

James Shields Project Housing Support Service

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Type of inspection:
Unannounced

Completed on:
9 July 2025

Service provided by:
Quarriers

Service provider number:
SP2003000264

Service no:
CS2004059313

About the service

The James Shields Project provides housing support with accommodation for 10 young people, between the ages of 16 years to 25 years, who are homeless.

The James Shield project is located in a residential area in the East End of Glasgow. Young people reside in dual occupancy flats, with shared kitchen, bathroom, and living room. The service provider is Quarriers, a registered charity organisation.

About the inspection

This was an unannounced inspection which took place on 02 to 04 July 2025. The inspection was carried out by an 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 with four people using the service and two of their representatives
- spoke with four staff and three members of management
- observed practice and daily life
- reviewed documents.

Key messages

- Young people were encouraged to be involved in the local area. The service had good links with local services, and organisations.
- The service required improvement in quality assurance processes to ensure these drove improvement.
- The service should improve its post incident supports to ensure effective scrutiny of practice and relevant updates to plans are made.
- Supervision arrangements for staff required improvement to ensure consistent support and development of practice.
- Staff training arrangements had improved since the last inspection and included training specific to the needs of young people.
- Risk assessment processes within the service were of poor quality these required improvement to ensure the safety of young people.
- Care planning processes required key information for staff actions to ensure a consistent approach to achieving outcomes for young people.
- There were examples of many positive pieces of practice and supports that we observed, read, or heard about from young people and staff. This highlighted the positive relationships that young people shared with 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We made an evaluation of adequate for this key question. The service demonstrated strengths, but these just outweighed weaknesses. Strengths still have a positive impact but the likelihood of achieving positive experiences and outcomes for people are reduced significantly because key areas of performance need to improve.

Quality Indicator 1.2 People get the most out of life

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

The staff team valued the individuality of young people using the service. This was something young people told us they valued as some said they 'felt understood' for the first time. Young people acknowledged that living in shared flats was at times a challenge but felt this was considered by leaders within the service, so it was a good match.

Young people were consulted collectively through young people's meetings or with keyworkers about their support. Whilst this engagement was good young people told us that this was 'to support them get their own property,' and whilst this was a goal, engagement on shorter goals could be better evidenced to engage young people more proactively in their care.

Young people spoke positively of the staff they received support from. All young people we spoke with felt they had adults they could approach and trust. Young people told us that managers were also present, and they felt they could approach them if they had any concerns.

Young people using the service were aware of their rights, and the rules within the service. All young people we spoke with felt these were fair and well understood. Where young people were unhappy with their care, there was a complaints process which was accessible. The service had made plans to further develop this by creating a young person's handbook. At the point of inspection this was not ready to be assessed.

All young people we spoke with said they felt safe within the service. We had asked the service to make improvements relating to their assessment and planning of risk on the previous inspection, but this had not progressed. This meant that staff were unclear in the roles and responsibilities they had in protecting young people in the absence of thorough and well-planned positive risk enablement and reduction plans. **(Quality Indicator 5.1 will address this further)**

Young people were encouraged to be involved in the local area. The service had good links with local services, and organisations. This meant there was a wide range of options to help engage young people. We saw positive engagement within the service with many different methods to bring young people together. This meant that social isolation was minimised through engaging activities. Young people told us 'Dart and dungeons and dragon's nights' were a huge success. Day trips were at times planned too, young people told us that at times this was impacted due to staff shortages, although were often rearranged at a later date.

Young people we supported to access local health services appropriately. At times where young people needed to attend medical services out of hours professionals told us they were impressed with the service's ability to facilitate this rather than encourage young people to attend themselves. Where young people's health needs were more complex. The service help ensure access to mental health support and counselling, as necessary.

Some young people were engaged in appropriate educational or employability programmes. We suggested that the service further considers how it supports and plans for this to help increase engagement, attainment, and employability.

Young people's keyworkers developed weekly planners that were designed to help increase independence. This focused on key skills such as budgeting, flat cleanliness, and cooking skills. Young people spoke positively of cooking together with staff and how this helped them maximise the amount they could make on their budget. Whilst these sessions were valuable, they were not part of an outcome focused framework. This meant advances and barriers to progress were not always planned effectively.

How good is our leadership?

3 - Adequate

We identified some strengths, but these just outweigh weaknesses, so we evaluated this key question as adequate.

Quality Indicator 2.2 Quality assurance and improvement is led well

Since the last inspection there had been changes to the management team. Staff spoke positively of the vision of the service, and leaders had been working to create new aims and objectives. Whilst this is a useful introduction the provider should continue to support the service in ensuring practice is in line with these.

The provider had quality assurance systems in place. This included internal and external audits which were designed to assess the quality of all aspects of care. At times, the reports from these audits were delayed, meaning that progress on action points was limited. At other times areas identified, such as low levels of staff supervision, were identified but progress not made to improve this. The weight of the service's own self-evaluation made it difficult for the provider to have a pragmatic view of progress. We found that in practice these systems did not efficiently assess the services' ability to progress the areas identified in the previous inspection. As there had not been progress in improving the quality assurance systems since the last inspection we will make this a requirement on this occasion. **(See Requirement 1)**

An action plan was created on the back of the previous inspection, and although development plans were in place there was insufficient assessment and steps in place to ensure progress was made. Again, these plans were effectively created by the service with little organisational oversight. These plans would be strengthened by including specific, measurable, achievable, realistic, and timely objectives for goals. With specific details of what was to be achieved, by whom and by when. And crucially be subject to organisational oversight. **(Area for improvement 1)**

Following incidents within the service, the provider had system in place to debrief both staff and young people. This was a layered approach and latterly included management and external management sign off. We found that assessment of this in practice insufficiently scrutinised staff practice, lacked ability to ensure that relevant changes to plans were made, and regularly did not include review from external managers. **(See Area for Improvement 2)**

Requirements

1. **By 01 September 2025**, you must ensure that there are effective systems in place for assessing the quality of service provision. In particular you must:

- a) ensure review of existing quality assurance measures, ensuring that these cover all necessary assurances.
- b) ensure that the formal quality assurance processes in place, can identify and address swiftly any errors.
- c) ensure effective training is provided to those staff and managers undertaking quality assurance processes within the service.
- d) ensure that all staff are fully aware of their roles and responsibilities in completing quality assurance measures. This should include the roles of both the internal, and external managers in reviewing processes, planning and practice within the service.

This is to comply with Regulation 4(1)(a), Regulation 5 and Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

Areas for improvement

1. To develop and enhance the service for young people, the organisation should review and develop their service improvement plan to have SMART objectives.

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).

2. To support the young people's wellbeing, and outcomes, the service should review their staff recording and post incident debrief processes. The service should but not limit to:

- a) Ensuring that staff record fully the supports they offer young people.
- b) Ensuring that recorded staff practice is subject to managerial scrutiny, including assessment of practice against agreed plans.
- c) Ensure that posts incident debriefs offer effective scrutiny of staff practice, and are fully undertaken after all incidents within agreed timeframes. Learning from incidents should inform future supports.

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).

How good is our staff team?

3 - Adequate

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

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

We previously told the provider it must review their assessment of staffing, including assessment of the training needs and levels of staff. We found that managers had far better insight to the core training of staff. This included child and adult protection training. Professionals told us that staff were good at communicating concerns but at times felt more formal processes should have been undertaken. The provider was putting the final stages to a new organisational policy to be released imminently.

Additional training was also sought by the service. Staff were complimentary of the additional training and inputs that managers accessed for them. This meant young people benefitted from a more knowledgeable staff team.

Staffing levels were appropriate for the needs of young people, and all young people we spoke with told us that there were staff available at times they needed most of the time. We suggested that the service could further formalise its assessment of staffing in line with current guidance. **(See Area for improvement 1)**

All staff we spoke with told us that they felt supported by the managers within the service. They knew managers were present, and approachable. Despite this supervision levels for staff remain low. This had been identified at the previous inspection, by organisational audits but progress remained limited despite organisational expectation on frequency decreasing. We outlined the need to increase organisational oversight and ensure that staff supervision helps support continual evaluation and support of staff practice. **(See Requirement 1)**

Requirements

1. **By 01 October 2025**, you must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of children and young people, and that there are processes in place to support, develop, identify, and appropriately respond to any concerns about staff competence and practice. This is to ensure the safety of children and young people. In particular you must:

- a) ensure that all staff members receive regular supervision as per organisational guidelines, or more frequently as assessed by managers.
- b) ensure that there is effective scrutiny of staff and managers roles and responsibilities as outlined by their job descriptions
- c) ensure quality assurance measures keep effective oversight of this area of support for staff.
- d) Ensure any concerns are identified and acted upon swiftly.

This is in order to comply with Regulation 4(1)(a), Regulation 7 and Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. To support the young people's wellbeing and outcomes the service should ensure the correct numbers, experience, and skills mix are working within the service at all times. This should include but is not limited to:

a) Recording their assessment of staffing needs in accordance with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

How well is our care and support planned?

3 - Adequate

We identified some strengths, but these just outweigh weaknesses, so we evaluated this key question as adequate.

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

All young people had care plans, these focused heavily on what young people needed to do to achieve goals and did not include the roles of staff in helping to achieve these. This meant staff were unaware of what they needed to do to help progress these goals and reduced the likelihood of positive outcomes for young people. We had highlighted the need for improvement on this area of practice on the last inspection. Managers did not have effective oversight of plans or their content. Organisational and service audits were ineffective in overseeing or co-ordinating improvement in this area of practice. **(See Requirement 1)**

There were examples of many positive pieces of practice and supports that we observed, read, or heard about from young people and staff. This highlighted the positive relationships that young people shared with staff. Through conversation we could hear that staff were working with young people to increase their independence, and ability to manage their own tenancies. There were many examples of staff speaking with and supporting young people individually, we assessed positive individual pieces of work based on communication between staff members and attempts to co-ordinate support in the absence of effective care planning processes.

Some young people had risk assessments in place, others that we sampled did not despite having been in the service for many months. Those sampled did not include all known risks for young people. This meant that young people were at increased risk through a lack of clear responses and supports from staff at times of crisis. Again, managers oversight of this area of practice was limited and both internal and external audits insufficiently assessed the quality of these. **(See Requirement 2)**

Requirements

1.
By 01 October 2025, you must ensure that care planning processes are reviewed and developed. This is to support young people's wellbeing, outcomes, and choice . In particular you must:

- a) Ensure young people are actively consulted on deciding their goals, and that these are clear and visible to them.
- b) Ensure that goals are SMART (specific, measurable, achievable, realistic and timely). These should be reflective of young people's words, and should clearly describe the supports required to achieve these. Goals should be actively tracked and subject to regular review.
- c) Ensure that managers and staff receive training on care planning processes.
- d) Ensure that all staff are aware of the needs and focus of work for all young people within the service and know exactly what is needed from everyone to support young people to reach their goals.
- e) Ensure organisational quality assurances have effective oversight over this area of practice.

This is to comply with Regulation 4(1)(a), Regulation 5 and Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

2. By 01 September 2025, you must ensure that there are effective systems in place for the identification, assessment, analysis, management and mitigation of risk. You should ensure that there are tools in place and implemented to support methodical and systematic approaches to better understand risk and its presentation. This is to ensure the safety of children and young people and ensure they receive high quality consistent care and support. In particular you must:

- a) ensure that all staff and managers are provided with and attend training on risk assessment and risk management.
- b) ensure that all staff have appropriate supports from managers to implement their training in practice and understand their role to protect children and young people and minimise risk.
- e) ensure that risk assessments are updated regularly with positive approaches to individualised risk reduction and achieving positive outcomes for children and young people.
- f) ensure there are appropriate quality assurance systems of risk assessment and risk management practice in place and implemented.

This is to comply with Regulation 4(1)(a), Regulation 5 and Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

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

Requirements

Requirement 1

By 31 May 2023, the provider must ensure they have a robust process for identifying, and delivering the training needs of staff. This is to ensure young people experience high quality care that meets their needs.

To do this, the provider must, at a minimum, but not exclusive to:

- a) Identify a list of the mandatory training, identified by the provider, which will be provided to staff members. This should be informed by the newly created aims and objectives.
- b) Create a staff training analysis for the young people using the service, identifying any additional training required by the staff team to meet their needs. This should include clear plans to provide trauma training, suicide awareness, self harm and substance use training at a minimum.
- c) Create an action plan which will identify the individual dates for the team being trained. This should include the frequency that staff will be required to retrain.
- d) Outline any additional supports put in place by the provider to minimise the impact of gaps in training at present.

This is to comply with Regulation 15 (b) (staffing) 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 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 3 February 2023.

Action taken on previous requirement

The service had improved their assessment of staffing. We found that staff and managers had improved access to core training. We also identified some strengths in accessing training as identified by the service management team to meet young people's individual needs as required. Whilst there has been improvement, the service should ensure they improve their records of assessment in line with guidance.

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 support the young people's wellbeing and outcomes the provider should create service specific aims and objectives. This should include but not limit to:

- a) Creating service specific aims and objectives, that align with their vision and purpose of placements.
- b) Ensuring that these align with the matching policies for the service, and that these are considered when offering placements to young people.

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 3 February 2023.

Action taken since then

The service has created some aims and objectives more aligned to the service. These were created in consultation with staff and young people. These aims and objectives should be subject to ongoing organisational review and development to ensure they remain relevant.

Previous area for improvement 2

To support the young people's wellbeing and outcomes the provider should review their quality assurance measures.

This should include but not limit to:

- a) Reviewing existing quality assurance measures, ensuring that these cover all necessary assurances.
- b) Ensuring that the formal quality assurance processes in place, can identify and address swiftly any errors.
- c) That all staff are fully aware of their roles and responsibilities in completing quality assurance measures. This should include the roles of both the internal, and external managers in reviewing processes, planning and practice within the service.

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 area for improvement was made on 3 February 2023.

Action taken since then

There has been insufficient progress made in this area for improvement. We found that the providers' quality assurance systems insufficiently assessed key aspects of service delivery. This was especially evident with areas that were identified within the previous inspection. When quality assurance processes were undertaken by external managers, there were very large delays in the minutes being provided to the service. This meant that improvement areas identified were delayed in progress.

The role of managers in quality assurance service arrangements was poorly defined and monitored, and this requires improvement. As a result, this area for improvement has been changed to a requirement for this inspection.

Previous area for improvement 3

To develop and enhance the service for young people, the organisation should review and develop their service improvement plan to have SMART objectives.

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 area for improvement was made on 3 February 2023.

Action taken since then

The service had created an action plan to inform some service improvements. Whilst this was in place, we found that there was insufficient scrutiny by service, or external managers. Quality assurance arrangements should consider a more robust assessment of advances and barriers in service improvement and take swift action to address this. We will repeat this area for improvement.

Previous area for improvement 4

To support the young people's wellbeing and outcomes the provider should review their care planning processes. This is to support young people's wellbeing, outcomes, and choice .

To do this, the provider must, at a minimum, but not exclusive to:

- a) Ensure young people are actively consulted on deciding their goals, and that these are clear and visible to them.
- b) Ensure that goals are SMART (specific, measurable, achievable, realistic and timely). These should be reflective of young people's words, and should clearly describe the supports required to achieve these. Goals should be actively tracked and subject to regular review.
- c) Ensure that all staff are aware of the needs and focus of work for all young people within the service and know exactly what is needed from everyone to support young people to reach their goals.

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 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 area for improvement was made on 3 February 2023.

Action taken since then

The provider has introduced a new system for care planning. Young people told us that they had care plans and were consulted on these. Despite these being in place these were insufficiently detailed to ensure that all staff had knowledge of the individual support and focus of work required to assist young people in achieving these goals.

Care plans were subject to insufficient review and update, and some lacked key information to help support a reduction in risk-taking behaviour.

As this area for improvement has not been met a requirement has been placed on this inspection.

Previous area for improvement 5

To support the young people's wellbeing and outcomes the provider should review their risk assessment processes. This is to support young people's wellbeing, outcomes, and safety .

To do this, the provider must, at a minimum, but not exclusive to:

- a) Ensure that all staff are aware of all possible risks for young people.
- b) Ensure that risk assessments explain clearly the roles and supports required by staff to minimise risk, and support young people.
- c) Ensure that risk assessments are subject to regular review, and that quality assurance measures promote and support improvement.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This area for improvement was made on 3 February 2023.

Action taken since then

We found risk assessment processes had not improved since the last inspection. Those sampled lacked known risks, and inadequately outlined the steps required by staff to support young people.

When incidents did happen, processes did not ensure that assessments and support plans were updated accordingly. This meant that young people were at increased risk.

As this area for improvement has not been met a requirement has been placed for this inspection.

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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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