

RCA Trust Housing Support Unit Housing Support Service

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Type of inspection:
Unannounced

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Service provided by:
RCA Trust

Service provider number:
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Service no:
CS2004061386

About the service

RCA Trust Housing Support Unit is part of the RCA Trust, a voluntary organisation and registered charity providing support to people affected by alcohol and drug issues, gambling addiction, and mental ill-health.

The housing support unit works with people to help them gain and maintain their own homes, and assists people to achieve better outcomes by supporting them to manage addictions and improve their physical and mental health.

The RCA Trust is based in Paisley town centre close to transport links and local amenities. Support is provided from the RCA Trust base, in people's homes, and in the community. Services are provided in Renfrewshire and East Renfrewshire.

The service was supporting approximately 50 people at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 22, 23 and 30 July 2025 between the hours of 10:00 and 17:00. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with six people using the service
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents .

We also took account of Care Inspectorate surveys which had been completed by five people using the service and two staff members.

Key messages

Staff were skilled at building effective relationships with people.

Effective relationships with external colleagues helped to ensure people had access to the right care and support.

Staff had completed a range of useful training that helped to develop their knowledge and skills.

Leaders did not use quality assurance processes effectively to drive improvements in the service.

Personal plans were not used effectively to understand and manage risks to people.

Staff worked well together and prioritised direct work with people.

People felt confident in the staff who were reliable, genuine and compassionate.

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?	4 - 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

We evaluated this key question as good, as we identified a number of strengths that contributed to positive experiences and outcomes for people.

The service supported people to make informed lifestyle choices affecting their health and wellbeing. Staff knew people well and had a clear understanding of their health needs. All people using the service had an initial assessment which was completed by the senior support worker or manager. Discussions with people and relevant others, such as family members or health and social care professionals contributed to the assessment of their needs. This helped staff to understand how people wanted to be supported to manage their health and wellbeing. Staff had effective working relationships with a range of health services and encouraged people to access healthcare support when necessary. All staff had received training in Adult Support and Protection (ASP), which meant they could recognise signs of harm and understood their responsibility to report this. Where concerns arose about people's health needs, safety, or wellbeing, the service had effective processes in place, to ensure the right information was shared with the right professionals to keep people safe.

The service had effective systems to support people to reflect on their health and wellbeing needs. Staff used the 'Outcomes Star' assessment, which is a person-centred assessment tool used to jointly assess people's goals and outcomes. This covers a range of areas where people might require support including housing, health, drug or alcohol use, nutrition and relationships. Staff used this assessment tool to guide conversations which helped people to identify and move towards achieving their goals. This enabled staff to openly discuss and record issues or concerns in relation to people's health or wellbeing. People told us that staff were honest with them and challenged them appropriately to make progress in the areas they had identified. This assured us that staff had the right skills to support people's wellbeing. One person told us 'The staff really understand me, they support me and help me to keep going'.

The service worked well with people to support them to manage their diet and medication. A policy was in place for medication management. This helped staff to understand their role in this area. While the service played a minimal role in medication management, staff did help monitor people's medication compliance in some cases, and also provided support and encouragement to people to manage their medication effectively. Staff were aware of signs that people were not managing their medication well and had effective referral processes to ensure people had access to the right support when necessary. The service did not provide support with meals but staff had a role in encouraging people to make healthy choices about nutrition. This included supporting people with budgeting, planning and shopping if required. Staff were aware of signs of risks in relation to diet and nutrition and shared information appropriately to keep people safe. Daily recording notes were detailed and reflected the discussions that had taken place with people, to help manage their health and wellbeing. Where there were risks to people, these were not always fully recorded in people's personal plans. We have made a requirement about this under key question 5 'How well is our care and support planned?'.

How good is our staff team?

4 - Good

We found strengths in staffing arrangements that supported good outcomes and experiences for people. We have evaluated this key question as good.

People should expect that the staff supporting them have undertaken training and development activities relevant to their roles. Staff had completed a range of training over the past year and spoke positively about good quality 'in person' training, that had supported their learning and development. Training such as trauma informed practice, alcohol brief interventions and poverty awareness had supported staff to reflect on how these issues impact people. Staff spoke confidently about how they had applied their learning to support people well. This assured us that staff were benefitting from meaningful training to support positive outcomes for people. The service had a tracker for core learning but this did not contain enough information to outline when staff should refresh their training. We asked the provider to improve the training tracker to make it more robust. This is to ensure staff and leaders know that all staff have completed mandatory training relevant to their roles and have access to up to date best practice guidance.

We reviewed recent recruitment records and found that the service had not completed recruitment checks in line with best practice policy. This meant that people may be at risk of harm as recruitment checks had not been completed effectively. We asked the provider to ensure all future recruitment follows good practice guidance from the Scottish Social Services Council (SSSC) and the Care Inspectorate 'Safer Recruitment Through Better Recruitment' (September 2023).

Staff should have access to regular supervision to enable them to reflect on their practice and their learning and development needs. We saw that all staff had individual supervision with their line manager every six months. This was supplemented by an annual 'competency assessment', regular group supervision and team meetings. This meant that staff had frequent opportunities to share their views with their managers and colleagues. Staff would benefit from opportunities to discuss current best practice guidance at team meetings or supervision. We asked the provider to consider how this could be incorporated into the team meeting agenda. Supervision notes and competency checks reflected discussions with staff, including positive feedback on their practice and how this had impacted positively on people. Where there were development needs which had been identified through quality assurance audits, it was not clear that these improvements had been followed up or completed by staff. It is important that staff have opportunities to discuss their development needs and are supported to understand their responsibilities, to meet organisational and best practice standards. (See area for improvement 1).

Staff should expect to have sufficient time for direct support, administrative tasks and learning and development. Staff told us that their caseloads were monitored by their manager and they felt confident they had enough time available to deliver effective support to people. A waiting list was in place to ensure that staff did not have responsibility for supporting too many people. This helped to ensure that staff deployment and the skill-mix of the team was appropriate to meet people's needs. Staff had sufficient time to provide more than basic support to people but some aspects of the role were prioritised over others. Staff told us that direct work with people and following up on important referrals and correspondence were priorities for the service. Written support plans and risk assessments were not always completed well enough, to fully reflect people's needs and outcomes. It is important that staff have sufficient time for administrative tasks and are supported to recognise that good quality personal planning can positively impact on people's safety and wellbeing (See requirement under key questions 5).

The staff team worked well together to provide the support that people needed. All staff spoke positively about their colleagues, the range of skills available in the team, and how they work effectively as a team to support people. Staff were motivated to provide good quality support that helped people to make positive changes in their lives. People told us that the staff were knowledgeable, reliable and supportive. One person told us 'They always know what to do. They don't just do it for me, they help me to understand how to do it for myself'. People told us that they always knew who was coming to support them and were informed in advance of any changes to their support.

The service ensured that people were introduced to more than one staff member, to ensure continuity during times of sickness or annual leave. This meant that people could be assured of having support from staff who were familiar to them and who understood their needs and priorities.

Areas for improvement

1. To support best practice and staff development, the provider should ensure that staff learning needs are discussed and recorded. All staff should have a learning plan, and any areas where improvements in practice, personal planning or administrative tasks are required should be recorded and followed up through the supervision process.

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), and '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).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. We found some strengths in personal planning but these were outweighed by weaknesses.

People should expect that leaders and staff use personal plans to deliver their care and support effectively. The service ensured that all people had an assessment before the service started. The outcomes star assessment tool was used well, in most instances, to support discussions with people about their needs, preferences and goals. Some staff were not using the tool in line with guidance. We asked the provider to ensure staff have updated training to understand how the tool should be used. The service had a risk assessment tool which was used to record risks and how these should be managed. Where there were risks to people's safety or wellbeing, this tool was not always used to outline the role of the service in supporting risk management or positive risk taking (See requirement 1).

We heard about people with significant needs in relation to their mental health or drug or alcohol use. Staff were able to describe risks for people and had effective support from leaders to respond to and manage difficult situations. This included appropriate referral processes for adult support and protection (ASP). In many cases, the service had not recorded known risks and it was not clear how staff would recognise an escalation in risk or support people to manage this. It was not always clear when external professionals were involved in people's care and when they should be alerted to changes in people's needs. While there were processes in place for accident and incident recording, these had not always been completed in a way that demonstrated reflection and learning from these incidents. This meant that people may have been at risk of harm as the service did not have adequate processes in place to keep them safe (See requirement 1).

The service had processes in place for review of personal plans. Staff completed six-monthly reviews of the 'Outcomes Star' tool alongside people. Staff also completed review paperwork at the same time to record progress and any changes in people's goals over time. The paperwork used for this process did not adequately reflect people's current circumstances and was not always fully completed. It is important that reviews are used to help staff, leaders, and people using the service to understand if the service is working well for them, and what changes have taken place over the previous review period. This can support people to understand how the service is supporting them to meet their goals. (See requirement 1).

Quality assurance systems for personal plans were in place but did not effectively identify where improvements were required. Leaders completed quality assurance checks regularly and recorded where changes were required to personal plans. It was not possible to see that these improvements had been completed or followed up with staff. We identified some issues in personal plans that had not been picked up in audits. It is essential that those completing quality assurance audits and all staff understand organisational and best practice standards. This helps to ensure personal plans contain the right information to keep people safe and support them to meet their goals and aspirations (See what the service has done to meet any areas for improvement we made at or since the last inspection).

Requirements

1. By 24 November 2024, to keep people safe, the provider must ensure that all people have a personal plan in place which contains sufficient detail about their needs, outcomes and risks. This should include, at a minimum:

- a) Appropriate and detailed risk assessments which outline risks, the role of the service in relation to managing these risks and any agreed escalation processes.
- b) Clearly recorded details of involved professionals and agreement about when and how they should be contacted, should the person's needs or risks change.
- c) Full recording of any accidents or incidents in line with organisational policy, including adequate oversight from leaders and appropriate notification to the regulator or Health and Social Care Partnership, when required.
- d) A robust review process that identifies changing needs and risks and is adequately recorded in line with statutory requirements and best practice guidance.

This is to comply with Regulation 5 (Personal Plans) 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 the Health and Social Care Standards (HSCS) which state that: '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).

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).

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 improve oversight of people's safety and wellbeing, the provider should ensure notifications to the regulator are made in line with the guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate, 2020).

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).

This area for improvement was made on 11 November 2024.

Action taken since then

The manager had oversight of notifiable events and had made referrals to the Care Inspectorate which were appropriate and in line with guidance.

We identified some incidents during the inspection which had not been appropriately recorded or notified.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 5.

Previous area for improvement 2

To ensure people's needs and outcomes are clearly and accurately recorded, the provider should ensure quality audits are robust. Any identified improvements to personal plans, risk assessment, weekly notes or reviews should be assigned to the correct person for follow up and signed off by senior staff when completed.

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 November 2024.

Action taken since then

Quality audits were scheduled and completed by the manager and senior support worker. Where improvements were required, these had been recorded and shared with support staff. We were not able to see evidence of these improvements being followed up or completed. There was no clear guidance for the manager or staff about organisational expectations. Further improvement is required to ensure there is an effective process in place and clear communication with the staff team about best practice standards.

This area for improvement is not met.

Previous area for improvement 3

To ensure people's personal information is stored and processed within the principles of the General Data Protection Regulations, 2018 (GDPR), and to ensure people are protected from financial harm, the provider should ensure there is both a current policy in place for managing correspondence and managing people's finances.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

This area for improvement was made on 11 November 2024.

Action taken since then

The provider had produced an updated policy in relation to handling people's money. This policy was comprehensive and included a clear process for staff to follow, including expectations around recording and when risks should be highlighted to managers or external professionals. Some elements of the policy did not comply with best practice in relation to handling of bank cards and pin numbers. The provider should ensure that there is a clear process in place for managing these circumstances that protects people's legal rights.

No policy was made available in relation to managing people's correspondence.

This area for improvement is not met.

Previous area for improvement 4

To keep people safe, the provider should ensure personal plans and risk assessments are relevant, detailed and regularly reviewed. Risk assessments should be written in consultation with the person supported and should contain clear information about how to support people and who should be involved during times of increased risk.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24), and 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

This area for improvement was made on 11 November 2024.

Action taken since then

The service used the outcomes star assessment and this was regularly updated alongside six monthly reviews. All staff were aware of their responsibility for this. Not all areas of the outcomes star were being used in line with best practice. Risk assessments were in place but these often contained minimal information and had not been regularly updated. Review paperwork had not been updated to ensure it is more reflective. Personal plans and risk assessments were not being used well to reflect people's needs, any identified risks and the role of the service in supporting risk management.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 5.

Previous area for improvement 5

To ensure people's support is regularly reviewed in a way that is meaningful, the provider should ensure review documentation is clear, reflective and written in consultation with the person supported. The language used in review documentation should reflect current good practice guidance including the Health and Social Care Standards (HSCS).

This is to ensure that care and support is consistent with the 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).

This area for improvement was made on 11 November 2024.

Action taken since then

Reviews were taking place six-monthly in line with statutory guidance. The documentation had not been reviewed or updated to better reflect current good practice.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 5.

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 staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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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