

The Haven Kilmacolm Housing Support Service

Horsecraigs
Kilmacolm
PA13 4TH

Telephone: 01505 872 099

Type of inspection:
Announced (short notice)

Completed on:
22 July 2025

Service provided by:
The Haven Kilmacolm

Service provider number:
SP2004005220

Service no:
CS2006118189

About the service

The Haven Kilmacolm is registered with the Care Inspectorate to provide a housing support service to men with a history of drug and alcohol misuse.

The service provides a structured rehabilitation programme delivered in three main phases, with the option to include phase four where this may be required. People work through each phase at their own pace. On completion of the programme there are opportunities for outreach support in the community.

The service is delivered from a Christian ethos of supporting people with addiction recovery. The registered manager is supported by a Head of Support and Admissions, Pastoral staff, support workers and volunteers. Most of the staff team have lived experience of recovery and some have themselves completed the programme.

At the time of this inspection, the service was supporting around 19 people including some in satellite flats in the Inverclyde area.

About the inspection

This was a short announced follow-up inspection which took place on 22 July 2025 between the hours of 11:15 and 18:00. 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, complaints, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- We followed up on a requirement we made at the last inspection which was met.
- We followed up on three areas for improvement we made at the last inspection, one of these were met and two were unmet.
- A structured service development plan was in place demonstrating where improvements had been made.
- Positive progress had been made with the implementation of a new care management system.
- Improvements in staff training supported safer practice, improved outcomes, and promoted people's wellbeing.
- Further improvement is needed to develop quality assurance systems and daily record keeping.

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 good is our staff team?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

4 - Good

We followed up on a requirement made at the last inspection under this key question. We were satisfied that positive progress had been made, therefore we have re-evaluated this key question from adequate to good. Please see 'What the service has done since the last inspection' section of the report.

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

Requirements

Requirement 1

By 20 July 2025, the provider must have a clear plan to ensure all staff training is up to date and regularly reviewed. This is to ensure people are supported safely and well with their needs. In order to achieve this the provider must:

a) Carry out a training audit of all essential training, including refresher training. This should include; Adult Support and Protection, De-escalation, medication administration, first aid, trauma informed practice and specific training to support people with substance misuse.

b) Put a training plan in place, prioritising training for new staff and core training which has lapsed for existing staff.

c) Monitor the training plan to ensure it is kept up to date and any remedial action required is taken.

This is to comply with section 8 (1) (a) (b) of the Health and Care (Staffing) (Scotland) Act 2019.

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 requirement was made on 30 April 2025.

Action taken on previous requirement

Since the last inspection, the service had made good progress in improving staff training and development. All staff now had an NHS TURAS eLearning account, and there were high completion rates for key mandatory training. This included Fire Safety, Addiction Awareness, Overdose Prevention, Intervention and Naloxone e-learning and Mental Health Awareness. Most staff had completed Trauma-Informed Practice training, with the remainder scheduled to complete it by the end of August. Most essential staff had completed Adult Protection Levels 1 and 2, with the remaining staff expected to complete this by the end of the month. Medication training had been arranged with an external training provider, and a training tracker was in place and reviewed monthly.

The service had taken steps to improve communication with staff about training. A letter had been issued to staff outlining expectations, and the benefits of training. An annual training plan had been developed, aligned with statutory requirements, safe and high-quality care, professional development, and addiction recovery support. Role-specific training was clearly defined for different staff groups.

These improvements meant that staff were better equipped to meet people's needs safely and confidently. The structured approach to training helped ensure that people received care from staff who were knowledgeable, skilled, and aware of their responsibilities. This supported safer practice, improved outcomes, and promoted people's wellbeing.

While progress had been made, some areas still required attention. A formal training pathway had not yet been developed, which is important to identify personalised staff development plans. De-escalation training had yet to be sourced. The training tracker also needed improvement to include completion and refresher dates, rather than just a yes/no status. Without a clear training pathway that supports individual staff learning areas and full completion of essential training, there may be a risk that staff might not have the knowledge or confidence to respond effectively in certain situations, particularly in relation to managing risk, responding to emergencies, or supporting people with their emotional and physical wellbeing.

Despite these gaps, we recognised the significant work that had been undertaken in a short time. While further progress was needed, we were satisfied with the improvements made and we were assured that leaders had a plan to continue this progress.

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

Internal quality assurance systems should be developed to effectively identify any issue which may have a negative impact on the health and welfare of people supported. Action plans with timescales should be devised where deficits and/or areas for improvement have been identified.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 30 April 2025.

Action taken since then

We found that while some audit tools had been developed to monitor areas such as, staff training and medication, these were not in use. Progress on developing quality assurance systems was limited. The manager's audit did not yet cover all compliance areas, and several templates, including financial and

wellbeing audits, required further development to ensure they were person-centred, action-focused, and used consistently.

This area for improvement has not been met.

Previous area for improvement 2

To ensure that people benefit from a service which is well led, the provider should create a service development plan to evidence and centralise where improvements to the service have been identified, actions agreed and outcomes achieved.

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) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 30 April 2025.

Action taken since then

The service had a structured service development plan in place, with actions set out and timescales assigned. Progress was well documented across key areas, including staff training, financial policy updates, and the development of an aftercare strategy. Plans were also in place for rolling out a daily wellbeing checklist and retraining staff in the use of care planning assessment tools.

The service had made positive progress in implementing a new digital care management system. This involved a phased rollout, staff training, and embedding the system into daily practice. These developments were supporting improvements in care planning and record-keeping. However, this work had not yet been reflected in the Service Development Plan. Given the impact of the changes, which was supporting communication, this was a missed opportunity to showcase the improvement and ensure it was tracked and reviewed as part of the service's ongoing development. The manager acknowledged this and agreed it should be added to the plan to highlight both the progress achieved and the further development needed.

This area for improvement has been met.

Previous area for improvement 3

To ensure people's support needs can be clearly tracked and monitored, the provider should ensure there is a system in place to record any aspects of people's daily support that relates to their health and wellbeing. This includes but is not limited to; general observations of people's mood and appearance, and where medication may be required. Recordings should be used to help recognise where people's health may deteriorate, inform decision-making and take appropriate action.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "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).

This area for improvement was made on 30 April 2025.

Action taken since then

A digital care planning system called 'Blissful' was now in use, and staff were using it to record daily notes and handovers to support improved oversight of people's care and support. Some staff were using the system well, linking entries such as support to attend medical appointments to individual care profiles and staff handover information. This supported clearer, more person-centred records. We saw a good example of health tracking where a service user's pain was recorded, followed up with the GP, and managed effectively. The phased rollout of the system was allowing time for staff to build confidence, embed new practices, and identify areas for improvement.

It was evident however, that there were still some inconsistencies in how information is recorded. In some cases, handover notes were detailed but were not linked to individual care profiles. This could result in important information being missed. As staff had only recently began to use the system, they were not fully confident to navigate this well at the time of our visit. Further training and support is needed to ensure consistency is achieved, and the quality of record keeping is enhanced across the team.

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 good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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