

## Penumbra - Central Aberdeen Supported Living Service Housing Support Service

2b Papermill Gardens Aberdeen AB24 2PW

Telephone: 01224 481 001

Type of inspection:

Unannounced

Completed on:

4 November 2025

Service provided by:

Penumbra

Service provider number:

SP2003002595

**Service no:** CS2013320276



#### About the service

Penumbra - Central Aberdeen Supported Living Service provides a combined housing support and care at home service for adults experiencing mental health difficulties and/or homelessness. The service operates across three locations in Aberdeen: Constitution Street, South View Gardens and Papermill Gardens.

Each location offers individual tenancies, with staff available on-site 24 hours a day to provide practical and emotional support. Support is tailored to individual needs and includes help with daily living, wellbeing and recovery-focused planning. People are supported to manage their tenancy, maintain good mental health and work towards independence.

The service is part of Penumbra, a national mental health charity. At the time of inspection, 26 people were being supported across all three sites.

## About the inspection

This was an unannounced inspection which took place on 28, 29, 30 October and 3 November 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 14 people using the service
- spoke with 14 staff and management
- spoke with five visiting professionals
- had contact with 11 people using the service through the Care Inspectorate survey
- had contact with six staff members through the Care Inspectorate survey
- had contact with three visiting professionals through the Care Inspectorate survey
- · observed practice and daily life
- · reviewed documents.

#### Key messages

- People were supported by a high-quality staff team who worked together with compassion, consistency and professionalism.
- Leadership was visible and values-led, contributing to a culture of trust, safety and inclusion.
- People were treated with warmth and kindness, which helped them feel respected and at home in the service.
- Staff responded sensitively to distress and built trusting relationships, which helped people feel emotionally safe and understood.
- People were supported to lead meaningful lives, which helped people rediscover interests and experience a sense of purpose.
- Staff worked well together across services, providing consistent support from familiar faces, which helped people feel secure and valued.
- Communication amongst staff was strong, which meant people received timely, well-informed support that reflected their current needs.
- Personal plans reflected people's goals, strengths and changing needs, supporting recovery and independence.
- Staff support and development meetings were not consistently held for all staff, which could impact staff wellbeing and the quality of outcomes for people.

### 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 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 treated with kindness and warmth. One person shared, "I love it here. I feel like they listen to me" whilst another said, "Everyone is kind to me." This reflected the strong sense of emotional safety and connection people experienced across the service. Staff responded sensitively to people's needs, adapting their approach to promote wellbeing. For example, when someone expressed feeling lonely, staff offered companionship and options for engagement, demonstrating emotional awareness and responsiveness. Staff consistently spoke about people in empowering ways. One staff member told us, "They know what's best for them, we just guide them and help them along the way." As a result, people experienced care that upheld their dignity and supported their mental wellbeing in ways that felt respectful.

People were supported to lead meaningful lives. Weekly planners were co-created with people to include creative pursuits, community involvement and everyday tasks such as, shopping and cooking. Staff encouraged people to try new things, build confidence and reconnect with activities they had previously enjoyed. Several people who had been too anxious to attend events on their own were now doing things independently. For example, going shopping, meeting family or enjoying personal interests like gardening and bingo. One person told us, "I never used to go out, now I do things on my own sometimes. I even met my sister recently". Staff recognised that progress looked different for each person and used recovery-focused approaches to support people in taking small but meaningful steps. Due to this, people built confidence, rediscovered interests and experienced a sense of purpose and connection in ways that felt meaningful.

People received tailored, recovery-focused support. Support was adapted to each person's presentation, preferences and goals. Staff used structured tools to help people reflect on progress. People were supported through complex experiences including, anxiety, psychosis, suicidal ideation and substance misuse, with staff responding compassionately and consistently. For example, contingency plans were in place for someone experiencing distress, whilst communication methods were adapted to reduce anxiety for someone else. Staff involved external professionals such as, GPs, psychiatrists, nurses and social workers at key points to ensure the right help was provided. One person told us, "They helped me get through things I didn't think I could." This meant people experienced support that helped them move forward in their recovery in ways that felt right for them.

People were supported to access a wide range of healthcare services. Staff helped people attend appointments with GPs, dentists, podiatrists, opticians and hospital clinics. One person said, "I go to the podiatrist now. I never used to bother and I feel better for it". Staff supported people to understand their health needs and routines, with examples including improved diet monitoring, physiotherapy engagement and access to dental care. Staff also provided health education materials to promote awareness of topics such as, cancer screening, sexual health and hygiene. Consequently, people maintained and improved their health in ways that felt accessible and supportive.

People were supported with sensitivity during times of stress. Staff adapted their approach to suit each person's emotional state, using trauma-informed techniques to promote reassurance and safety. Personal plans included detailed safety strategies and escalation protocols tailored to individual needs. One person shared, "I go to my room, breathe, and wait for it to pass. The staff helped me learn that." Staff described their approach as gentle but consistent and were observed responding calmly and respectfully. People therefore experienced support that helped them feel safe, understood and secure during difficult moments.

Staff supported people with personal care in ways that promoted their wellbeing. Planning tools were used to encourage washing, dressing and maintaining personal hygiene. Where required, staff provided direct support with skincare and continence care in a dignified and person-centred manner. Staff also enabled people to attend regular appointments and maintain routines that promoted self-care. For example, one person, who had previously declined to visit the hairdresser, began attending appointments with staff encouragement and support. This contributed to a noticeable increase in their confidence and pride in their appearance. As a result, of this support, people experienced improved health and wellbeing and enhanced self-esteem.

People received safe and person-centred support with medication. Although staff did not administer medication directly, they provided prompts, monitored routines and ensured safe storage. Staff co-produced medication plans with people and, where appropriate, discussed these with relevant professionals, such as psychiatrists, to ensure safety and effectiveness. Plans included clear protocols that reflected individual needs and risks. Management monitored medication errors closely and used this data to inform staff training and continuous improvement. People were therefore supported to manage their medication safely and confidently, with systems in place that protected their health and promoted independence.

People were supported to make choices around food and mealtimes. Weekly planners included personalised food options, shopping trips and cooking activities. Staff encouraged people to be as independent as possible, with some now cooking for themselves or exploring new food preferences. One person said, "I've started making my own meals, I didn't think I could." This meant people experienced mealtimes that were enjoyable, inclusive and aligned with their individual routines.

Overall, people benefitted from a culture of compassionate, responsive and enabling support that upheld their rights, promoted independence and enhanced their quality of life, health and wellbeing.

## 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.

Staffing arrangements were responsive and well-managed. Managers reviewed staffing levels regularly using dependency tools. Relief staff came from Penumbra's own pool, which meant they were familiar with the service and known to people. Staff from each of the three services supported one another, including covering sleepovers. This helped maintain continuity and demonstrated strong teamwork across sites. As a result, people experienced consistent support from staff they knew and trusted.

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Staff were committed to supporting people. They spoke positively about their roles and described the team as supportive. Newer staff and students on placement described the service as inclusive and welcoming. One student said they were always made to feel part of the team, and another described the staff as, "genuinely caring." People told us that staff helped them through difficult times and made them feel safe. One person said staff had, "saved my life." These comments reflected the strength of relationships and the impact of compassionate support on people's wellbeing.

Communication was consistent and effective. Staff shared information reliably across shifts using both written and verbal handovers. They routinely checked digital records and followed up in person, which ensured they remained informed about people's changing needs. Staff communicated clearly with one another and worked collaboratively to maintain continuity. They discussed updates, clarified concerns and ensured that important details were passed on accurately. This meant people experienced support that was well-coordinated, responsive and aligned with their preferences and routines.

Team meetings and supervision supported staff learning and development. Most staff felt able to speak up and said they could approach managers at any time. Supervision records showed thoughtful responses to health concerns and some staff described the service as the most supportive place they had ever worked. Staff took the lead in developing gender-specific health leaflets, curating newsletters and leading activities, reflecting a culture of shared responsibility. As a result, people benefitted from a motivated and confident team who were actively involved in shaping the service. However, a few staff said supervision had not been as regular as expected. While this wasn't widespread, it remained important to monitor. Supervision should be consistent and meaningful to support staff wellbeing and improve outcomes for people. (See Area for Improvement 1)

Staff were trained and knowledgeable. They completed mandatory training in areas such as, safeguarding, trauma-informed care, suicide prevention and medication protocols. This training equipped staff to respond confidently and compassionately to a wide range of needs. One person told us, "The staff just seem to know what to do, even when I can't explain how I feel," reflecting how well staff applied their learning in practice. Staff were also encouraged to take initiative in service development, which contributed to a proactive and inclusive culture. People were therefore supported by staff who had the skills and confidence to meet their needs.

Leadership was visible and values-led. Managers and team leaders were hands-on and maintained oversight across premises. Staff described the culture as inclusive and respectful. People using the service knew who leaders were and felt they could go to them for support. One person said they felt reassured knowing leaders were, "always around and easy to talk to." This helped people feel safe and confident that their concerns would be listened to.

Overall, staffing arrangements supported continuity, safety and positive outcomes. Staff worked well together, adapted to change and prioritised wellbeing and person-centred care.

#### Areas for improvement

1. To support staff wellbeing and improve outcomes for people, the provider should ensure supervision is consistent across the service and supports reflection, development and progression.

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

#### 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.

Personal plans were in place for each person using the service. Staff helped shape support through person-centred planning and co-produced plans with people and, where appropriate, their representatives. Planning tools helped people to identify goals, reflect on progress and track recovery. Staff adapted these tools to suit individual needs, including simplified formats and verbal discussions. Plans included meaningful sections like, "About Me," "My Plan," and "My Safe Plan," which captured people's preferences, coping strategies and aspirations. People therefore experienced support that reflected their individuality and helped them take ownership of their recovery.

Planning was dynamic and responsive. Staff updated plans in real time to reflect changes in people's needs, including following deterioration in mental health, crises or improvements in independence. For example, one person's plan was revised to reflect their shift from needing full support to attending appointments independently. They told us, "We changed my plan when I started doing more on my own, it felt good to see that written down." This meant people experienced support that remained relevant and aligned with their recovery journey.

Staff supported people to plan in ways that were achievable. Personal plans included both emotional and practical preparations for the future, with staff helping people to break down goals into manageable steps. For example, one person prepared to move on from the service, with planning focused on strategies for independent living, reconnecting with community activities and building confidence. Staff used planning tools to explore what mattered most to each person and encouraged them to consider new opportunities while maintaining a sense of safety and control. One person shared, "They helped me believe I could do things again, even the small stuff like going for a walk." As a result, people felt hopeful and supported to take positive steps towards their future, with plans that reflected their aspirations and readiness.

People were actively involved in reviewing their plans. Staff held reviews regularly and used pre-review forms to support reflection and preparation. People were encouraged to lead their own reviews and staff ensured professional input was included. One person recently led their review independently and completed planning paperwork, demonstrating growing confidence and ownership. Consequently, people felt heard and able to influence the direction of their support.

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Staff managed risks proactively and sensitively. Risk planning was robust and embedded across documentation. Plans included personal safety strategies, escalation procedures and risk assessments. Staff reviewed and updated these regularly in response to incidents or changes in people's circumstances. For example, plans were revised following deterioration in mental health, emerging risks or improvements in independence. This meant people experienced support that was safe and tailored to their evolving needs, allowing them to take meaningful risks in a supported way.

Overall, staff developed plans that were person-centred, strengths-based and outcome-focused. They demonstrated a deep understanding of each person's circumstances and supported planning that was inclusive and recovery oriented. Due to this, people experienced support that respected their choices and helped them move forward in ways that felt meaningful.

# 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

To ensure that people are supported to understand the standards they should expect from their care and support and encouraged to be involved in evaluating the quality of the service they receive, the provider should ensure:

- a) People's views are sought and recorded as part of regular review processes.
- b) Feedback from people should be used to inform a service improvement plan.

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 assessing my emotional, psychological, social, and physical needs at an early stage, regularly, and when my needs change' (HSCS 1.12).

This area for improvement was made on 4 April 2023.

#### Action taken since then

The service had made clear and meaningful progress in involving people in evaluating their support. People's views were actively sought through structured reviews, with pre-review forms supporting individuals to reflect and express what mattered to them. Staff encouraged people to lead their own discussions and feedback was consistently recorded and used to inform planning. The use of digital tools further supported outcome-focused planning. Furthermore, people's views and opinions were sought and used to support service improvement. This meant people felt heard, empowered and more in control of their support.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved. This would include:

- a) Quality assurance systems in place support a culture of continuous improvement. There are processes in place to capture and evidence complaints, concerns, feedback, reviews of care, personal planning outcomes and monitoring of practice.
- b) The system effectively enables areas for improvement to be promptly and accurately identified.
- c) Where areas for improvement are identified, that an action plan is developed detailing timescales and the person responsible.
- d) A comprehensive improvement plan reflecting the outcomes of quality assurance processes is compiled and forwarded to the Care Inspectorate by 1 April 2023.

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 4.1).

This area for improvement was made on 4 April 2023.

#### Action taken since then

Quality assurance systems were improving outcomes for people. The service carried out regular audits, including medication and care planning audits, and used findings to update care plans and risk assessments. Complaints, incidents and feedback were consistently recorded and reviewed, with outcomes used to inform service development. Staff engaged in reflective practice, and action plans were developed with clear timescales and responsibilities. Improvement plans were also in place to drive continuous development and accountability. As a result, people experienced more consistent and responsive support, and staff were better equipped to meet people's needs.

This area for improvement has been met.

## 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 staff team?	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

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