

Open Door Scotland Housing Support Service

Almondbank Centre
Sheil Walk
Livingston
EH54 5EH

Telephone: 01506442334

Type of inspection:
Unannounced

Completed on:
30 July 2025

Service provided by:
Open Door Scotland

Service provider number:
SP2008009881

Service no:
CS2008179364

About the service

Open Door Scotland supports young people aged 15-25 who are homeless or at risk of becoming homeless. Young people may be living in their own homes, or in shared accommodation.

The service provides housing support across the following areas:

- young people within dedicated supported accommodation
- young people in single supported flats in the community
- young people seeking asylum within shared accommodation
- young people supported by the community outreach service.

About the inspection

This was an unannounced inspection which took place over three days - 22 July 2025 from 09:30 to 17:45, 23 July 2025 from 09:20 to 17:00 and 24 July 2025 from 09:15 to 16:30. 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 registration information, information submitted by the service and intelligence. To inform the inspection, we:

- spent time with six young people using the service
- spoke with nine staff including managers
- observed practice and daily life
- reviewed documents
- spoke with two external professionals
- considered responses to Care Inspectorate questionnaires.

Key messages

- Young people received person centred support.
- Young people were accessing an impressive range of services.
- An independent advocacy service should be identified.
- Staff were confident in their role of identifying and sharing safeguarding concerns.
- Formal documentation of safeguarding concerns could be improved.
- Quality assurance and auditing in a number of key areas required developed.
- Complaints by young people were being effectively addressed.
- Care plans were not SMART, or consistently reviewed.
- Risk assessments should be improved to accurately identify risks and strategies.

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?	3 - Adequate
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 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, the strengths identified had a significant positive impact on young people's experiences.

The service fully recognised the importance of person centred support for young people, supporting them practically and emotionally. Levels of support intensity were flexible and reflected individual circumstances, needs, risks and preferences. It was a strength of the service that young people were being referred to or signposted to an impressive range of organisations, services and resources within the local area; these included housing services, benefits support, substance misuse agencies and employment support. This supported young people to make choices regarding their future within an environment that considered individual cultures and experiences.

Additionally, the service placed great importance on young people's physical and emotional health. Young people were enrolled with primary health care services, referred to nursing services and supported to attend crucial medical appointments. The service had made key links with organisations for food donations, supporting young people to benefit from a healthy diet.

Open Door plan to strengthen group opportunities for young people to enhance social connections, build relationships and introduce fun activities. Young people were accessing education, training, employment and voluntary options - developing skills, interests and confidence. Where English was not a young person's first language, they were supported to attend English classes, ensuring they made connections with their local community.

The service had experienced a challenging period in relation to staffing, with the current team continuing to form. This will undoubtedly have had an impact on stability for young people, affecting relationship building. Despite this, young people identified key staff members they would approach to discuss worries or concerns; benefitting from respectful, trusting relationships. Additionally, the majority of young people had access to professionals outwith the service including social work and independent Guardians. Staff were advocating for young people and complaints were being investigated; however, this could be further strengthened with a connection between Open Door and an independent advocacy service to enhance and protect young people's rights (area for improvement 1).

Some young people had been involved in high risk situations and staff were confident in their role of identifying and sharing concerns. The service collaborated with other agencies to share risks, however this could be strengthened ensuring decision making, sharing of information and outcomes are formally documented for all adult and child protection matters (area for improvement 2).

Areas for improvement

1. To ensure young people's rights, views and choices are supported, the provider should identify an independent advocacy service.

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

I am supported to use independent advocacy if I want or need this. (HSCS 2.4)

2. To enhance safeguarding and support wellbeing, the provider should establish an effective method to record and document decisions and outcomes regarding child and adult protection matters.

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

There were some systems in place to monitor aspects of service delivery, including oversight by the Board and reports to commissioning services; however, mechanisms for quality assurance and auditing by management were not being consistently utilised. The service had plans to develop this with the introduction of new team leader roles. This would ensure identification of key areas for development, supporting the growth of staff practice with greater oversight of the quality of support being provided to young people (requirement 1).

Quality assurance should also be extended to incident recording. These did not detail management oversight and debriefing was minimal. As a result, learning or areas where practice could be improved were not captured. Additionally, establishing a method of incident analysis would support the organisation to identify patterns, training and staffing needs (area for improvement 1).

The organisation could also benefit from a more robust approach to the monitoring of staff training, development and support. Although staff expressed that they had access to a variety of training opportunities and felt supported, there was not an effective process in place to support management oversight of this. This would ensure mandatory training was being undertaken, whilst assessing experience, qualifications and skill mix to meet the needs of young people at all times (requirement 1).

As an organisation, Open Door was reviewing their mission statement, values and aims and objectives to ensure this was consistent with the support being provided to young people accessing the service.

Additionally, the service could benefit from self evaluation alongside the creation of a development plan to demonstrate how service improvements will be made to support young people's outcomes and drive change. This plan should be SMART, clear in terms of measuring timescales and responsibilities and integrate both service user and stakeholders' views (area for improvement 2).

The inspection highlighted that the organisation would benefit from ensuring that key policies were reviewed and updated. The organisation had recently made plans to address this. This would ensure compliance with current legislation and best practice, whilst effectively guiding staff (area for improvement 3).

The organisation should ensure there is clarity regarding information required for new referrals. This will support young people to be appropriately placed and determine whether the service can meet the level of support required whilst assessing any impact on young people already using the services.

Many young people were confident in providing feedback and raising complaints. These were being used to identify areas of improvement. Additionally, staff highlighted that leaders were visible, providing support and direction.

Requirements

1. By 1 December 2025, the provider must ensure that quality assurance systems are implemented and used effectively to safely and consistently support young people. To do this, the provider must, at a minimum, ensure that:

a. quality assurance and auditing processes are formally documented at all levels to monitor young people's experiences, identifying necessary improvements. This includes but is not limited to care planning, risk assessments, training and incident recording.

b. areas of improvement identified by quality assurance processes are actioned timeously.

This is to comply with Regulation 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 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)

Areas for improvement

1. To ensure that young people are receiving the most appropriate support, an effective analysis of incidents should be established.

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

My care and support meets my needs and is right for me. (HSCS 1.19)

2. To develop and enhance the service for young people, the organisation should develop their service improvement plan.

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

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

3. To support young people's wellbeing, the provider should review and update key policies to reflect current legislation and best practice guidance.

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

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The organisation identified that the model and framework for care planning required improvement and this change was due to be implemented in the near future.

At the time of inspection, there was no consistent approach to care planning, documents varied and assessments were not readily available. Additionally, there was minimal information regarding the young person or their views within support plans. Plans were not SMART or specific about how goals would be met and the support being undertaken with young people was not well evidenced, making it difficult to assess how progress was being measured. This reduced the opportunity for effective support planning to maximise positive outcomes (area for improvement 1).

Review timescales for care plans were not being consistently met, so young people did not routinely have the opportunity to be fully and meaningfully involved in decision making and planning.

Multi agency involvement within the review process was also difficult to identify (area for improvement 1). This process will hopefully be supported by a strong quality assurance model in the future.

Risk assessments were in place for all young people; however, again, reviews were not being undertaken consistently. These documents were not specific enough to support staff to identify and respond appropriately to young people, with minimal detail relating to warning signs and identified strategies. Given staff changes and periods of lone working, this information is key to routinely informing staff practice and safeguard young people (requirement 1).

Requirements

1. By 1 December 2025, the provider must protect the safety of the young people and staff.

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

- a. implement regularly reviewed risk assessments which accurately identify risks to the young person and staff
- b. detail specific measures and strategies for staff to protect young people from harm.

This is to comply with Regulation 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 the Health and Social Care Standards (HSCS) which state that:

My care and support meets my needs and is right for me (HSCS 1.19) 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)

Areas for improvement

1. To support staff to deliver effective care and support, the provider should ensure care plans are SMART, include young people's views and are consistently reviewed.

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

My personal 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).

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
1.2 People get the most out of life	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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