

Johnstone & Paisley Supported Living Services Housing Support Service

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Johnstone
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Type of inspection:
Unannounced

Completed on:
10 July 2025

Service provided by:
Quarriers

Service provider number:
SP2003000264

Service no:
CS2009193470

About the service

Quarriers' Johnstone and Paisley Supported Living Service enables people with learning disabilities throughout Renfrewshire to live in their own homes.

There are three parts to the service, two supported living services and a dispersed service supporting people in their individual tenancies across the local area.

At the time of the inspection, 16 people were supported. The registered manager was supported by three team leaders, two senior support workers and a team support workers.

About the inspection

This was an unannounced inspection which took place on 02 03, 04 and 07 July 2025 between 07:45 and 18:30. 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 seven people using the service and four of their relatives
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- reviewed electronic feedback from professionals linked to the service.

Key messages

- Management and staff knew people well and were good at building positive relationships with people and their families.
- People experienced compassionate, respectful, and person-centred care and support.
- Support was provided by stable staff teams, which improved consistency of support to people.
- People were supported to participate in a wide range of community activities.
- Management and staff have developed relationships with external health professionals, enhancing the health and wellbeing of people.
- Support plans and risk assessments did not always guide staff on people's current support needs.
- A range of training opportunities were provided, which improved staff knowledge and understanding.

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 staff team?	5 - Very Good
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?

4 - Good

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

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. However, improvements are required to maximise wellbeing and ensure people experience positive outcomes.

Staff showed genuine compassion and built trusting relationships with people, which underpinned their physical and emotional wellbeing. The management team had been working on creating more stable core teams, which meant staff knew people well and were able to use this knowledge to provide more consistent support. A person supported told us "I get on well with everyone, they all really help me and I feel comfortable with them".

Peoples health care needs were met by the staff team and supported by other professionals when required. Staff were confident in making referrals to services such as psychology, physiotherapy and dieticians, when they identified a change in a persons health or care needs. This ensured people's health needs were addressed without delay. Detailed logs recorded each referral, outcome and follow-up actions required. Visiting professionals told us they had confidence in the service's responsiveness, "The staff team communicate with me regularly and always reach out if they require advice and/or support. Anything that is asked of them is done in a timely and effective manner".

People can expect to have confidence in their staff team, because they are trained, competent and skilled. Staff participated in a range of training, opportunities both mandatory and specifically sourced to meet the needs of individual people. This gave assurances that staff were knowledgeable and equipped to effectively support people.

People should be supported to get the most out of life, because staff have an enabling attitude and believe in their potential. For some people there was a clear plan to support and promote their independence, however this wasn't consistent for everyone. To support peoples ongoing development of skills there should be a consistent approach, that is person centred, which acknowledges and builds on each individuals skills.

(Please see area for improvement one)

To keep people safe, restrictive practices were in place for some people. The oversight of these were inconsistent. Risk assessments were often incomplete or out of date. There was no clear process to regularly evaluate the impact and explore less restrictive alternatives. It would be beneficial for the management team to have an overview of all restrictions in place, legal powers in relation to this and the review process.

(Please see area for improvement two)

There were systems in place for the safe administration of medication. Protocols for "as required" medication were clearly documented, detailing alternative strategies to consider before administration and follow-up actions when required. However, some carer notes lacked accurate recording, which could limit effective oversight.

People were supported to pursue meaningful activities based on their personal preferences, both at home and in the wider community. We heard of some creative and individualised support, including access to regular massage sessions at home, which people clearly enjoyed.

Areas for improvement

1.

To promote people's independence, the provider should ensure that support is consistently focused on enabling each person supported to build and maintain their skills.

This should include but not be limited to:-

- a. developing personalised outcomes in every care plan which are meaningful and updated regularly
- b. ensuring all staff are aware of and providing consistent support and encouragement and
- c. regular oversight by the senior team to ensure strengths based person centred support is being provided.

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

"I am empowered and enabled to be as independent and as in control of my life as I want and can be." (HSCS 2.2)

2.

To uphold people's rights and safety, the provider should ensure every use of restrictive practice is subject to regular formal review, involving people, their family or advocate and relevant professionals.

To ensure the registered manager has oversight a restrictive practice log should be created recording start date, review date, evidenced based outcome of review and next planned review date.

This will enable the service to encourage positive risk taking and ensure the least restrictive options for keeping people safe are in place.

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

"I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice" (HSCS 2.6).

How good is our staff team?

5 - Very Good

3.3 Staffing arrangements are right and staff work well together.

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

Staffing arrangements had improved significantly over recent months. Stability in the team had resulted in more consistent support for people, with the considerable reduction in the use of agency staff. Where agency input was required, management took a considered approach to ensure continuity and appropriateness of support. With the exception of extreme emergencies, staffing levels were sufficient to meet people's assessed needs.

People should experience a warm atmosphere because people have good working relationships. Staff spoke positively about teamwork and described a strong sense of shared responsibility. There was recognition that a "fresh face" approach could sometimes be helpful for people, staff were comfortable in seeking this support from colleagues. New staff members felt welcomed and well-supported by colleagues, which contributed to a cohesive team dynamic. Where issues were identified they were managed effectively, with staff feeling supported throughout the process.

The frequency of supervision had increased, giving staff the opportunity to reflect on their work and discuss development needs. Importantly, staff felt able to raise issues outside of formal sessions, describing the management team as approachable and responsive.

There was a system in place to oversee staff professional registrations with Scottish Social Services Council (SSSC). However, we found that several staff were not registered appropriately. The manager acted swiftly to rectify this, prompting staff to update their registrations and developed a more effective system of monitoring.

How well is our care and support planned?

3 - Adequate

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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While we found some strengths that had led to some positive experiences for people, improvements are needed to prevent people having poor outcomes in relation to their health and wellbeing.

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. Staff told us they found support plans useful and felt they contained clear information about how to support people. However, when reviewing care plans across the service, we found these to be inconsistent. Some plans offered detailed information, capturing what individuals could do for themselves, others lacked sufficient detail. We were therefore not confident that plans would guide staff to deliver person-centred care.

Positive behaviour support plans were in place for a number of people. Whilst some provided clear guidance, others were repetitive, which could lead to staff overlooking important information. Support in relation to managing stress and distress was not always well documented.

Future care planning mainly focus if there was a funeral plan in place. While this was helpful, it is important that there is meaningful conversations with people and those close to them about how they wish to be supported should their health needs change. Doing so can ensure that care remains consistent with individuals' preferences and values, and helps families feel confident that their loved ones will be supported with dignity and respect.

Risk assessments varied significantly in quality. A number of these were out of date, with others not clearly detailing identified risks and how these would be managed.

Overall feedback from relatives was positive about the care and support provided. However a number of relatives expressed a desire to be more involved in the development and reviewing of care plans and risk assessments. Their input would strengthen plans and ensure they reflect a holistic approach to support.

Staff were able to share clear information about support provided to people and how risks were managed. As staff knew people well this may lessen the reliance on written care plans. However, inconsistencies within care plans may cause confusion in relation to how staff provide support. To ensure consistent and safe care and support is provided, all care plans, risk assessments, reviews and associated documentation should be updated, ensuring that the information and guidance is consistent throughout these.

(Please see area for improvement 1)

Areas for improvement

1. To support safe, person-centred care, the provider should ensure care plans and risk assessments are accurate, current, and meaningfully involve people and those important to them.

This should include, but not be restricted to:-

- a. all individuals having a care plan in place, incorporating stress and distress plans where relevant, with clear strategies for recognising and responding to early signs
- b. ensuring future care planning considers preferences around changes to health, including end-of-life wishes where appropriate
- c. reviewing care plans and risk assessments regularly to reflect people's changing support needs and
- d. involving families and significant others in care planning and review processes, where appropriate.

This supports the principles of the Health and Social Care Standards (HSCS):

"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)

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's outcomes benefit from staff who regularly reflect on and discuss their practice, the provider should:

- a) ensure they have in place a robust and regular staff supervisions process, meaning staff can provide a good level of care to people they support.

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 area for improvement was made on 11 September 2023.

Action taken since then

The service had increased the frequency of supervision of staff across the service. Supervision sessions gave staff the opportunity to discuss and reflect on areas of their work, developments and challenges.

The manager recognised the frequency of supervision was not consistent across all areas of the service and put plans in place to support with this.

The manager had implemented a tracker to enable oversight of the regularity of supervision for each staff member.

This area for improvement has been met.

Previous area for improvement 2

To ensure that information in care plans is up-to-date and accessible, the provider should identify where information can be streamlined and take action to carry this out.

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 11 September 2023.

Action taken since then

The content of care plans was variable across the service. Some people had clear detail plans, which identified strengths based information, however for a number of people there was not a clear up to date plan in place.

It was difficult to access information regarding support to be provided, due to the set up of the care plan folders.

This area for improvement is not met and will be incorporated into the area for improvement under 5.1 - care planning and assessment.

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

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3.3 Staffing arrangements are right and staff work well together	5 - Very Good
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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