

## Glasgow Association for Mental Health Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 September 2025

**Service provided by:**  
Glasgow Association for Mental  
Health

**Service provider number:**  
SP2003003727

**Service no:**  
CS2004074647

## About the service

Glasgow Association for Mental Health, (GAMH), is a third sector organisation which provided a range of support to adults who have a lived experience of mental health problems and reside in the Glasgow area.

This service has been registered with the Care Inspectorate since 1 April 2011. GAMH is registered as a combined housing support and care at home service. This also includes support for people who use Self Directed Support (SDS) budgets to organise their care packages.

## About the inspection

This was an unannounced inspection which took place between Monday 15 September 2025 and Monday 22 September 2025. The inspection was carried out by three inspectors from the Care Inspectorate. Two inspection volunteers supported the inspection remotely. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. The inspection volunteer role is to speak with people using the service and their families and gather their views.

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 26 people using the service and
- three of their family members
- spoke with 18 staff and management
- spoke with three visiting professionals
- observed practice and daily life
- reviewed documents
- reviewed 74 questionnaires completed by individuals supported by the service and 23 returned by members of staff

## Key messages

- People's recovery benefited from individualised care and support.
- People's health and wellbeing was monitored and effectively communicated to the relevant external agencies.
- The highly motivated staff team worked well together to promote a positive experience for individuals.
- The service was well led by a responsive manager.
- Enhancing existing quality assurance systems would support the ongoing development of the service.

## 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?                | 4 - Good      |
| How good is our staff team?                | 5 - Very Good |
| How well is our care and support planned?  | 4 - 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.

The service supported people with a clear focus on the future and independence. Support was flexible and based on individuals needs and preferences. People could be supported for up to six months on a one to one basis with an optional six months of groupwork. This could be tailored to the individuals needs and we heard examples when support periods had been longer or shorter. We heard about times when people had successfully completed their support and at times had engaged in "peer roles". This showed that the support provided had a positive and lasting impact.

People's health and wellbeing should benefit from their care and support. A team of dedicated and compassionate staff clearly valued and respected the people they supported. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity and respect. One person told us "I'm very thankful for the service as it's hard-to-find support that truly supports you for you nowadays" whilst another commented "very happy with the support, (they) asked what I wanted to do and what I liked to do and has helped me to meet other people who have experienced the problems I have". This helped to make people feel listened to and valued.

Staff worked hard to ensure people felt part of the community in which they lived. They identified local resources and people were supported with shopping, attending local amenities and improving their confidence getting around in their community. Staff responded to changes in both physical and mental health needs and liaised with external health professionals, when required. This helped to keep people well. We heard examples of staff acting in the best interests of individuals and advocating to enable access to a range of health services. One external professional commented "we receive a response in a timely manner which is always appreciated".

Limited medication support was required. If needed there was clear guidance and direction for the staff team in the form of policies and procedures. The service supported people well to manage their finances. People were supported to maximise their income, budget appropriately, and access services which benefitted their health and wellbeing. Staff advocated for people's rights effectively when dealing with financial matters. This helped to alleviate financial pressures for individuals.

People could be confident that they would be supported to develop and maintain meaningful interests or hobbies. When receiving one to one support, this included independent activities in the wider community, life skills, budgeting and social activities. The provider offered a range of group opportunities which were based on individual preferences. These included music based activity, arts and crafts, games and opportunities for peer support. This further promoted access to the wider community and opportunities to meet with other individuals. One person told us "I couldn't leave the house and now I go to a support group and do crafts. I feel really listened too". We heard instances when individuals supported had built upon these opportunities and this had resulted in additional peer run groups and activities. This demonstrated the service had a positive impact in helping people to get the most out of life.

**How good is our leadership?****4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of being supported by the service.

Individuals spoke positively regarding the communication from the management and office team. One relative told us "oh yes, communication has always been great and there are different options available for this", whilst a person supported commented "I have never had to contact the office or manager but I would be more than comfortable doing this and trust that I would be listened too". This helped to make people feel valued.

People should benefit from a culture of continuous improvement. A range of routine quality checks had been completed, including personal planning, record keeping, and staff practice via observations of practice during the review or assessment processes. We shared instances where the opportunity to develop or review action plans following quality audits had been missed. This is important for the monitoring of any required improvements being implemented. The service had active plans to introduce a "central referral and review team" and we suggested that this team could support with the completion of personal plan audits. A new audit tool was being trialled in one aspect of the service. This new tool allowed the management team to consider the quality of information in addition to compliance aspects of documentation.

The service had a peer focus group which consisted of individuals who were either actively supported or had been supported by the service. This provided individuals the opportunity to influence policy development and quality assurance. We asked that the service review how this group was promoted as not everyone that we spoke with was aware that this was available. This would ensure individuals had the opportunity to be involved should they wish.

The service routinely sought feedback from individuals. This was mostly positive regarding the service delivered. However, when this feedback had identified areas to develop we could not be confident that this was considered to make improvements in the service. This feedback should be included in the service improvement plan. This would demonstrate that the service was responsive to individual feedback. Service improvement plans were in place and demonstrated what the service had achieved and what was being developed. We asked that these are routinely shared with individuals supported and the staff team. This would ensure that individuals were included in these processes. Managers had completed a self-evaluation of the service. This would be strengthened by using case studies and outcomes achieved by individuals to illustrate people's experiences.

There was a system in place to record and monitor accidents and incidents. A lesson learned approach which ensured learning was taken from unplanned incidents was in place. We saw that the service took appropriate steps and communicated with external professionals following adverse events.

An appropriate complaint policy and procedure was in place. This system allowed the management team to evidence what actions had been taken in response to complaints or concerns.

## 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.

People told us they were supported by a stable, consistent, and skilled staff team who knew their needs well. This had resulted in positive experiences and outcomes. We heard examples of staff altering support times to meet the needs of individuals. This helped people to feel valued.

Feedback from staff indicated that the staff team felt that they worked well together and offered each other support. This allowed for informal peer support. One member of staff commented "This service provides good care not only for service users but also for employees. I received appropriate training and strong support from my colleagues and managers before I started working with service users. I felt well-prepared for it".

Staffing arrangements were determined by regular assessment of people's needs and expressed wishes. This was confirmed at the point of referral and assessment and allowed the service to ensure that there would be appropriate staffing to meet the needs of the person.

Staff had opportunities to share concerns and ideas through regular team meetings and supervisions. This ensured staff had a regular forum to discuss risk and raise concerns about individuals who may be relapsing or having difficulties. Staff confirmed that management were available outwith these scheduled meetings to share concerns and seek support. This allowed management to evaluate and adjust support to meet people's changing needs. It also helped staff feel supported by the management team.

People should have confidence that the people who support them are trained, competent and skilled. Training was based on a training needs analysis with the management team engaging with the staff to identify the most relevant training to support individuals. This meant that training available reflected the needs of people. A blended approach had been used with staff training. Face to face training covered a wide range of mandatory training, whilst online platforms or workbooks were used for some training. This provided staff with the opportunity to reflect on the training completed and how this would influence their practice.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". Recent recruitment had been beneficial for the service. Individuals confirmed that they had been provided with an induction and opportunities to shadow more experienced staff when they started their post.

## How well is our care and support planned?

### 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of being supported by the service.

Individuals were supported using the "Individual Recovery Outcomes Counter" (I.ROC) assessment tool. This is a recovery focussed assessment tool. People should be involved in a regular review of their support outcomes and identifying meaningful goals to shape their support. We found inconsistent staff practice with the completion of this assessment tool. Once the initial assessment had been completed, some staff reviewed this at the midway and final point of service delivery, whilst others did not.

Personal plans help to direct staff about people's support needs and their choices and wishes. The service was working to fully implement a new electronic system. This had resulted in some plans being typed whilst others had been scanned into the system. We found mixed quality of personal plans with some being person-led and involved individuals supported. However, some individuals personal outcomes and goals had not been reviewed regularly. Additional mentoring and learning opportunities for staff would support the development of an improved approach to support planning. Quality assurance processes should be strengthened to monitor the accuracy and frequency of completed assessment tools. This would ensure that care and support was adjusted to meet the needs of people.

It is important for services to keep clear and accurate records of support delivered and how this impacted on individuals. We found that the quality of the content of these varied. When completed well these were used to evaluate individuals wishes and outcomes. However, we found at times that these were written in a task focussed way. Ongoing quality assurance and training would continue to develop this area with the staff team to ensure consistency of practice.

## 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?                                 | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support     | 5 - Very Good |
| How good is our leadership?                                                | 4 - Good      |
| 2.2 Quality assurance and improvement is led well                          | 4 - 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?                                  | 4 - Good      |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good      |



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