

Clydeside Independent Living Housing Support Service

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Type of inspection:
Unannounced

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Service provided by:
Quarriers

Service provider number:
SP2003000264

Service no:
CS2007155963

About the service

Clydeside Independent Living is a combined housing support and care at home service for adults with learning disabilities. Some people who use the service also have physical disabilities and complex health conditions. The service was supporting nine people at the time of our inspection, and all were living in their own homes in the Inverclyde area.

The service is based in Greenock, Inverclyde. The service is provided by a team of support staff, with a team leader and project manager.

About the inspection

This was an unannounced inspection which took place between the hours of 11:15 on 17 June and 17:15 on 18 June 2025. Feedback was provided on 19 June 2025. 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 seven people using the service and three of their family; nine people responded to surveys
- spoke with eight staff and management; 12 responded to our survey
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People experienced care and support which was respectful, dignified and cheery.
- People spoke very highly of the staff who supported them.
- Staff focused on ensuring people got the most out of life.
- Staff were proactive in supporting people's health and wellbeing.
- Care planning was good but some areas needed to be tighter.

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 staff team?	5 - Very 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?

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.

We met with seven people who used the service and spoke with families as well. Overwhelmingly, people were happy with the support offered to them. They spoke highly of staff and the difference that having them made to their lives. One person told us that, 'Without the staff, I wouldn't be living in my own home.' Another described the support from staff warmly and stated confidently, 'They always look out for me.'

People had varied interests and different needs for support. Staff knew people very well and that resulted in them being able to respond very quickly to changes in people's health and wellbeing. Staff were responsive and contacted relevant health professionals when required. We also saw good examples of joint working with health staff, such as with the nursing team in relation to accessing an external counselling service. A small staff team had been involved in a joint training session with a psychology lead worker. Staff were offered a support plan which ensured a consistent support for a person when they were distressed. That allowed the person to have a greater sense of control as all staff responded in the same manner. People benefitted from local health interventions.

We were reassured that people were supported to attend health screening programmes. One person had just attended a GP appointment for advice when we started the inspection. Staff who supported the person to attend their appointment arrived earlier than the scheduled start time. That ensured the person was able to attend. We were reassured that staff ensured that people's needs were met by the right person at the right time. It also evidenced a commitment to work around people's presenting needs and staff flexibility in response.

Most people worked with staff to decide on the meals they wanted to eat. It was clear that people's choices dictated what was to be eaten. One person liked to theme their dinners around different countries and was looking forward to their Asian style meal that evening. They spoke of risks associated with eating and their overall health. A positive risk taking approach was taken. The enjoyment of food, experiencing new tastes, offered joy to their day and was a risk worth taking. Everyone takes risk in life, to deny people the opportunity to take risk has the potential to deny them their rights.

One member of staff told us, 'Our service allows the people we support to live a happy independent life. We have a person-centred approach that prioritises their individual needs, promotes independence, and ensures their safety and well-being at all times.' We saw evidence of this throughout the inspection and were confident people were being supported to get the most out of life.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. We found significant strengths in aspects of the care provided which supported positive outcomes for people.

People told us that they knew who was coming to see them and they were given rotas in formats that suited them. They also spoke of having small teams of staff around them which made it easier to get to know them and to understand what they wanted out of life. Consistent staff support was a strength of the service and meant a lot to people.

As the service was based in people's own homes, we recognised the significant work that went into developing rotas. Nine locations had to be considered, staff skill mix was considered and staff availability was also critical to planning. It was a difficult job and has been made harder by recent changes in people's assessed care hours. Some people had a recent assessment of their support carried out by the local authority. This had resulted in a reduction in their assessed support hours and had led to changes in their usual scheduled support. That impacted on people and also staffing deployment. Two people said that they were, 'Unhappy with hours being cut,' and 'Not happy about my hours and split shifts.'

Staff had been recruited well. The organisation has a recruitment team that ensured checks were in place to be confident that staff were suitable to work with people. The organisation had an extensive training directory. That meant that staff could access training that was appropriate to people's needs. If staff had not had certain training, they could not support certain people. That offered reassurance that staff were properly able to support people.

Supervision was well used by the leadership team. That offered staff a chance to discuss how well they were doing in their role and what they wanted to do as they progressed in their roles. Staff were also offered support informally which they valued. Staff often dropped by the office which helped support good communication. An open door process was promoted which supported staff wellbeing. Staff could sometimes find themselves tired, challenged or in need of reassurance after a shift. Support at such times is critical to good staff wellbeing. Equally staff popped by the office to chat enthusiastically as to what was going well for people and for themselves. Good practice was celebrated.

How well is our care and support planned?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a positive impact on people's experiences.

Care plans contained important, up to date and relevant information about people. Risk assessments were in place which were personalised and very much reflected what people told us was important to them and how they liked to be supported.

Staff worked hard to develop meaningful daily notes. They captured what made a person's day go well and what had been important to them. They also noted if things had not been so great, which allowed people and staff to reflect on emotional wellbeing. Leaders were auditing notes and offering support to staff to further develop their skills. We were reassured that good practice was being promoted in relation to recording.

Although checks were completed to ensure all care plans and risk assessments were up to date, there were some gaps. We highlighted that to management and were confident it would be addressed. We did not find that the gaps resulted in poor outcomes for people as staff knew people well and could offer support as required. However, that risked the chance of care and support not being offered as was needed, particularly with new workers (see area for improvement 1).

Financial capacity assessments had not always been completed. It is important that was in place as that informed a financial care plan. People's abilities can change and what was relevant previously may be different now. If assessments are not completed in full, there is a risk that care and support offered may not be correct.

Everyone receiving a care service must have a six-month review. It was evident leaders were back on track with this as some previous gaps were noted. However, we highlighted the importance of having more frequent reviews if needed to support good care planning. People's situation can change very quickly and reviews may need to be held to explore their care plan in more detail.

Legal paperwork was in place where required, such as in relation to people's consent to medication and treatment. However, we highlighted the need for clarity regarding any powers from Guardianship orders that are delegated to the service to support. That protects and upholds people's rights.

Whilst some work had started on future care planning, management agreed that further work was needed. Sometimes when a person is unwell, they are not able to explain what is important to them and families may find it hard to make decisions on their behalf. Planning ahead can help people to have more control and choice over their care and support.

Areas for improvement

1. To ensure that people receive the right support at the right time, the provider should ensure all care plans and risk assessments are up to date and contain accurate information.

Care plans should be person centred, guiding staff on how to meet people's current care and support needs. Plans should be clear and descriptive, guiding staff to provide the right support at the right time and linked to personalised risk assessments.

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 choice' (HSCS 1.1.5).

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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