Assessment of injecting, Naloxone, and Dried blood-spot test) in Glasgow across all six services. The initiative is based on addressing health inequalities for hard to reach communities and support them to engage with the health services. This approach ensured that people experienced treatments or interventions that were safe and effective. People gave us numerous examples of how the service had a positive effect on them, such as, "They take care of you here, even if you are using they still do a welfare check on you." Another said, "I don't feel alone." We were also told, "It's the best place where I have been, I feel safe." We were confident people got the right support, from the right people, at the right time.

Positive and effective working relationships with other agencies and health professionals involved in people's support helped people keep as well as they could. This multi-agency approach to partnership working enabled people's future care and support needs to be anticipated. We spoke to external professionals who told us they were impressed with how well the staff engaged with people and it was always a positive experience working with the service. One external professional told us, "I found the staff went above and beyond and exceeded my expectations." A second external professional said, "I have always been impressed by the levels of compassion demonstrated by the staff, often in very difficult circumstances, and have routinely witnessed people being treated with dignity and respect."

Glasgow Simon Community engaged and shared resources with local groups, linking people into other services. This included housing advice, food banks, money advice and mental health support. These initiatives meant that people were better supported to make informed choices about how they lived their life.

Meaningful engagement was not only about being active in the community or participating in planned activities, it was part of people's daily lives and the relationships they built and maintained. People were encouraged to maintain their independence and their sense of identity by continuing with meaningful relationships they had prior to and since moving into the service. People participated in various activities that suited their interests and hobbies, which included meditation, baking, movie nights, Sunday dinners, trips to the zoo or to watch a football match. There was a volunteer who supported people with group or one-to-one activities, and also encouraged people to spend time outdoors. Some people got involved with gardening and helped to maintain the outdoor spaces. This helped to meet people's needs and complemented other social activities on offer.

The service supported people who were homeless to learn essential life skills, such as, managing a tenancy. This included paying their own bills, purchasing their own shopping, cooking meals, doing their own laundry and managing their own medication. The service encouraged people to eat well and provided opportunities for people to eat together which promoted social inclusion. Those accessing the intensive outreach service were supported to the local food banks to ensure they had access to meals.

Safety Plans were comprehensive, with needs, risks, and ways to meet outcomes clearly recorded. In addition to these, there were personal plans also kept for each person using the service. These were brief and the service acknowledged this was a result of the crisis' and complex situations people were experiencing prior to moving into the service. Personal plans would become more detailed as the relationships with each person developed.

People had various opportunities to give feedback about their personal plans and the service received. We were confident that people's views mattered and people were listened to. Consequently, people told us that they felt valued and treated with respect. We were told by a number of people who used the service, "This is my safe space." The non judgemental and creative approach to substance use meant people could make informed choices and decisions about the risks they took in their daily lives, and were encouraged to take positive risks which enhanced their quality of life.

### How good is our leadership?

### 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 should have confidence that the service is well led and managed. Staff were highly complimentary about the service leads and management team who were visible, responsive, approachable and supportive. There was also regular communication amongst the staff teams with thorough handovers which helped keep people safe and well.

We discussed with management that some policies needed updated and they confirmed a number of these were currently under review. Some examples included, 'Supporting people with Prescribed medication policy' which was last updated in 2021. The 'Needle sweep procedure and managing the risks of Sharps' was last updated in 2017. The Lone working policy was last reviewed in 2017. The service manager confirmed this policy was under review.

We were confident in how the service investigated significant events including protection incidents. We were impressed with the level of autonomy team leaders had. Including their understanding about their responsibilities to raise concerns, to record safety incidents, and near misses, and to report them internally and externally. It was evident from the feedback received, very good partnership working was being achieved through a multi-disciplinary team approach with a range of external agencies involved in people's support.

The service should continually evaluate people's experiences. We saw very good examples where people were involved and kept informed about the development of the service, including surveys and monthly residents' meetings. The impact of the residents' meetings was very positive. They used this as an opportunity to choose planned activities, agree house rules and discuss any concerns. People who used the service told us if they did not attend, the minutes were clearly displayed on the wall so they did not miss out on important information.

It is important that services have effective systems to assess and monitor the quality of service provision. This helps drive service improvement which results in better outcomes for people experiencing care. Each service was quality checked by another service lead. We found that any gaps in support planning, staff practice or safety practices were identified and actioned promptly and efficiently. This system, as well as ultimately contributing to a more efficient service delivery, also offered opportunities for staff to learn from each other.

The management team had used the Care Inspectorate quality frameworks and core assurance tool to carry out an effective and well completed service improvement plan. We discussed with the management team in order to develop this further, they could consider creating individual development plans for each of the six services. This would empower others to become more involved in comprehensive quality assurance systems and to contribute and influence service delivery.

## How good is our staff team?

## 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.

When people are supported by a consistent and trained staff team, this helps to ensure that they feel valued and receive an appropriate service that meets their needs. The service had a full compliment of staff who were well established and confident in their role. One staff member told us, "I have never felt more empowered or encouraged as a team, we are all driven." A person using the service said, "Staff know when I need support."

Staff told us of their concerns around Lone working. Examples included, "Working alone at night can be very challenging, as this is the time that most of the women in our care are most active." Another said, "I worry about what would happen if two residents on other ends of the building both had overdoses at the same time." We discussed the concerns with management who confirmed there was an on call manager available during the night. The assessment of how many staff hours needed to provide safe and effective care was mainly by the assessed/commissioned hours from Local Authority funding received. We emphasised that this needed to be continuously monitored and discussed with the Local Authority, as demands on the service increase. Management agreed to continue to regularly monitor and review staffing levels, which we supported and recognised as vital to sustaining the service's very good practice and positive outcomes for people.

The service was continually looking to find appropriate ways to help people make changes in their lives, behaviours and choices, such as, reducing alcohol and substance use. For example, the organisation employed a clinical psychologist whose approach was designed to address identified emotional or psychological issues amongst the homeless community. Staff also had the opportunity to link in with the clinical psychologist which complimented the regular supervisions they received, offering a safe space for reflective practice.

There were regular team meetings that promoted the latest practice guidance, reflected on current trends and issues, and explored strategies to best engage with people supported. This had produced a skilled, motivated and informed workforce.

Wellness action plans were in place for employees which created an open conversation around stress triggers and how the organisation can best support their staff. We saw evidence that staff were actively encouraged to take 'wellbeing days' off work and requests for flexible working were available. This emphasised the importance of looking after their own health and wellbeing.

Weekly communication was sent to staff, capturing positive stories from all the services. This meant people could celebrate other people's success. This was also a great way to boost morale and promote reflective practice. Staff morale was high amongst the teams, and one staff member told us, "I love my job. I feel very lucky, we all support each other."

We saw that when new staff were recruited relevant checks were made to ascertain qualifications, experience and background. Appropriate arrangements were in place to ensure that staff were registered with the Scottish Social Services Council (SSSC), who regulate the social care workforce. Staff completed a comprehensive induction period and they could review their own 'induction passport' which recorded individual goals, identified any training needs and captured progress achieved.

Training provided by the service was thorough and promoted in person courses, e-learning, and self-development. Frequent refresher courses allowed staff to continuously build on their knowledge and skills. We saw evidence staff were experienced and skilled, and worked within a trauma-informed harm reduction model to promote people's health and wellbeing. We were impressed with their 'Workshop Wednesday's' which was a peer learning experience, open for all staff. They would identify a topic of interest for a period of four to six weeks and also discuss best practice approaches in order to support people the best they can. Peer learning can be a powerful tool for enhancing staff understanding, learning, collaboration skills and boosting confidence.

## How well is our care and support planned?

**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.

Personal plans sampled were person-centred and clearly identified goals and what actions needed to be taken to help achieve these. Needs change regularly due to the complexity of people's situations. We found that support arrangements and safety plans were being regularly evaluated and updated based on people's baseline scores. This was a good visual aid to capture people's progress and also to identify what support they still required. People we spoke with told us they knew about their personal plans and that they were available if they wanted to read them. This ensured people were at the centre of their own support planning.

Daily recordings confirmed personalised support was delivered, and staff used their knowledge and skills to help people meet their outcomes. The management team had a system to track reviews, and there was evidence of personal plan audits being completed in the plans sampled.

Some personal plans were brief, and we acknowledged that at the initial assessment process the information provided by people or social work may be limited due to their current circumstances and challenging lifestyles. Building trusting relationships would support the development of personal plans in order for staff to support people appropriately. With the assistance of staff, most of the people using the service would complete their own, 'This is me' document. These were easy for staff to follow, providing details of people's healthcare needs, abilities, likes, dislikes and preferences.

## 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

Service audits should ensure that I-ROC support planning paperwork is always signed off, dated and completed, and that support plans include a full assessment health care needs; further training on the implementation of the IROC support planning tool should be provided to staff to ensure consistency of practice in this area.

National Care Standards (NCS) 3 Housing Support Services - Management and Staffing Arrangements.

**This area for improvement was made on 8 October 2015.**

#### Action taken since then

Glasgow Simon Community used the Better Futures system to replace the I-ROC support planning paperwork. All staff were trained on how to use this system effectively. We saw evidence of management oversight of the support plans, daily recordings and safety plans which included their robust auditing and quality assurance process.

**This Area for Improvement was made on 8 October 2015 and has been met.**

#### Previous area for improvement 2

Incident and accident records should show evidence that they have been considered and signed off by a manager, showing agreement with staff actions or recommendations regarding any lessons to be learnt.

National Care Standards (NCS) 3 Housing Support Services - Management and Staffing Arrangements.

**This area for improvement was made on 8 October 2015.**

#### Action taken since then

Glasgow Simon Community responded appropriately to incidents and accidents, and we saw evidence of this in their notifications to the Care Inspectorate. The service used NetSuite as a platform to record daily notes and report any incidents and accidents. The system would alert the manager which ensured they had oversight of staff practice and prompted them to follow-up with any outstanding tasks, including ensuring debriefing sessions with staff were carried out.

**This Area for Improvement was made on 8 October 2015 and has been met.**

#### Previous area for improvement 3

All staff should receive regular supervision and appraisal of their practice and work performance.

National Care Standards (NCS) 3 Housing Support Services - Management and Staffing Arrangements.

**This area for improvement was made on 8 October 2015.**



**Action taken since then**

We saw evidence of regular supervision being carried out across all six of the services. The standard and the quality of supervisions were very good. Staff also had the opportunity to link in with the clinical psychologist which complimented the regular supervisions they received, offering a safe space for reflective practice.

**This Area for Improvement was made on 8 October 2015 and has been met.**

**Previous area for improvement 4**

Staff should be given the opportunity to undertake in depth training in key areas, such as mental health and drug and alcohol abuse, commensurate with their work and the needs of service users.

**This area for improvement was made on 8 October 2015.**

**Action taken since then**

We saw evidence that staff undertook in depth training in key areas, such as Trauma-informed Approach to Domestic Abuse, Person-Centred Awareness of ARBD and WAND (Wound care, Assessment of injecting, Naloxone, and Dried blood-spot test). Training was offered via face-to-face or online and level of compliance was very good. The 'Workshop Wednesday's' offered a platform for peer learning to focusing on topics of interest, showcase their skills and discuss best approaches in order to support people the best they can.

**This Area for Improvement was made on 8 October 2015 and 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](http://www.careinspectorate.com)

## Detailed evaluations

How well do we support people's wellbeing?	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	6 - Excellent
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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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