

CGL Forth Valley Recovery Service Housing Support Service

Change Grow Live
Lime Tree House
North Castle Street
Alloa
FK10 1EX

Telephone: 08081962188

Type of inspection:
Unannounced

Completed on:
5 September 2025

Service provided by:
Change, Grow, Live

Service provider number:
SP2021000208

Service no:
CS2021000357

About the service

CGL Forth Valley Recovery Service is registered with the Care Inspectorate to provide a housing support service to people experiencing drug and alcohol problems or who are in recovery from drugs and/or alcohol, across the Forth Valley area.

The service has three teams based in Falkirk, Alloa and Stirling. At the time of the inspection, the service was being provided to around 1000 people.

Support is provided to people in their homes, in the service bases or in various community based locations.

Work undertaken includes; harm reduction including needle exchange, assertive outreach, one-to-one psychosocial support, groupwork and community rehabilitation.

The service is provided by Change Grow Live, a national charity.

About the inspection

This was an unannounced inspection which took place on 28 and 29 August, and 1, 3 and 4 September 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 registration information, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- spoke with 24 people using the service
- spoke with 21 staff and management
- observed practice
- reviewed documents.

Key messages

- CGL Forth Valley Recovery Service provides a very good level of support to people.
- Staff and managers are skilled and dedicated to supporting people to achieve the best outcomes they can.

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 leadership?	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

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.

People were overwhelmingly positive about the service they received. People had powerful experiences of life changing support. Some of the things they told us included:

"If it hadn't been for CGL I probably wouldn't be here."

"They helped me to get my children back."

"The support I've received has meant I've been able to be honest with my family for the first time."

"The full team is just amazing, I could talk to any one of them."

"My keyworker has been brilliant, I am treated with total respect."

"I can't express in words what this service has done for me."

"The last two years have been really good for me, probably be about the best I've been in 30 years. I think I'm about a year away from where I want to be and that is really encouraging to me."

Volunteers spoke about the unique contribution they were able to make. Some volunteers with lived experience told us:

"Because I have lived that life I can give an extra insight and understanding."

"I am really enjoying the emotional learning from it, it is helping me with my own personal relationships."

People described feeling welcome, treated as an equal, not judged or looked down on because of their circumstances. This created an atmosphere that was relaxed and encouraged people to engage.

The office bases were fully accessible, welcoming and comfortable, creating an atmosphere of trust and respect where there were no physical barriers to accessing support. This meant that people could come into the office and make enquiries or self-refer, and created an immediate opportunity for positive relationships to start.

Work on harm reduction took place out in the community, in areas where people may be disengaged with services. The support provided to people enabled them to work on their recovery at their own pace. This approach of supporting choice and safety over total abstinence if this was not what people wanted to achieve helped build relationships and minimise harms people experienced.

People felt their key workers were skilled and used appropriate interventions and support to enable them to achieve steps in their recovery. Sometimes these were steps around family situations, housing needs, financial or health needs as well as addiction. Some people expressed that they would like their worker to be able to go with them to appointments more, as sometimes this was not possible. Staff identified that on

these occasions they helped people to prepare for appointments as much as possible so they could get the best outcome.

Specialist input around blood borne virus (BBV) was provided across the service. Staff received specific training in key areas such as dry blood spot testing (DBST) to support better health outcomes for people. This offered more accessible testing for BBV and earlier access to treatment.

The service held drop in sessions along with a Citizens Advice worker each week at each community base. These were open sessions that people could access for specialist advice on matters that were affecting their lives and compounding their stress and anxiety. This demonstrated that the service understood the complexity around addiction and substance use and was striving to offer appropriate support where possible.

People were supported by keyworkers using psychosocial interventions, to help them make sustained progress in their recovery journey. Staff used evidence based techniques such as Motivational Interviewing to underpin their work with people. This helped staff work with people to identify goals and make achievable progress.

The service attempted to promote engagement with family members through assessment and planning processes. There were positive connections with Scottish Families Affected by Alcohol and Drugs (SFAAD) that they planned to build on in order to offer whole family approaches to recovery, where people wanted that.

Staff advocated for people with regards to other agencies involved with them; for example, Community addiction teams and GPs. This included supporting people to have changes to medications or how medications were supplied in order to continue to make progress in their recovery.

How good is our leadership?

5 - Very Good

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.

There was a range of quality assurance measures in place within the service that helped ensure quality and outcomes were being monitored with a view to improvement. These included audits, reporting systems, data analysis, meetings, a service self-evaluation and service quality improvement plan. These tools were used to inform progress and development, and we could see these were regularly updated to reflect changes and progress. However, the service had been hindered in how much progress it could make due to contract changes and uncertainty. We could see though, that planning under these circumstances had been effective in safeguarding staff positions, and giving stability to the staff team and subsequently people using the service.

A new structure for the management and leadership of the service had been agreed and was shared with the staff team during the course of the inspection as planned. We were pleased to hear that staff felt listened to and optimistic about the proposed changes, feeling this would offer better opportunities for continued development in the service and a better work balance.

The management team were viewed really positively by staff, who felt they were approachable and

supportive and helped staff work well together by helping out and supporting with diary planning, for example.

There was evidence of succession planning within the proposed new structure, which offered an opportunity to retain skills and experience within the service. There were opportunities for development of leadership and management skills through in-house training and linking in with other agencies. This helped to create a strong team with a shared focus and aim. This had been helped by bringing the three community teams together for meetings, which offered an opportunity to gel the teams, and build those relationships across the service, whilst ensuring that communication was consistent.

Staff supervision and appraisal took place regularly within the organisation policy, and staff expressed feeling they were well supported following any challenging or upsetting experiences.

Accidents and incidents were managed appropriately when they were reported as such; however, staff recognised that there were times they accepted things and didn't escalate them to incident reporting. The team had been working on this and discussions had taken place to encourage staff to reflect on this practice.

Partnership working was strong with really good connections with allied health teams and other agencies such as Scottish Drugs Forum, Scottish Families Affected by Alcohol and Drugs and Citizens Advice Bureau. The service had also been positively engaged with some health centres in local communities to promote recovery and offer support.

How good is our staff team?

5 - Very Good

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.

Staff were highly skilled, motivated and dedicated. Staff demonstrated a high level of emotional intelligence and reflective practice, with a solid foundation of respectful team work underpinning their practice. There was a strong shared aim across the staff team where trust and support were fundamental to their work. This helped ensure that people using the service received appropriate support at all times.

Staff spoke about how they were able to share struggles, good or bad outcomes, and learning with each other. This created a positive working environment where staff could rely on each other and valued each other's unique professional skills and experience.

Improvements in whole team working were noted from the integration of the teams at meetings, with all staff saying they felt there had been a benefit to this.

Some staff felt their workloads were manageable, others spoke about challenges around caseloads and felt that more staff would be better. The proposed new structure had given staff more confidence that their workloads would be more easily managed. We look forward to seeing how this change contributes to outcomes.

Staff felt valued in their roles, they had access to varied training and development opportunities from both CGL and external partners. Some people who had previously used the service were in paid peer support

roles, and this had offered a unique opportunity to build resilience across the service and give opportunities to people as part of their recovery.

Additionally, volunteer roles were offered to people who had a personal or professional interest in working in recovery and this greatly added to the resources the service could offer. Volunteer staff were supported by staff and managers and given appropriate training and induction.

Staff had access to support from the local psychology team to help them deal with the emotionally difficult aspects of their jobs. This contributed to staff resilience and wellbeing. Staff continuity was very high, meaning that people using the service were able to build positive therapeutic relationships with their key workers.

How well is our care and support planned?

5 - Very Good

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.

Planning for support was mainly done through the outcome star tool. This was a recognised planning tool that enabled manageable actions to be identified and taken in order to achieve people's goals. This was supplemented by a range of comprehensive risk assessments that helped identify the priority areas to be addressed. Staff planned support alongside people using SMART (specific, measurable, achievable, realistic, time-bound) principles, thereby enabling people to take manageable steps towards their goals.

The introduction of a red/amber/green (RAG) rating enabled high risk factors to be identified and support could then be provided at a more intense level as needed. This had helped the service manage very high demand and also refocus as things changed.

Part of the collaborative work the service did was linking in with the Scottish ambulance service to identify high risk people who have recently experienced near fatal overdose. This work enabled harm reduction staff and keyworkers to target support to those people, helping to ensure their safety as much as possible.

The service took steps to gather data on outcomes after people were involved in the service. We could see that almost half of people who had accessed the service remained free of drugs or alcohol at 12 weeks post involvement. This indicated a very good degree of successful recovery work.

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 leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.