

RAMH

Housing Support Service

41 Blackstoun Road
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Type of inspection:
Unannounced

Completed on:
2 June 2025

Service provided by:
RAMH

Service provider number:
SP2003000250

Service no:
CS2003051815

About the service

RAMH (previously known as Renfrewshire Association for Mental Health) is registered to provide a combined Housing Support and Care at Home service to adults with mental health issues living in their own homes. The service is delivered in the areas of Renfrewshire and East Renfrewshire. Support is provided by two staff teams: one team based at 41 Blackstoun Road, Paisley and one team based at 21 Carlibar Street, Barrhead.

The aim of the service is "to deliver services to individuals and their families in their local community, to enable recovery from mental ill health and promote well being". Links are made with other resources within the organisation to enable service users to have access to a range of events and opportunities that support and promote their recovery. This includes employability groups, counselling courses and other social events.

The service is staffed by a registered manager, coordinators, senior support workers and recovery support workers and provides a flexible and tailored approach to meeting people's needs. Support arrangements range from 24 hour support to weekly outreach support.

At the time of inspection approx 142 people were using the service.

About the inspection

This was an unannounced inspection which took place on 27, 28, 29 and 30 May 2025 between the hours of 09:00 and 17:30. 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, 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
- 9 staff and management.

In addition to this, we took account of feedback from Care Inspectorate surveys from 59 people using the service. We also observed practice and daily life and reviewed documents.

Key messages

- The service had a focus on helping people to maintain their independence and skills.
- People's support had a positive impact on their daily life and mental wellbeing.
- People were supported safely and effectively with their medication.
- Leaders were engaged and committed to make improvements to the service.
- People were supported by skilled, knowledgeable and competent staff.
- People using the service were actively involved in decisions about their care.
- Improvements were needed to ensure that people are supported safely with their finances and protected as far as possible from harm.

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?	3 - Adequate
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 took feedback from people who used the service, many of whom expressed strong appreciation for RAMH, highlighting its positive impact on their daily life and mental wellbeing. Comments included;

"RAMH has supported me for a few years, and their support has helped me maintain a positive outlook day to day."

"The service means everything to me and adds structure to my day and life."

"I appreciate my support and look forward to it, I would be lost without it."

"I have moved forward since my support started. I have a long way to go, but with support, I have a greater chance."

The service had a focus on helping people to maintain their independence and to develop life-skills through person centred goal planning. People were assisted with daily living, such as; shopping, cooking, and household management. Support was provided in a planned way based on people's individual support needs. This had helped people to remain independent and develop new skills, contributing positively on their emotional wellbeing.

People were supported with social engagement opportunities, for example, attending community support groups and, activities that promoted their individual interests and preferences. This had provided people with opportunities to be part of their community and meet other people at a pace that worked for them. For some people, this meant they were able to form new relationships, make connections and gain new found confidence. Some people were supported with their personal growth, by pursuing further education, employment, life style choices and hobbies and interests. This had led to good progress in their outcome journey.

Some people required support to take their daily prescribed medication. Clear guidance and processes were in place, which ensured staff supported people consistently. Medication records were well documented and demonstrated that people were supported safely and effectively with their medication.

Staff provided support to ensure people had access to health care. Support included contributions and partnership working with various professionals, such as mental health teams, GPs, pharmacists and social work, leading to better outcomes for people. The service used an electronic system to record where people had input from other professionals which could be easily tracked and monitored via the 'timeline' section. We found that this was not being used consistently by staff across the service. Better use of the 'timeline' across the service could improve communication, enhance support delivery, and ensure consistency in monitoring appointments and input from others. We fed this back to leaders, who identified this as an area for development and were keen to make improvements.

How good is our leadership?

3 - Adequate

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

Leaders were engaged and committed to make improvements to the service, which was supporting better outcomes for people. Quarterly management reports provided a comprehensive overview of the service's operations, identifying strengths and areas requiring improvement. Each report outlined necessary corrective measures, ensuring any issues identified remained a priority. These included improvement to recruitment and care planning arrangements and staff training. The introduction of an eLearning platform had streamlined training management, with automated reminders for staff to ensure their training was up to date.

Regular audits took place in areas such as medication management, supporting people with their finances and care planning. Where actions were required, such as essential updates to people's care plans, we saw evidenced that follow ups had been taken which ensured timely remedial action.

Feedback from people using the service, their relatives and external professionals was used to evaluate the performance of the service. This highlighted the meaningful impact people's support had on them. Leaders were committed to development and responsive to feedback, which meant that they recognised the valuable contributions of others to support service improvement.

Staff spoke positively about the support and guidance from leaders, both on a one-to-one level and as a team. This helped to resolve any personal or professional issues as they had arisen, which promoted the wellbeing of staff and improved staff retention.

The service had taken immediate action following a recent discovery of financial abuse which impacted some of the people using the service. New financial protocols were introduced, which included enhanced monitoring of people's spends and banking, where financial support was provided. While improvements had been made, this had not fully minimised the risk of potential financial harm. A financial capabilities assessment should be carried out to tailor people's support with their finances with mitigation taken to reduce risks. Clearer guidance around finance management is needed to protect people using the service as well as staff. **See requirement 1.**

Requirements

1. By the 31 August 2025 the provider must ensure that people are supported safely with their finances and protected as far as possible from harm. To do this, the provider must;
 - a) Carry out financial capabilities assessments to identify what level of support people require with their finances. A least restrictive approach should be taken unless formal financial management e.g. guardianship or financial appointee is in place.
 - b) Ensure robust protocols are in place where any risks of financial harm are identified to minimise risks to people.

- c) Develop and implement a robust finance policy, guiding staff on how to support people safely with all aspects of their finances, including banking, online spending and money management.
- d) Carry out regular audits and checks on all aspects of people's financial support to ensure any issues are identified timeously and appropriate action taken.

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 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?

5 - Very Good

We found significant strengths in this area, which supported positive experiences and outcomes for people, therefore we evaluated this key question as very good.

Staff showed empathy and understanding to people they supported, and were described by people using the service as going above and beyond, exceeding the expectations of their role. People valued the stability and dependability of their support, describing how important it is to their daily lives. People told us "If it wasn't for the carers, I would be isolated" and "Staff know when I'm having a bad day and make me laugh."

It's important that people receive consistent support from staff who are familiar to them, as this helps build trust and rapport. We were confident from our observations and feedback from people, that decisions made around the deployment of staff recognised and supported this.

Training records demonstrated that staff had completed essential training to support people safely and effectively. This included mental health awareness, trauma informed approaches, adult support and protection and medication training. Staff spoke enthusiastically about their ability to access additional learning to expand their knowledge via the e-learning system. Staff were encouraged to access this where they recognised they had a gap in their knowledge, for example about specific areas of people support, such as diabetes management. This helped to tailor people's support to their individual needs and improved outcomes for people.

Leaders recognised the importance of staff engagement and supported this via regular feedback mechanisms, which included annual workplace surveys and group meetings. Regular supervision sessions provided emotional support, helping staff reflect on the challenges of intensive support work. These supported people well to manage their workload, identify learning areas and support their wellbeing. Staff were supported with professional development opportunities. Many staff had completed qualifications, enabling career progression and helping them to meet registration conditions with professional bodies. This meant that people were supported by skilled, knowledgeable and competent staff.

A range of external health and wellbeing support was available to staff, such as access to mental health services, GPs and counselling as well as policies to promote work-life balance. This helped to contribute to a steady and stable workforce, which promoted consistency and continuity of support for people.

How well is our care and support planned?

4 - Good

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

People using the service consistently reported feeling actively involved in decisions about their care, with staff providing supportive guidance to help them set and achieve personal goals. Staff helped people to identify and work toward personal aspirations, whether related to independent living, social engagement, or mental health recovery. We saw examples where people were supported with their ambitions, such as moving home and going to college, which had improved their wellbeing and increased confidence. Staff worked alongside people rather than directing their care, fostering a partnership that encouraged autonomy and trust.

Effective monitoring systems were in place to ensure care plan arrangements were regularly reviewed to ensure people's support was right for them. This meant that where reviews were overdue, this was identified and addressed promptly, ensuring compliance and continuity of support. We sampled six-monthly reviews of people's planned care and support and found the overall quality and detail varied. More comprehensive reviews will better demonstrate how people's needs are being met, leading to more informed support planning. Leaders recognised that up-skilling of staff was needed to support improvement in this area, and they were committed to undertaking this work with staff.

Risk protocols were in place for some people, where there was an assessed risk of harm. For example, where they may be vulnerable to exploitation of their finances. Not all staff had a good understanding on how to interpret risks to determine when risk protocols were required. This meant that some people did not have protocols in place when there may be a likelihood of harm, including emotional and psychological harm. Clearer guidance is needed which will lead to more accurate risk level determinations, ensuring appropriate intervention strategies are identified. **See area for improvement 1.**

Areas for improvement

1. People's support should be planned in a safe and effective way, which supports positive outcomes. The provider should carry out regular assessments of people's support to identify any areas of potential harm. Clear guidance should be in place for staff to make determinations of risks and to develop clear protocols to reduce the likelihood of harm.

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)

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 ensure people are supported safely by skilled, knowledgeable and competent staff, the provider should continue to develop and improve systems to monitor and maintain oversight of staff training. This includes but is not limited to ensuring the training matrix is fully populated to demonstrate when training is due to be refreshed, planned and when complete.

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)

This area for improvement was made on 24 September 2024.

Action taken since then

The service recently moved to an eLearning training platform which was giving the leaders greater oversight of training statistics. There was a high level of compliance for all essential training, evidencing that staff had the required knowledge and skills to provide safe and effective care and support.

The training plan clearly set out priority and mandatory training and timescales required to complete and refresh each course. Face to face training had been facilitated in areas such as moving and assisting and medication support. **This area for improvement has been met.**

Previous area for improvement 2

The service should hold clear records of legal documentation in place for people using the service in accordance with the Adults with Incapacity Scotland (Act) 2000. This is to ensure that staff have knowledge of decisions that can be made for or on behalf of people using the service where there is limitations of capacity.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

This area for improvement was made on 14 June 2024.

Action taken since then

We sampled people's care plan and were able to see details of legal powers in place such as appointee and guardianship orders. Staff had completed Adults with Incapacity training which supported improved understanding around the legal parameters around decision making. Staff we spoke with were confident and knowledgeable about the limitations of their role and decisions that could be made for or on behalf of people. **This area for improvement has been met.**

Previous area for improvement 3

To adhere to regulatory and statutory duties, the service should ensure that they follow the notifiable events guidance as set out in the Care Inspectorate document entitled '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 personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

This area for improvement was made on 14 June 2024.

Action taken since then

The service was revisiting the process for accident/incident reporting as this is causing a delay to relevant notifications being made timeously, meaning some were submitted retrospectively. There is further improvement required to ensure notifications are submitted by the timescales expected. **This area for improvement has not 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

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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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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