

Key Community Supports - Glasgow West Support Service

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Type of inspection:
Unannounced

Completed on:
15 October 2025

Service provided by:
Key Housing Association Ltd

Service provider number:
SP2003000173

Service no:
CS2004079408

About the service

Key Community Supports – Glasgow West registered with the Care Inspectorate on 1 April 2011 to provide a care at home service and housing support to adults, young people and children with a disability living in their own homes and in the community.

The amount of support people received varied from an hour per week up to 24 hours a day for an individual service user. The overall aim of the service was 'to support individuals in the community and to maximise the opportunities for normal living within the local community.'

At the time of the inspection, this service was providing support to 176 people in the West of Glasgow, within a number of geographic locations. The number of people supported by the service had recently increased following a recent reconfiguration of services operated by the company.

About the inspection

Key Community services operate services across three locations in Glasgow (East, South and West). They share a senior management team, policies and procedures and aims and objectives. Due to their close operating links, we inspected each service in succession. Although a separate report has been produced for each service the content is similar.

This was an unannounced inspection carried out by four inspectors from the Care Inspectorate between 6 October and 15 October 2025. 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 carrying out this inspection, we:

- spoke with 24 people supported and seven of their friends and family
- spoke with 26 staff
- spoke with seven family friends
- spoke with six visiting professionals.

Key messages

- People were listened to, respected, and valued.
- The staff team were dedicated and committed to helping people achieve their outcomes.
- The range of meaningful activities available to people could be enhanced.
- Peoples' health benefitted from effective collaboration with external health professionals.
- People actively participated in evaluating and improving their 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?	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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences. We found that Key West were making a positive difference to peoples' lives and supporting people to achieve their chosen outcomes.

The service had experienced recent challenges with management and team leader reorganisation. This had impacted on oversight of some key areas of service delivery. However, the dedicated and committed staff team continued to deliver support professionally, and with compassion.

Staff were skilled at understanding and responding to peoples' individual communication needs. Staff recognised the detail of what was important to people and respected peoples' uniqueness. People benefited from positive and trusting relationships with a staff team who knew them well, for some people this was for many years. This meant that people felt included, listened to, and valued, and ensured that support was based on the needs and wishes of the person.

Staff were clearly committed to supporting agreed outcomes for people. People were seen to be relaxed and comfortable in their own homes. People we visited were proud of their homes and staff advocated for, and worked with people to ensure that their home environments were well maintained.

People were enabled to get the most out of life with opportunities to maintain or develop interests and activities that mattered to them. This included going on holidays, visiting local clubs, making jewellery, art, and events and spending time with loved ones. Peoples' achievements were recognised and accomplishments celebrated. For one person this was maintaining her independence, for another, this was making friends for the first time. This promoted peoples' wellbeing.

Families we spoke with were generally happy with the support their relatives received; however, some family members told us that their loved ones would benefit from more opportunities for meaningful activities. We discussed this with the management team during inspection and were assured that this would be looked into.

Comments from people and their families included:

"It's probably the best thing that's happened to my relative."

"I'm happy with the amount of support I get- I like doing my own thing."

"I know my team and like my staff."

"Reviews stopped last year and haven't resumed. I'm not involved in support planning."

The service had effective links with external health and social care professionals involved in peoples' care, including the learning disability team, psychiatry services and speech and language team (SALT). Professionals we spoke to consistently confirmed that the service provided good quality care, proactively and effectively seeking help and advice, advocating and collaborating to keep people safe and well. This promoted peoples' wellbeing and helped ensure people got the right care for them.

It was evident that all staff worked in partnership with others for the benefit of people who use the service. This ensured staff were prepared for the eventuality if a person became unwell or if their health deteriorated for any reason.

Comments from professionals included:

"The management team are quick to respond and provide information."

"The staff were always supportive and caring towards my client and family."

"They have been able to alter their support approach...to ensure that my client could remain in their own home."

"I would highly recommend the service."

We observed a team of dedicated and caring staff, who knew people well and demonstrated a collaborative approach, working in partnership with people, which promoted peoples' independence and choice. Staff were clearly committed to supporting agreed outcomes for people, and people were treated with compassion, dignity, and respect. Peoples' religious and cultural beliefs and choices were respected and valued.

Overall, people benefited from a service that was based on their needs and wishes. Staff were skilled at understanding and sensitively responding to peoples' communication needs, including the use of augmentative and alternative communication to support understanding, and the use of assistive technology to promote independence. Discussions and interactions we observed assured us that relationships were based on trust. This meant that people felt included, listened to, and valued.

There was an enabling culture, and staff clearly believed in peoples' potential. Promoting peoples' participation and inclusion was a strength. People were sensitively encouraged to increase their access to the community and supported to participate fully as citizens in their local community, in a way that was right for them. One person was involved in volunteering and campaigning, in particular, for increasing the provision of accessible toilets in the community.

Some personal planning and health risk assessment documentation we reviewed contained detailed descriptions of the level of support each person required. This included defined outcomes important to each person. Risks were sensitively and effectively managed to help people live fulfilled lives, safely.

However, some plans we reviewed were disorganised, contained outdated and conflicting information, and did not reflect the quality of support that was being provided. In particular some medication records were inaccurate or poorly completed and maintained. For some PRN medications, protocols were not in place or were unclear. This potentially posed the risk that people may not receive the right medication at the right time. We were assured, however, by the management team's response that this would be remedied, and we were confident that this had not impacted on peoples' experiences or outcomes, due to support being provided by consistent staff who knew people well.

We have commented further on this under Key Question 5.1 and made an area for improvement.

Overall, people and those close to them were involved in developing and reviewing their support, at a level they were comfortable with. This ensured people were supported according to their expressed wishes.

How good is our staff team?

5 - Very Good

We made an evaluation of very good for this key question. There were some major strengths in supporting positive outcomes for people, with very few areas for improvement.

A stable, dedicated and consistent staff team provided support. Staff were committed to helping people achieve their outcomes and get the most out of life. There was a good mix of skills and experience within team, and staff worked well together. Relationships had been built on trust, sometimes over a number of years. Staff knew people well, and were skilled at sensitively supporting people's needs, wishes and aspirations. Genuine and caring values were evident throughout the services we visited, and this translated into practice.

A comprehensive organisational and person specific induction programme for new staff, and training was provided for all staff in a range of practice areas.

Support was provided in a dynamic and flexible way to meet peoples' changing needs and wishes. The staff and management team were creative in the coordination of activities and supported each other to help people achieve their outcomes. It was evident that staff worked well together to ensure continuity of care and consistent support. People were confident in staff they knew well, which made people feel safe. People told us that they knew and liked their staff teams.

Comments from people and their loved ones included:

"Staff are friendly, respectful, and accommodating".

"Nothing seems to be a bother for staff, even when my relative wants to change plans or do something spontaneous".

An inclusive and collaborative culture had been developed, that offered people, relatives, and staff opportunities to express their views. Regular resident and team meetings and informal discussions provided forums for this. Effective and ongoing communication with people, and those important, to them ensured that people felt listened to and could be confident that they could shape their care. The service operated a key worker and core team system, providing continuity, consistency, and stability of support.

Staff spoke positively about support from the wider management team and their colleagues. Staff told us that the management team were approachable, and accessible, and able to support both with professional development and with personal issues. We were told of examples of positive support provided to staff to help them return to work after a period of sickness absence. Staff we spoke with told us that training provided helped them in their roles.

A comprehensive induction process for new staff included a period of shadowing experienced colleagues to facilitate relationship building. Staff training and development processes helped to ensure that people could be confident the staff team could meet their needs, and the staff team felt valued.

Staff demonstrated a shared value-base and commitment to people, through their approaches and interactions. Staff received regular formal and informal supervisions and practice support, which encouraged their reflection and professional development.

How well is our care and support planned?**4 - Good**

We made an evaluation of good for this key question, as there were several strengths, that when considered together clearly out way any areas for improvement.

People should expect their personal plan to reflect their current needs, wishes and choices. Some people using the service had worked with "The Advisory Group" (TAG), which was set up by Key to enable people with learning disabilities to have a stronger voice in the services they use and their local communities. This work had involved making peoples' support plans more meaningful and accessible for them. This work had involved some creative approaches to care planning and was a very good example of person-centred planning.

However, some plans that we looked at were disorganised and contained outdated important information about the person. We were assured, however, by the management team's response that this would be remedied, and we were confident that this did not impact on peoples' experiences or outcomes, due to support being provided by consistent staff who knew people well. We have made an area for improvement in relation to this.

Overall families and health professionals were involved as appropriate in the review process. This helped to ensure people were supported according to current needs and best practice and helped to keep them well.

Areas for improvement

1. To support people's health and wellbeing the provider should ensure:

(a) Staff maintain accurate records in relation to medication administration,

(b) protocols for as required medications are implemented to give clear direction to staff on when they should be administered.

This is to comply with Health and Social Care Standards (HSCS 1.24) Any treatment or intervention that I experience is safe and effective).

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 support people's health and wellbeing the provider should ensure people experiencing care have their medication administered safely. This should include but is not limited to, ensuring staff maintain accurate records in relation to medication administration, people experiencing care are supported to take their medication in line with their prescription, and regular quality assurances processes are in place to ensure management oversight of medication.

This area for improvement was made on 24 July 2025.

Action taken since then

Some medication and risk assessment documentation we reviewed contained detailed descriptions of the level of support each person required. However, some records were disorganised, contained outdated and conflicting information, and did not reflect the quality of support that was being provided. Other records were inaccurate, or poorly completed and maintained. For some PRN medications, protocols were not in place or were unclear. This potentially posed the risk that people may not receive the right medication at the right time. We were assured, however, and confident that this had not impacted on peoples' experiences or outcomes, due to support being provided by consistent staff who knew people well.

This area for improvement had not been met, and we have made a revised area for improvement in relation to care planning and supporting documentation under Key Question 5.1.

Previous area for improvement 2

To ensure people experiencing care are adequately supported with their care needs, the provider should, in consultation with people experiencing care and their representatives, have a written plan in place within 28 days of service commencement. Plans should be sufficiently detailed and reflect how people's health, welfare and safety needs are to be met.

This area for improvement was made on 24 July 2025.

Action taken since then

Documentation we reviewed assured us that people had their own written plan in place within 28 days of service commencement. Therefore, on balance this area for improvement had been met. However, some existing plans we reviewed were disorganised, contained outdated and conflicting information, and did not reflect the quality of support that was being provided.

In particular some medication records were inaccurate or poorly completed and maintained. For some PRN medications, protocols were not in place or were unclear. This potentially posed the risk that people may not receive the right medication at the right time. We have made a revised area for improvement under Key Question 5.1 in relation to care planning documentation and medication.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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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