

# Angus Council Accommodation with Support Service (Mental Health) Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 October 2025

**Service provided by:**  
Angus Council

**Service provider number:**  
SP2003000043

**Service no:**  
CS2004076793

## About the service

This service provides a combined housing support service and care at home service for adults with mental health needs. Service users are provided with support, assistance, advice and personal care, which enables them to live as independently as possible in their own tenancies. At the time of the inspection, the service was being provided to 18 people, living in two supported housing units in Arbroath and Montrose. The service was also provided to three further people living in the local community.

The service aims to provide a comprehensive support package that enables, supports and encourages independent living.

## About the inspection

This was an unannounced inspection which took place on 7 and 8 October 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 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 people using the service, and three of their family representatives;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- Staff clearly understood the support needs of people, who were treated with respect.
- People using the service, their families and external professionals spoke highly of the service.
- People had good access to other peripatetic professional support.
- Care planning documentation was incomplete or inaccurate which increased risks for people.
- Quality assurance and audit processes needed to improve.

## 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?	4 - Good
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 considered one quality indicator under this key question. We evaluated quality indicator 1.3 - How well do we support people's wellbeing as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. The overall evaluation for this key question is therefore good.

People using the service, and their relatives spoke highly of the service and the staff who supported them. People told us; 'Its good here, I like all the staff', and 'I have nothing but positive comments to make about the staff, there is a definite feeling of continuity and stability as a result'. We observed patient and respectful interactions between staff and people using the service, and it was clear that staff knew people well and understood their support needs.

Support plans detailed people's support outcomes, and other peripatetic professionals involved in their care such as GPs, district nurses, and community mental health nurses. We observed in support records, that health professionals were regular visitors to the service, which ensured that people's health and wellbeing were monitored when required. Annual reviews were held for people which involved all professionals involved in people's support, and support plans evidenced that professionals regularly visited people, and spoke highly of the service in respect of supporting people to meet their outcomes.

Although annual reviews were taking place, six monthly reviews were not consistently being carried out as required of all services. Documentation to evidence and record these reviews were inconsistent. For example, in some support plans a review was described as a review of the care plan only, and did not involve people or their representatives, and in others, a 'key worker meeting' was used, which did involve people. This meant that staff were not clear about what constituted a formal review and overarching processes were not in place to ensure that these were carried out. **See requirement 1 in the section, 'How well is our care and support planned'.**

The service was improving opportunities for people to meet and engage in social activities. A programme of activities was on display, which provided on average two social meetings per month. This included, Sunday lunches, a recent boat trip and special occasions. These activities supported people to have opportunities to meet with others, and improve confidence when interacting with other people in their own community if they wished.

Medication systems were well organised and regular medication reviews were carried out involving other professionals during annual reviews. People were supported to administer their own medication where this was appropriate, which supported people to maintain their independence, and transition on from the service where this had been identified as part of their support outcomes.

Where people required assistance to manage their finances; these were managed safely using the service individual recording systems to ensure that people's finances were accounted for and safe.

The service office bases were clean and tidy and well organised. Cleaning schedules were in use, however, some of these had not been completed fully at the time of our inspection, for example, some schedules had not always been signed off at the end of the day to evidence that all cleaning duties had been completed. We reminded the manager to ensure that these were completed daily, to ensure that the environment was

clean in all areas to prevent the spread of infection. The manager agreed that this would be checked as part of daily handover duties.

### How good is our leadership?

4 - Good

We considered one quality indicator under this key question. We evaluated quality indicator 2.2- Quality assurance and improvement is well led as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. The overall evaluation for this key question is therefore good.

We heard from people, relatives, and staff that the manager was approachable and friendly and was always available for support when needed. We observed that staff and people accessed the manager throughout our inspection, who put time aside to respond at these times. This meant that people had confidence in the manager who was accessible to them when required.

Meetings were held to ensure that staff and people had opportunities to feedback about the service via staff and service user meetings. The manager and staff had recognised that some people found it difficult to participate in these meetings due to their mental health issues and encouraged participation by incorporating these meetings with social activities.

The manager had carried out a range of quality assurance processes and audits to monitor the performance of the service, some of which evidenced the areas of concern highlighted during our inspection. However, either progress had not been made, or dates for completion had not been clarified. This meant that we were not confident about the responsiveness of management structures to bring about improvements to the service. The manager was aware of these concerns and was working with the senior team to improve this area. A previous area for improvement has been reinstated.

**Please see section of report, 'Outstanding areas for improvement'.**

### How good is our staff team?

4 - Good

We considered one quality indicator under this key question. We evaluated quality indicator 3.3 Staffing arrangements are right as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. The overall evaluation for this key question is therefore good.

The service was not fully staffed at the time of our inspection; however, arrangements were in place to ensure that either seniors, the manager or the service's own bank of staff were available to cover any unplanned staff absences when needed. We also heard from people using the service that staff were consistent, and that there was enough time for staff to carry out support as detailed in people's support plans.

People were supported by a consistent staff team who knew them well. Staff worked well together to ensure people's support needs were met flexibly with people using the service. People told us, 'The staff here are great, and I get really good support', and, 'the support is not too much and not too little'.

Staff training was mostly provided through e-learning, however, face to face training had also been provided that was specific for staff working with people with mental health issues and ensured that staff were maintaining their knowledge and skills to keep people safe.

Not all staff were supported with regular supervision meetings and observations of their practice. Although staff were able to access informal support from seniors and the manager when they needed to, formal recorded supervision had not been carried out in accordance to the service's own policies. This meant that there was increased risk that essential checks on staff practice, training and support records were not always up to date. We have reinstated a previous area for improvement to support continued improvement in this area. See the section, '**What the service has done to meet any areas for improvement we made at or since the last inspection**'.

Staff were recruited following current guidance, and appropriate checks were carried out prior to staff employment to ensure that people were safe.

## How well is our care and support planned?

## 3 - Adequate

We considered one quality indicator under this key question. We evaluated quality indicator 5.1 - Assessment and care planning reflects people's needs and wishes as adequate where strengths only just outweighed weaknesses. The overall evaluation for this key question is therefore adequate.

People had good access to peripatetic professionals when required, which was evidenced within support plans and during annual review meetings. Professional staff that we spoke to told us; 'This has been a great service for the person we support, there is very good communication between us and the manager'. People were supported to attend routine health screening and professional guidance had been incorporated into people's support plans. This ensured that people benefitted from people working together to ensure that their care and support outcomes were met.

People had benefitted from annual multidisciplinary review meetings, and where changes or concerns had been identified, more frequent meetings involving other professionals had been carried out. However, routine six monthly reviews were not consistently held, or staff appeared to be confused about the requirement for these. This also meant that the views of people and their representatives were not routinely captured, and care plan information was not always current and up to date. (See requirement 1).

Some care plans that we sampled did not have up to date legal information such as guardianship, or medical treatment orders available. These documents ensure that people's rights are upheld when they are unable to make decisions for themselves and ensure that staff know who to consult with and involve when required. (See requirement 1).

Some risk assessments had not been reviewed for a number of years, and in some cases were no longer relevant. For example, in some assessments, challenging behaviour had been identified as a risk, however, this was no longer the case and was no longer relevant. It is important that support plans provide up to date information to guide staff and ensure that only current information is recorded. We discussed the importance of regular auditing and archiving of old and irrelevant information to ensure plans are current. (See requirement 1).

## Requirements

1. By 22 December 2025 the provider should ensure that key care and support processes are carried out to ensure that support plans are up to date and accurately reflect the support requirements of people.

This should include but is not limited to:

- a) That six monthly reviews are carried out as is required of all services which include the views of people and/or their representatives, which are clearly expressed and included in people's care and support plans and review documentation.
- b) Legal documentation such as Guardianship and Section 47 medical treatment orders are in place and current.
- c) Risk assessments are updated regularly, to ensure that these are current and accurately describe risks

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1)(a) Welfare of users and Regulation 5(2).

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2.12).

## 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

The provider should ensure that people receive a review of their care and support at six-monthly intervals as is required, and that there is a written record of reviews of care and support plans that reflect people's views and any actions agreed

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17)

**This area for improvement was made on 7 April 2023.**

#### Action taken since then

People had received multidisciplinary annual reviews of their care and support which involved other peripatetic professionals also providing key support and guidance. However, we found that six monthly reviews had not consistently been carried out as is required of all service providers, or that processes for these meetings were not clearly defined. For example, although some people's care plan documentation

had been updated, we found that some risk assessments were old and out of date and people had not been involved in these key processes.

In other cases we observed that documentation was available to suggest that a review had been carried out, however, this was not consistently found, or that people or their representatives were not always involved or described within these documents. This meant that we were not confident that staff were clear about the requirement for these meetings, which ensured that support plans were up to date and described the current support requirements of people.

This area for improvement is not met, and in addition other core processes had not been carried out as expected within some support plans. We have restated this area for improvement. See requirement 1 in section five, 'How well is our care and support planned'.

## Previous area for improvement 2

The provider should ensure that staff receive formal supervision at intervals agreed within the service own policies and procedures.

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

**This area for improvement was made on 7 April 2023.**

### Action taken since then

Staff told us that they felt supported, and could approach the manager or seniors for support when required. However, formal supervision of staff was not carried out in line with the service's own policies, and staff were unclear about the frequency of these meetings. These meetings ensure that staff have opportunities to receive support to carry out their roles effectively, discuss practice issues, and ensure that they are compliant with their professional codes of practice, and up to date with training requirements.

Due to some staffing shortages, the manager and seniors were also providing additional cover for support shifts, which had impacted on time available to carry out this support. We discussed the importance of ensuring that staff receive supervision at the intervals described in the service's own policies, and are clear about the frequency of these meetings.

This area for improvement is not met and is continued.

## Previous area for improvement 3

The provider should review and develop quality assurance processes to ensure that formal auditing and monitoring of all areas of the service evidence how the service has responded to, and actioned improvements when required.

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)

This area for improvement was made on 7 April 2023.

#### Action taken since then

The manager had carried out a range of audits, some of which evidenced the areas of concern highlighted during our inspection. However, either progress had not been made, or dates for completion had not been clarified. This meant that we were not confident about the responsiveness of management structures to bring about improvements to the service.

At the time of our inspection, the manager and seniors were also providing cover for shifts due to temporary shortages of staff which had impacted on time available to carry out these tasks. The manager was aware of these issues and was being supported by senior managers to improve this area.

This area for improvement is not met and is continued.

## 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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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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