

# Community Support Services Housing Support Service

Barrowfield Community Centre 67 Yate Street Glasgow G31 4AQ

Telephone: 01415 548 955

Type of inspection:

Unannounced

Completed on: 17 July 2025

Service provided by: The Mungo Foundation

**Service no:** CS2018370580

Service provider number:

SP2003000182



## About the service

Community Support Services is registered to provide a housing support and care at home service to people with learning disabilities, mental health conditions, physical disabilities and older people living in their own homes. The provider is the Mungo Foundation.

Community Support Services has close operating links with Glasgow Housing Support and Care at Home service. Both services have the same management team, staff team and support the same service user group. They operate from the same office base, and key systems and processes are common to both services and intelligence shared between them. Although separate reports were prepared for each registered service, the content of both reports is similar.

The service operates from a base in a community centre in the Barrowfield area of Glasgow. It supports people in their own home and also offers community support during the day and in the evening. The service provides short breaks for adults who have varying degrees of learning disabilities.

There are opportunities for people using the service to meet and plan activities from this base and to use the centre's facilities. People are encouraged to participate in a range of community events.

At the time of this inspection, the service was supporting 16 people.

## About the inspection

This was an unannounced inspection which took place between 16 July and 17 July 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 five people using the service and four of their family members
- spoke with seven staff and the management team
- spoke with one visiting professional
- · observed practice and daily life
- · reviewed documents.

## Key messages

- The service provided person-centred care to people based on their assessed needs and wishes.
- People were valued as unique individuals and treated with respect and dignity.
- Peoples' health and wellbeing benefitted from effective assessment and monitoring of their needs and pro-active collaboration with external professionals and services.
- People participated in a wide range of activities based on their preferences.
- Quality assurance had improved, and the management team had an effective overview of the service.

## 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?	5 - Very 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

People were treated with dignity and respect, and their choices were paramount. During the inspection we observed staff interacting with genuineness and warmth.

Peoples' support was person-centred and focussed on their needs, wishes and ambitions. A particular strength of the service was recognising every persons' uniqueness. This was acknowledged and respected through an effective matching process for people with their potential support workers.

People could establish supportive relationships with key workers and staff of their choice. Comments from people included:

"I'm happy."

"The best- really great."

There was a stable, motivated and committed staff team working in the service, this meant that staff and people receiving support knew each other well. Staff were familiar with peoples' likes and dislikes, and aware of what made them happy and what might cause them distress. People were supported to access the community safely, with staff being sensitive to the other people they may meet and how best to support the person through any difficult situations.

Trust and openness were evident through the conversations we had with people, and interactions we observed. Values underpinned practice, and there was a kind and collaborative culture. Feedback from families was consistently positive. Comments from relatives included:

"I cannot speak more highly of the service.

"We feel very lucky as a family."

"The service and the staff are amazing."

The service had effective links with health professionals and were proactive at seeking help and following advice. People's health and wellbeing outcomes were being met through collaboration with, various health and social care professionals and other organisations for example, Community nurses, GP, psychiatrist, and mental health services.

Professionals we spoke to confirmed that the service provided high quality care, proactively and consistently seeking help and advice, advocating and collaborating to keep people safe and well. Regular multidisciplinary reviews ensured that people, and if they chose, those important to them were central to planning their care and support arrangements. This promoted peoples' wellbeing and helped ensure people got the right care for them. Comments from visiting professionals we spoke with included:

"They are really good at supporting people, especially people that are anxious and forward plan to reduce people's anxiety."

"Really good planning goes into trips."

Medication was managed well. There were clear systems and protocols in place to ensure that people received their medication safely. Medication was administered in a dignified way and reflected peoples' choices and preferences.

People appeared comfortable being with staff, who were able to recognise and respond to subtle changes in peoples' wellbeing, such as when a person became anxious. This was managed in a respectful and caring way. Some people had maintained friendships and relationships for many years, and this was supported though mutually arranged holidays and days out, sharing and celebrating key events, attending clubs, and support with shared hobbies and interests such as music, cinema, attending concerts and local churches. This promoted peoples' physical, emotional and spiritual wellbeing. The service sensitively promoted people to be part of their communities who may otherwise have been excluded from society. This helped them to get the most out of life.

### How good is our staff team?

5 - Very Good

We made an evaluation of very good for this key question. There were some major strengths in supporting positive outcomes for people, with very few areas for improvement.

People and their loved ones were given the opportunity to get to know their potential support staff during the recruitment process, and relationships were allowed to develop through a comprehensive induction process for new staff. This process worked well and meant people and their families could feel involved and empowered in the support they received.

A stable, consistent staff team provided support. Staff were committed to helping people achieve their outcomes and get the most out of life. There was a good mix of skills and experience within the staff team. The service operated a key worker system, and the management team were skilled and creative in matching peoples' interests with the interests and skills of the staff supporting them. People told us that the staff motivated them to try new things, which included attending healthy eating groups and going on boat trips. Staff knew people well, and were skilled at sensitively supporting people's needs, wishes and aspirations. An inclusive and collaborative culture had been developed, that offered people, relatives, and staff opportunities to express their views. Regular team meetings and informal discussions provided forums for this.

An effective learning system and training tracker was used which gave management oversight of training undertaken and required. Staff were provided with a blend of online and face to face mandatory training, based on the needs of individuals supported. Where supported individuals had specific health needs this was addressed in training for new staff supporting them.

Staff told us they were well supported by the management team and their colleagues. Staff said the management team were approachable, and accessible, and able to support both with professional development and with personal issues for example returning to the workplace and bereavement. This meant staff felt valued.

Staff had regular support and supervision to assist them in their role and with their professional development. More than one staff member said that they appreciated the service's approach towards their employment, enabling them to maintain a good life/work balance. This helped ensure staff felt listened to and motivated.

The management team had developed a comprehensive service development plan, aligned to the Care Inspectorate Quality Framework which detailed how the service could improve. Peoples' view, wishes and aspirations were central to service developments. This meant that any developments were meaningful and relevant, and likely to result in improved outcomes for people.

## How well is our care and support planned?

5 - Very Good

We made an evaluation of very good for this key question. There were some major strengths in supporting positive outcomes for people, with very few areas for improvement.

Care planning was dynamic and consistently informed all aspects of peoples' care and support. Assessments took account of each person's physical, psychological and social needs. People and their loved ones had been involved with the development of personal plans and planning for activities and holidays. We saw one example of a person who was initially anxious and reluctant to engage with outings, or try a holiday being sensitively encouraged, through the staff team and his family working in partnership to enjoy time away. Another person was supported to enjoy a cruise. Personal plans were detailed, person centred, and outcomes focussed. They were respectfully written and took a strengths-based approach which considered what people were able to do, and how staff should encourage active participation when providing support.

Support was provided in a dynamic and flexible way to meet peoples' changing needs and wishes. The staff and management team were creative in the coordination of activities, holidays and trips away, and supported each other to help people achieve their agreed outcomes.

## 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

The service should develop current quality assurance systems to ensure notifications are updated and promote a consistent approach with the planning of care reviews, staff supervision and when medication checklists are being completed within people's homes.

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 8 November 2023.

#### Action taken since then

Audits had been undertaken in several key practice areas, such as care planning, daily recordings, and staff training and practice. We could see that any identified actions had been completed. People and their loved ones had been involved with the development of support plans. Personal plans we viewed were detailed, person-centred, and outcomes focussed They were respectfully written, and took a strengths-based approach which considered what people were able to do and how staff should encourage active participation when providing support.

This area for improvement had been met.

#### Previous area for improvement 2

The service should ensure that people have contact details and are aware of the procedure they should use in the event that staff do not arrive when they are expected.

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

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

This area for improvement was made on 8 November 2023.

#### Action taken since then

The service had implemented a clear protocol outlining the procedure that staff must follow in the event of non-attendance or other unforeseen changes to a person's support. Key service contact details were included in peoples' personal plans.

This area for improvement had 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 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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