

## Settled: Housing Support Housing Support Service

Aberdeen Cyrenians  
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Telephone: 03003030903

**Type of inspection:**  
Unannounced

**Completed on:**  
14 November 2023

**Service provided by:**  
Aberdeen Cyrenians Ltd.

**Service provider number:**  
SP2003000015

**Service no:**  
CS2022000083

## About the service

Settled: Housing Support is a service provided and funded by Aberdeen Cyrenians. The service provides support to adults at risk of homelessness in Aberdeen City.

The service has one team based at Summer Street, Aberdeen who are currently supporting 10 people in the community.

## About the inspection

This was an unannounced inspection which took place on 7 November 2023. 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 four staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff were knowledgeable and had the right training to work respectfully and safely with people.
- People led their support and worked in partnership with staff to make significant life changes.
- People were supported by compassionate, non-judgemental, and enthusiastic staff who were driven to provide a high quality service.
- People were supported by a service who were committed to continuous improvement.
- There was a lack of management oversight in key areas due to changes in the management team.
- People's care plans were inconsistent and lacked essential information.

## 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?	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, where several strengths impacted positively on people's wellbeing and clearly outweighed areas for improvement.

The staff demonstrated a strong understanding of the standards that underpinned their roles, including the challenges of stigma and discrimination faced by the people they support on a daily basis. This knowledge enabled them to consistently provide compassionate and considerate support, while upholding people's rights to privacy, dignity, and respect. The staff also made efforts to ensure that people fully understood their rights and were proactive in advocating for them, when necessary. As a result, people grew in confidence throughout the support they received.

Staff had access to resources and toolkits to support people to achieve their goals. These helped people identify where changes could be made in their life to support positive change towards improved wellbeing. The staff were focused on the person's strengths and abilities, and used these to encourage and promote people's choices. Unfortunately, these were not actively updated following positive steps and achievements in people's lives (see the section 'How well is our care and support planned?').

There was good collaboration with other agencies involved in supporting people's health and wellbeing. Support was provided according to people's needs, including assistance with attending, organising, or remembering health appointments and guidance regarding medication and health and safety at home. The presence of consistent staff enabled people to receive support even in situations where their health and wellbeing were a concern, as staff remained attentive to changes or signs of potential declining health or wellbeing and reacted appropriately. This commitment greatly contributed to ensuring the safety of people.

## How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

There was a highly capable team in place for this service. Staff we spoke with told us the manager of the service was approachable, available, and compassionate. They were held in very high regard by the team and clearly led by example. Staff said that someone would always be readily available for contact, particularly after difficult events. As a result, staff felt genuinely appreciated and supported by the management team.

There was a comprehensive service improvement plan in place which included relevant actions and timelines for completion. However, there was a need for greater management oversight, particularly in conducting regular audits, such as risk management plans and care notes. We were informed that the new manager has plans to implement these oversight systems but we were unable to review them during the inspection (see requirement 1).

We discussed with the management team that there were some incidents that should have been notified to us but had not. These included times when people receiving the service needed to access emergency healthcare. Whilst we could see that the actions taken at the time of the incidents were appropriate, we reminded the management team that they need to ensure they are working transparently and make

notifications appropriately so that we can offer support or guidance, if needed. We provided the manager with a copy of our guidance on notifications.

## Requirements

1. By 12 February 2024, the provider must ensure robust quality assurance processes are in place and used effectively to drive improvement and ensure the care and support people receive is effective. This must include, but is not limited to, the assessment of the service's performance through effective audits.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 use a service which is well led and managed' (HSCS 4.23).

## How good is our staff team?

**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on people's outcomes and clearly outweighed areas for improvement.

There was a positive and encouraging team atmosphere that fostered reflection and mutual respect. The team had access to established opportunities for regular one-on-one support with the manager, as well as opportunities to come together as a group. The recruitment process was in line with best practice and staff confirmed this was detailed and thorough. This environment helped to cultivate a highly motivated team who collaboratively provided flexible and high quality support.

We have found that the staff were highly knowledgeable in their respective fields and have received thorough training to effectively support people. This training included a focus on trauma, mental wellbeing, recovery, and resilience. The staff team had spoken highly of the training opportunities provided and actively pursued additional external training that enhanced their practice. For instance, all staff have recently completed training on administering Naloxone, which equips them with the necessary skills and resources to carry this life-saving medication. This proactive approach to addressing the evolving needs of people ensured that staff consistently developed the appropriate skills to effectively work with them. Consequently, people had a high level of confidence in the staff team.

## How well is our care and support planned?

**3 - Adequate**

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

The service was formed to support people into permanent housing. During the initial assessment, people's goals were identified and carefully documented in their care plans. To determine the areas where individuals needed the most support, the provider used a support tool called The Outcome Star as a baseline. However, there were some instances where these records were not consistently updated when people's needs changed (see requirement 1).

Daily notes were recorded on the electronic system. However, there was a lack of information that could be linked to people's goals and outcomes. The current system for care planning and recording of information

appeared to be disjointed, resulting in uncertainty regarding how support was being delivered and how outcomes were being achieved (see requirement 1).

We observed positive instances of person-centred care plans for individuals with diverse lifestyles and risk-taking behaviours. The staff responsible for completing the assessments displayed a thorough understanding of the person, resulting in the development of detailed strategies to ensure their wellbeing. However, these were inconsistent and it was unclear whether the person was actively involved in their care planning, as we did not find any signatures or indication of their consultation (see requirement 1).

## Requirements

1. By 12 February 2024, the provider must ensure appropriate care recording and implementation of appropriate care plans to ensure the health, safety, and welfare of people.

To do this the provider must, at a minimum:

- a) Undertake a full assessment of people's needs and ensure these are documented in people's care plans.
- b) Ensure care plans are completed robustly, detailing how people are to be supported and contain clear guidance for staff.
- c) Ensure people are involved, as much as they wish to be, in the development and maintenance of their care plans.
- d) Where there is a risk identified there is appropriate risk reduction or preventative measures to provide guidance to staff.
- e) Ensure care plans are reviewed and updated when people's needs change and this is reflected in people's identified goals.
- f) Ensure that there is effective case recording with appropriate evaluation to determine if actions are required.
- g) Implement an effective auditing system to review care plans and take action when concerns arise.

This is to comply with Regulation 4(1)(a) (Welfare of users) and 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 fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

## 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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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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