

## Aspire West Housing Support Service Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
11 September 2025

**Service provided by:**  
Aspire Housing & Personal  
Development Services Ltd

**Service provider number:**  
SP2004004485

**Service no:**  
CS2004056481

## About the service

Aspire West Housing Support provide services to adults experiencing homelessness in Glasgow. Many of the people who use this service have other challenges in addition to homelessness, including: addictions, mental health issues, and physical disabilities.

Aspire West offer both accommodation and community based support depending on individual circumstance. At the time of inspection 128 people were accessing services across the city.

The service provided support to people experiencing, or at risk of, homelessness across five distinct projects. These included emergency accommodation, short-term housing, and outreach services within the community. The overall aim was to help people manage the effects of homelessness alongside other challenges such as poor mental health and addiction. By supporting people to develop self-management skills and overcome barriers to independent living, the service helped individuals move towards more permanent housing or maintain their current home as a safe and stable environment.

## About the inspection

This was an unannounced inspection which took place between 09 and 11 September 2025. The inspection was carried out by four inspectors 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 16 people using the service and two of their family
- spoke with 21 staff and management
- observed practice and daily life
- reviewed documents including personal plans and quality assurance documents
- spoke with one professional.

Prior to the inspection we issued questionnaires and received feedback from 22 people who use the service and 23 members of staff.

## Key messages

People commented positively about their placement and the staff who supported them

Staff reported morale had improved following recent management changes

Individual projects should involve people using the service to develop appropriate outcome focused opportunities and meaningful experiences

Management oversight and service user involvement in service improvement planning needs prioritised. Quality assurance systems and feedback from people who use and work in the service should inform service improve plans

Assessment and personal planning information should be reviewed in consultation with people supported.

## 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 good is our staff team?	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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

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

Staff demonstrated good understanding of the people they supported and were compassionate, committed, and respectful in their approach. Feedback from people using the service was mainly positive. Comments included: "I am in a place where I believe I get to be the person I'm supposed to always be and not what others want me to be," "If anything is to be done to help me, it gets done," and "I have enjoyed being here." These responses reflect the positive relationships and trust built between staff and service users.

However, recent changes in management, staffing pressures, and the increasing complexity of needs of new people had impacted on certain projects. This had affected the atmosphere, how comfortable some people felt and their ability to achieve their personal goals. In response, the organisation was reviewing staffing arrangements and had redeployed individuals' to meet peoples support needs. These changes were being consolidated and staff remained committed to stabilising the service.

The manager planned to review the aims and objectives of each separate project as part of ongoing service development. People using the service should be routinely involved in improvement planning, helping them feel valued and included in shaping the support they receive.

Some individuals actively engaged in activities designed to build skills for more independent living. This included setting up cleaning schedules, attending community groups, and accessing specialist services such as addiction and mental health support. This helped to prepare people for successful transitions to more permanent accommodation.

In addition to skill-building, people were supported to take part in social and leisure activities, such as visiting art galleries, eating out, and participating in group events such as film nights and games. These opportunities added enjoyment and structure to their daily lives. However, not all projects offered this type of engagement consistently, and some individuals lacked meaningful activity or purpose in their day. The manager committed to addressing this as a priority within individual project development planning.

People were supported to maintain their physical and mental health. On admission, they were helped to register with a GP and dentist and were directed to appropriate health and addiction services. This contributed to improved wellbeing and helped people stay healthy.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 2.2 Quality assurance and improvement is led well

People using the service should expect it to be well led.

However, recent management challenges had affected oversight in some projects. A lack of consistency in quality assurance meant that not everyone received the same quality of support. The manager committed to reviewing the aims of each project and ensure that necessary improvements are prioritised.

Services should prioritise a culture of continuous improvement. A new quality assurance process had been introduced. This included standard tools, reporting procedures, and a monthly analysis of key issues. This provided some assurance that essential functions such as oversight of accidents and incidents, safeguarding, and staffing were being managed in line with organisational policies. However, the quality of audits varied, and further work was needed to ensure consistency across all projects. The outcome of quality assurance audits should be used to inform improved outcomes for people. A previous area for improvement has now been extended and reflected in a requirement to support this work.

Each project would benefit from a specific improvement plan based on the findings from quality assurance processes. Improvement plans should reflect the views of people using the service. The management team should develop appropriate feedback methods, including questionnaires, forums, and informal opportunities such as social events. This would ensure that people using the service can influence how it develops and improves. (See requirement)

## Requirements

1. By 09 February 2026, to promote consistent positive outcomes and the ongoing development of the service the provider must improve quality assurance arrangements.

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

- a) A consistent approach to quality assurance across each project is implemented.
- b) The outcome of quality assurance audits and feedback from those who use and work in each project should inform service improvement plans.

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).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

## Quality Indicator 3.2 Staff have the right knowledge, competence and development to care for and support people

Staff were clearly motivated and committed to helping people achieve their goals. They demonstrated sound values, and feedback from people using the service was generally positive. One person described staff as "a stabiliser," explaining that while they had a plan and stuck to it, it was reassuring to know staff were there if needed.

Staff worked flexibly and supported each other to benefit people within individual projects. Staffing arrangements generally ensured that scheduled support was delivered and adapted to meet people's needs and preferences. This showed a flexible, person-led approach. However, this was not consistent across all projects. In some cases, fluctuating needs meant staff were unable to provide fully person-centred support, which affected people's ability to achieve their outcomes. Staffing levels were being reviewed within individual projects as part of a wider review of aims and objectives.

Recent changes in service and project management had improved staff access to senior support. Staff reported feeling more confident in the organisation as a result. Opportunities for one-to-one sessions with senior staff, team meetings, and debriefs following challenging situations were in place, helping staff feel valued and listened to. However, these opportunities were not consistently available across all projects. This limited staff's ability to share concerns, ideas, and good practice, and to contribute to service development. The manager had committed to improving opportunities for reflective practice and involving staff more in shaping their projects.

Staff were recruited in line with best practice, and new staff took part in induction and shadowing processes. They reported that this helped them feel confident in their roles. Ongoing training was available through a mix of online and face-to-face sessions, and most staff were up to date with required training.

The manager planned to enhance one-to-one sessions to include direct observation of practice and constructive feedback. This would support reflective learning and help identify individual development needs. It would also provide assurance that staff practice aligned with the organisation's values and the Health and Social Care Standards. These findings should inform a service-wide training and development plan to ensure staff have the skills mix and deployment of staff meets the needs of people using the service. (See area for improvement)

### Areas for improvement

1. The provider should review the skill mix, numbers and deployment of staff across the service to ensure more consistent outcomes for people who use the service.

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)

And

"My needs are met by the right number of people" (HSCS 3.15).

**How well is our care and support planned?****3 - Adequate**

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

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

Assessments help ensure people's needs can be met and inform the content of personal plans. The manager committed to reviewing the assessment process to maximise people's chances of achieving their identified outcomes.

Personal plans are intended to guide staff in delivering support that reflects each person's needs, choices, and wishes. The organisation was introducing a new personal planning system, therefore, personal plans and risk assessments were in transition. This meant there were inconsistencies in how assessments, personal plans, and recovery tools were used. In some cases, the information did not reflect a person-led approach or show clear involvement of individuals in planning or reviewing their goals and outcomes.

However, regular communication and daily handovers ensured that key information was shared among staff, helping to keep people safe. The provider had committed to ensuring that the new electronic system included robust oversight. To ensure a more consistent approach to assessment and personal planning in the meantime, management agreed to review existing personal plans to ensure that support is being provided in line with each person's expressed needs and preferences. A requirement has been made to support this improvement. (See requirement)

**Requirements**

1. By 09 February 2026, the provider must ensure service users' health, safety and social needs are evidenced through a more consistent approach to assessment and personal planning.

To do this the provider must at a minimum ensure:

a) All personal plans are reviewed and updated in consultation with individuals, family, external health and social work input as appropriate

b) Training and mentoring opportunities are available to support staff to develop personal planning skills.

This is to comply with Regulation 5 (1)(b) of Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210.

This is to ensure 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

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

## 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. To ensure people benefit from a culture of continuous improvement, the provider should ensure:

Any actions from completed audits are included in service improvement plans, which includes specific and measurable actions designed to lead to continuous improvement. People using the service should be fully involved in developing and updating improvement plans.

This is to ensure 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 26 April 2023.**

#### Action taken since then

The provider had begun to develop more robust quality assurance processes and tools and agreed protocols were in place. This helped evaluate the quality of service delivered and positive experiences of people using the service. However, further work is required to ensure this approach is applied consistently across all projects and that findings from any assurance activity, coupled with feedback from people using the service is used to direct improvement planning. This area for improvement has been incorporated in a requirement within Key Question 2 to support this improvement work.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	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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