

Emmaus Glasgow Housing Support Service

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Glasgow
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Type of inspection:
Unannounced

Completed on:
1 August 2025

Service provided by:
Emmaus Glasgow

Service provider number:
SP2005007395

Service no:
CS2005106415

About the service

Emmaus Glasgow is a member of the Federation of Emmaus Communities and groups, and liaises with, as well as gains some support from, Emmaus UK.

People who live and work in the service are known as companions.

The service consists of purpose-built living accommodation with an associated workshop and charity shop in the same building. One other shop is operated in Glasgow by the service, along with soup kitchen support and other charity work provided for, and by, the companions.

The aim is to support the companions aged 21 and over, who were previously socially excluded, to regain self-respect and to sustain a supported tenancy and to potentially move to greater community independence.

The ethos is that people benefit from helping others in more need than themselves. The service operates as a community where most living tasks and voluntary work are shared out equally between staff and companions.

The service mission statement states: "To enable socially excluded people to regain control of their lives, discover a sense of purpose and to help those in greater need, establish and maintain a self-supported community."

At the time of the inspection 22 people were living at the service.

About the inspection

This was an unannounced inspection which took place on 31 July and 01 August 2025. 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, 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
- spoke with one staff and management
- observed practice and daily life
- reviewed documents including personal plans and quality assurance documents

Prior to inspection we issued questionnaires and received feedback from two staff, eight people who live in the service and four professionals.

Key messages

The service provided a safe place for people to live and work and socialise.

Staff were knowledgeable and committed to promoting independence and supporting people to be involved in meaningful day to day work and activities.

People benefitted from improved focus on wellbeing.

Progress had been achieved in developing quality assurance and improvement planning processes.

Personal planning had improved and reflected people's needs, preferences and aspirations.

The service provided a positive environment with good opportunities to promote independent living and socialisation.

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 leadership?	4 - Good
How good is our staff team?	4 - 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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences.

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

Emmaus Glasgow provided accommodation and work opportunities through social enterprise ventures. People who had experienced homelessness and social exclusion lived as part of a community which offered stability and meaningful work. People worked either within the accommodation, at one of its second-hand furniture shops or as part of the collection team. This provided structure and meaning to their day.

Feedback from companions confirmed the service was a safe place to live where people felt valued and respected. Comments included "they help you when you need it... They are good people... The best" and "my head is full of madness a lot of the time... This place gives me head space... This works for me at the moment, takes the life stress out of living" and "staff are unbelievable, stunningly good, they are people I would respect and be friendly with anywhere".

Companions and staff worked together to provide a mutually supportive environment in which to live and work. Daily living tasks such as cooking, cleaning and gardening were completed by companions. The weekly service planner provided details of both staff and companions responsibilities. This demonstrated genuine partnership working and ensured companions felt valued and included. Some companions had the role of "Responsible Companion (RC)" - where they were available to others out with office hours when staff were not on shift. This involved being a keyholder and being accessible via a mobile phone. RCs were involved in specific training to support their role such as administering Naloxone and CPR. This helped them feel confident in their role. There were clear protocols in place about when and how to escalate incidents that they could not resolve. This role improved people's self-esteem and feeling of self-worth.

People were aware of expectations before coming to live in the community. This included the requirement to work or complete daily living tasks for which they received an allowance.

People's physical and mental health benefited from an improved focus on wellbeing. Some people used the opportunity to heal from past trauma and negative experiences as they stated the community offered them a safe living environment. Support planning evidenced 1:1 protected time with key staff and reflected meaningful discussions with people on issues such as addiction, trauma, managing their emotions, self-esteem and self-worth.

A recent trauma workshop was well received by staff and companions alike. Comments included: "done the trauma course ... I have a much better understanding of my past and my trauma... I really benefitted from it and know I can speak with knowledgeable people here whilst I am waiting on appointment with mental health services... all helps me stay stable".

People were also supported to link in with local addiction services, women's groups and "Men Matters" group. This supported people to network, become part of the community and link in with people with lived experience or expert knowledge.

There was no expectation for people to move on from the service and some companions had lived there for many years. This provided long term security and stability.

Companions ate and worked together, and regular social opportunities were available on-site. This promoted a feeling of community and belonging. Trips to local amenities were on offer as well as access to local community gym and leisure centres. This allowed people to pursue their interests.

All meals were prepared and served by companions in the communal dining area on weekdays. Menus were based on donations. Companions confirmed that food was good and plentiful. Fresh fruit, drinks and snacks were readily available.

The dining area and kitchen and were well presented. Infection, prevention and control and cleaning practices had improved. The manager was working on a contingency plan should there not be enough skilled companions to maintain good practices. Companions accessed a variety of online training opportunities and had access to computer, with most having email. This helped people keep connected.

All staff and companions came together fortnightly and discussed community issues. This allowed people the opportunity to have a say in how their community was run and to make suggestions for improvements. The service planned to re-establish the companion's forum which would provide a safe space to share ideas and raise issues/concerns without staff presence.

How good is our leadership?

4 – Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences.

Quality Indicator 2.2 Quality assurance and improvement is led well

People can expect to use a service that is well led and managed. A recent change in management had been well received by staff and companions alike. People benefited from an approachable management team who had a visible presence and good oversight of key areas of service delivery.

Feedback confirmed the managers open approach and genuine commitment to people using the service and the staff team. This ensured people felt valued and listened to.

People should benefit from a culture of continuous improvement. The manager had developed a robust framework which gave an overview of key areas of service provision such as personal planning, accidents/incidents, staff training and development as well as health & safety functions and infection, prevention and control (IPC) practices. Organisational audits were in place and evaluated regularly to ensure aspects of service delivery reflected current best practice.

This offered assurance that the quality of the service was monitored.

Supporting companions to take on traditional staff roles makes this service unique. The manager planned to look at how this could be developed in terms of quality assurance and oversight responsibilities. This would further empower people and increase self-management skills.

The manager planned to develop the service improvement plan to include findings from quality assurance audits with timescales to ensure that quality assurance processes led to meaningful improvements.

The management team collated feedback from companions regarding their support and how they would like to see the service develop. The manager was committed to ensuring this feedback was used to ensure planned improvements benefited people using the service.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

Staffing arrangements ensured scheduled support took place. Staffing levels and support arrangements were adjusted according to people's preferences, personal appointments and other work commitments. This demonstrated a flexible, person-led approach.

A strong sense of collaboration and supportive teamwork was evident.

A small stable committed team ensured consistency of support. Keyworkers knew people well and advocated for them to overcome challenges and discrimination. Independent advocacy was available to individuals. This ensured people were listened to and their rights promoted.

Staff confirmed access to a varied and flexible training programme comprising of online mandatory training and relevant face to face opportunities delivered by external colleagues. This included trauma informed workshops. The manager continued to evaluate the training programme to ensure it reflected the changing needs of people using the service. This ensured people were supported according to best practice.

Observations of areas of practice took place to ensure staff worked to the expected standards. Staff confirmed they received positive feedback and guidance and genuinely felt able to influence the development of learning opportunities.

Regular and meaningful supervision and appraisal opportunities meant staff felt listened to and valued.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences.

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

Personal plans help to direct staff about people's support needs and their choices and wishes. Overall, plans were comprehensive, and gave the reader a good sense of what was important to the person.

The service had introduced an electronic personal planning system and staff were becoming more confident in its use.

This provided evidence of companions having scheduled protected time with an allocated keyworker to explore and agree on personal goals.

Plans confirmed that people identified and built upon what was working well. The "Home Star Outcomes" tool and action plans were used to review progress. Agreed actions ensured key staff and companions involved were aware of their responsibilities and the areas to be progressed to achieve outcomes.

Through personal planning, people were helped to identify issues which impacted on their wellbeing. This included physical health, mental wellbeing and addiction issues.

Companions were supported on admission to register with a GP and a dentist and through personal planning sessions were directed to appropriate resources such as addiction services, community recovery groups as well as accessing a gym and education opportunities.

This helped to keep people well and achieve agreed personal outcomes.

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

Requirements

Requirement 1

By 28 July 2025, to promote positive outcomes and the ongoing development of the service the provider must review quality assurance arrangements.

To do this, the provider must, at a minimum, ensure:

- a) Quality assurance activities are developed to cover all key areas of the service's care and support to people.
- b) That a service improvement plan is in place informed by quality assurance outcomes and feedback from people using the service.

This is to comply with Regulations 3 and 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

And

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 24 February 2025.

Action taken on previous requirement

The manager had developed robust oversight processes which included monthly review of key areas of service delivery such as personal planning, accidents & incidents, health & safety and IPC measures/practices.

This helped to ensure people lived and worked in a safe environment.

A service improvement plan was in place which reflected areas within the service where practices could be improved.

Regular feedback was collated from companions through fortnightly meetings and the manager planned to develop additional opportunities for people to be more involved in service delivery and development including the re-establishment of the companions only forum.

The manager planned to develop improvement planning to be informed by quality assurance outcomes and feedback from companions. This will ensure the service delivers support according to peoples choices and preferences.

Met - within timescales

Requirement 2

By 28 July 2025, the provider must implement a support planning system that ensures service users' holistic needs are accurately assessed, documented and effectively communicated between all relevant staff and met.

To do this the provider must, at a minimum ensure that:

a) Staff have appropriate training and support to utilise any personal planning system effectively.

This is to comply with Regulations 3 and 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that:

"I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17)

And

"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).

This requirement was made on 24 February 2025.

Action taken on previous requirement

An electronic support planning system had been implemented and staff were becoming more confident in its use. Formal training enhanced by mentoring assisted staff to develop personal planning skills and to ensure recordings reflected best practice and were person centred and outcome focused. Regular audits of plans and constructive feedback ensured plans were progressing and captured information, discussions and plans to help people achieve their goals and meet their holistic needs.

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

1. The provider should develop a service learning and training programme that improves opportunities for staff to develop their roles, reflect on practice and have access to training that meets the current and future needs of companions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 February 2025.

Action taken since then

Staff had access to regular formal and informal opportunities to reflect on practice and seek advice and guidance. The manager provided supportive feedback on practice and staff confirmed an improved learning and discussion culture supported their development. A formal programme was evident which supported core training needs. This plan was flexible and responsive to staff requests and to changing needs of people using the service. This ensured support reflected current best practice and helped people achieve identified outcomes.

This area for improvement has 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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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