

## Community Resource Team Housing Support Service

34 Soroba Road  
Oban  
PA34 4HY

Telephone: 01631562725

**Type of inspection:**  
Unannounced

**Completed on:**  
19 May 2025

**Service provided by:**  
Argyll and Bute Council

**Service provider number:**  
SP2003003373

**Service no:**  
CS2010271064

## About the service

The Community Resource Team (CRT) provides a housing support and care at home service for a very small number of adults with learning disabilities, mental health problems and/or physical disabilities.

The Community Resource Team is co-located and integrated with the Lorne Resource Centre in Oban. Four people received support from the Community Resource Team at the time of this inspection.

The registered manager of the service was supported by a senior support worker, three key support workers and a team of support workers. Community Resource Team staff also support people attending the Lorne Resource Centre.

## About the inspection

This was an unannounced inspection which took place on 14, 15 and 16 May 2025 between the hours of 9am and 5pm. 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 informally with two people using the service.
- Spoke with five staff and management.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

Staff understood people's health needs and provided compassionate care and support.

Medication practice was safe.

Staff had access to regular support and supervision from managers.

Staff worked well together and shared their knowledge and skills.

The service improvement plan was not used effectively to drive improvement.

Personal plans were up to date but did not reflect people's goals and outcomes.

## 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?	3 - Adequate
How good is our staff team?	4 - Good
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?

4 - Good

We evaluated this key question as good. A number of important strengths contributed to positive health and wellbeing outcomes for people.

People's health and wellbeing needs were communicated effectively. Staff understood people's health needs and were able to identify changes in health. These changes were clearly communicated amongst the team and personal plans were kept up to date as people's needs changed. Daily 'handover' meetings supported staff to share information effectively. Staff were engaged in this process and contributed ideas and suggestions about how to support people well. Staff shared feedback from health and social work colleagues, where appropriate. Positive working relationships with external health professionals helped to ensure people had access to the right support to manage their health needs. This meant that staff had access to relevant and current information to support people well.

Safe medication systems were in place. An updated medication policy was available, and all staff had undertaken medication training. Paperwork was in place to monitor medication administration, if required. This assured us that staff were following the organisational policy and procedure which was based on best practice guidance. The provider was in the process of developing a system of competency checks for medication. We asked the provider to ensure staff had access to clear guidance about competency checks, to support them to understand organisational expectations and achieve good outcomes for people.

People's nutritional needs were managed appropriately. Where people required support with aspects of meal preparation, shopping, or budgeting, this was outlined in their personal plan. Good processes were in place for staff to share concerns or changes to people's nutritional needs. Staff understood their role in supporting healthy eating, where possible. This meant that staff had the right information to support people to eat well.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. We identified some strengths which supported good outcomes for people but these only just outweighed weaknesses. Improvements are required to ensure people have consistently good outcomes and experiences.

Quality assurance systems had improved but were not yet fully embedded in the service. Staff were recording good quality information in people's personal plans which helped the service to evaluate people's experiences. This meant that people's support could be adapted as their needs changed. File audits were being completed by senior staff which helped ensure staff were recording the right information to support decision making and sharing of information. An effective system was in place for following up accidents or incidents. This meant that staff were supported to learn from incidents and the provider was able to make changes or offer additional learning opportunities to improve practice, where required. Staff training needs had been analysed and additional training offered to staff. Systems for monitoring and tracking staff training, including refresher training, were not up to date. Keeping this information up to date is important to ensure staff are completing mandatory and additional training, as required, to keep people safe.

An improvement plan was in place for the service but this had not been kept up to date. This meant that the provider may not have been able to prioritise and drive change and improvement effectively.

Good quality service improvement plans can support services to identify priorities and understand the time, resources and people required to make progress towards goals. People and staff should expect to be able to participate in this process and be able to celebrate achievements and share these with their family or representatives. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection').

### How good is our staff team?

4 - Good

We evaluated this key question as good. Strengths in staffing arrangements and staff skills contributed to people having positive experiences and outcomes.

People had care and support from staff who were motivated and worked well together. Interactions between staff and people were respectful and supportive. People told us the staff were kind and that they knew them well. Staff understood people's support needs and worked well together as a team, to ensure these needs were met. Staff were clear about when to seek support from seniors and understood their responsibilities to protect people from harm. All staff had undertaken training in Adult Support and Protection (ASP). This meant that staff had the right skills and values to keep people safe.

Leaders had a good knowledge of staff skills and experience and used this to plan staff deployment. Good quality supervision was taking place which meant staff had the right support in place, to develop their knowledge and skills. The service had been impacted by some long-term sickness which had an impact on workload. The provider had taken action to address this and had additional bank staff available. Recruitment processes were safe which helped to protect people from harm.

There were some processes in place for formal communication but these were not sufficient to include staff in development of the service. The daily handover meeting provided good opportunities for discussion of people's needs, forward planning and tracking of appointments and activities. Team meetings were not taking place. This meant that opportunities were missed to bring staff together to identify priorities for the service, share their views and have these recorded. Effective team meetings can help staff to identify improvements, share responsibility and track progress. Deployment of staff was effective for meeting the needs of people but rotas did not reflect sufficient opportunities for service development activities and staff training. (See Area for improvement 1).

### Areas for improvement

1. To ensure people benefit from service improvement, the provider should ensure staffing arrangements provide time for staff to engage in development tasks. This should include, but not be limited to, time for team meetings, training, planning of activities and events, and undertaking key working and 'champion' responsibilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people are encouraged to be innovative in the way they support and care for me' (HSCS 4.25).

### How well is our care and support planned?

4 - Good

We evaluated this key question as good. Several important strengths in personal planning contributed to positive outcomes and experiences for people.

Personal plans were up to date and contained clear information about people's needs and circumstances. Key information about people's needs was outlined clearly which guided staff to provide care and support in a way that kept people safe. Effective analysis and oversight of incidents and accidents and use of 'learning logs' by staff, contributed to risk assessments that were meaningful and used to enable, rather than restrict, people. Staff discussed changing needs at handover meetings and were encouraged by leaders to complete learning logs, so this information could be captured and shared with the staff team. This meant that people's personal plans were regularly updated with relevant and useful information about their needs and preferences. Some risks which were discussed at handover meetings were not recorded in people's personal plans. This meant that staff may not have had the right information to keep people safe. (See area for improvement 1).

Good processes were in place for arranging and tracking reviews of people's care and support. Reviews had taken place for most people which meant that people and their representatives had opportunities to share their views and contribute to personal planning. We identified that some reviews had not taken place within the required six-monthly period. Leaders took action to resolve this during the inspection. Some family members told us they had not seen the personal plan for their family member. We asked the provider to look at processes around reviews to ensure family members have opportunities to read the personal plans if they wish to do so. The service had obtained copies of legal documentation, such as guardianship orders, where appropriate. This meant that staff and leaders had access to the right information to ensure people's legal rights were upheld.

Personal plans did not contain clear information about people's desired outcomes. Effective use of personal outcomes in personal planning can promote a sense of identity and involvement for people. When personal outcomes are used to measure the effectiveness of a service, this can lead to increased wellbeing for people and a sense of achievement. This also promotes accountability for staff and encourages reflective practice. The provider had good quality paperwork to support discussion and planning around personal outcomes, but this had not been implemented by the service. Staff told us they had recently undertaken some training to promote their understanding of a personal outcomes approach. Leaders assured us that additional training and development was planned to embed this approach in the service. (See area for improvement 2).

## Areas for improvement

1. To keep people safe, the provider should ensure that personal plans and risk assessments are regularly updated as people's needs and risks change.

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

2. To promote positive outcomes for people, the provider should ensure that staff have the right knowledge and skills to meet their needs. Staff should have training and support to understand and implement a personal outcomes approach, so that people's outcomes and aspirations are reflected in their personal plans.

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

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

### Requirements

#### Requirement 1

By 30 December 2024, the provider must ensure that quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the service. To do this, the provider must at a minimum:

- a) Ensure staff responsible for carrying out quality assurance activities have access to an up to date quality assurance policy and clear guidance.
- b) Produce a quality assurance schedule and ensure this is followed.
- c) Obtain regular feedback from people, relatives, and staff to inform improvements in the service.
- d) Review and share the service improvement plan at regular intervals to demonstrate improvement.
- e) Develop, with input from people, families and staff updated 'Aims and Objectives' which reflect the overall vision and direction of the service.
- f) Schedule regular team meetings or development sessions to include staff in service improvement.

This is to comply with Regulation 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 26 August 2024.**

#### Action taken on previous requirement

Quality assurance processes and trackers were in place for the service. File audits were taking place and the staff supervision tracker had been regularly updated. An audit of staff training had been completed and a tracker for recording staff training, including refresher training was in development. Further work was required to ensure this information was kept up to date. There was no clear quality assurance schedule available to guide local managers about organisational expectations.

There were overarching aims and objectives for the learning disability service but these had not been embedded at a local level. We asked the provider to consider the aims and objectives of the service alongside the Health and Social Care Standards, to support better understanding of the scope and role of the service. (See Key Question 2).

Feedback surveys had been sent to people and their families. There had been a good response and these responses had been analysed by leaders. We heard about how this feedback was being used to help develop the service.

A 'goal plan' was in place for the service but this had not been regularly updated. We were unable to see an associated 'action plan'. It was therefore unclear how goals for the service were being monitored or driven forward.

Some families were unclear about the goals of the service and staff were not clear about priorities for improvement (See Key Question 2).

This requirement is not met. We have agreed an extension to 30 August 2025.

## Not met

### Requirement 2

By 30 December 2024, the provider must ensure people experience support from staff with sufficient skills and knowledge. To do this the provider must ensure, at a minimum:

- a) Training needs of all staff are assessed to ensure they have appropriate knowledge and skills to support people safely.
- b) All staff receive training relevant to the work that they carry out in order to keep people safe.
- c) Training plans are regularly reviewed to reflect ongoing training needs.
- d) All staff have regular competency checks and observations of practice relevant to the work they are undertaking and these are clearly recorded.
- e) All staff have access to regular supervision and appraisal to discuss their development needs.
- f) Less experienced staff have formal arrangements in place for mentoring and development.

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

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

**This requirement was made on 26 August 2024.**

### Action taken on previous requirement

Learning needs analysis had been completed for all staff. This information had been collated and used by senior managers to identify training and development needs in the service. Core training had been identified and staff had undertaken training relevant to their roles. Training and development was being discussed at support and supervision sessions, to assist staff to identify their development needs and goals. Supervision sessions were taking place regularly and were planned in advance. Mentoring arrangements were in place for new and less experienced staff.

We have made a new area for improvement under key question three, to ensure training records are maintained effectively.

## Met - within timescales

### Requirement 3

By 30 December 2024, the provider must ensure each service user has a personal plan in place which reflects their needs and outcomes. This must set out how the service user's health, welfare and safety needs are to be met. To do this the provider must, at a minimum, ensure that:



- a) The personal plan sets out how the service user's needs will be met, as well as their choices, wishes, and preferences.
- b) Relevant risk assessments are completed and used to inform the personal plan.
- c) Personal plans are reviewed at least once in every six-monthly period or where there are significant changes in the service user's health, welfare or safety needs.
- d) Personal plans are updated following reviews to reflect changes, goals and aspirations discussed at review.
- e) People or their representatives have access to a copy of their personal plan if they so wish.
- f) There is regular quality assurance of personal plans and follow-up of identified improvements.

This is to comply with Regulation 5(1) and (2) (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 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 26 August 2024.**

#### Action taken on previous requirement

All people using the service had a personal plan which reflected their choices and preferences.

Risk assessments were in place where necessary. We asked the provider to ensure that support requirements contained clear guidance to staff, where risks had been identified. (See key question 5).

Personal plan reviews were taking place six monthly or sooner if required. A tracking system was in place to support staff, to ensure reviews are scheduled and recorded. We identified two overdue reviews and gave advice to the provider to ensure they continue to meet statutory guidance.

Personal plans had been updated following reviews and reflected the content of discussions with families and external professionals.

File audits were taking place regularly and this had resulted in improvements to the personal plans.

We have made a new area for improvement under Key Question five, to ensure risk assessments continue to be updated to reflect people's changing needs.

#### Met - within timescales

## 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

To keep people safe, the provider should ensure that there is a current medication policy and procedure available for the service. This should be shared with staff and should be linked to staff training and competency in medication support.

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 4.19).

**This area for improvement was made on 26 August 2024.**

#### Action taken since then

An updated medication policy and procedure had been made available to the service. All staff had undertaken training in medication support and administration.

This area for improvement is 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
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

## 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.