

The Action Group - Groups and Granton Housing Support Service

The Action Group
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Type of inspection:
Announced (short notice)

Completed on:
9 December 2025

Service provided by:
The Action Group

Service provider number:
SP2003002593

Service no:
CS2004061828

About the service

The Action Group - Groups and Granton is a service that provides housing support and care at home to adults and children with learning disabilities and other support needs. Two staff teams deliver the support. Some people receive one-to-one support in their own home or local area. Others attend groups based in community centres around Edinburgh. The level and type of support provided is based on people's assessed needs and can include support to live at home, stay healthy, develop skills and be active in the local community.

At the time of the inspection 55 people were receiving support.

This was a virtual inspection which reviewed documents electronically, with feedback gathered from staff, professionals, families, and people experiencing care, by phone, MS teams and email.

About the inspection

This was a follow up inspection that took place between 3 and 8 December 2025. The inspection was carried out by one inspector from the Care Inspectorate. The inspection evaluated progress on two requirements for improvement that had been made in February 2025. These had not been met at an inspection in July 2025 and the provider had been given an extended timescale to demonstrate the improvements needed.

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 two people experiencing support by phone
- spoke with four of their relatives by phone and email
- spoke with four staff and management by phone, MS teams, and email
- reviewed documents electronically
- considered feedback from three visiting professionals.

Key messages

- The two outstanding requirements for improvement were met in full.
- Management oversight and quality assurance had improved.
- Supervision and observation of staff practice had increased.
- Personal support plans had been updated and contained accurate and person-centred information.
- People experiencing care, their representatives and involved professionals were generally involved in reviews, which had increased in frequency.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 1st July 2025, the provider must ensure that there are robust and consistent quality assurance systems in place to monitor all aspects of the service provided. To do this, the provider must, at a minimum, ensure that:

- Observations of staff practice take place regularly, with the outcomes recorded.
- All staff receive regular supervision in line with the provider's policy.
- Audits take place regularly with the actions clearly recorded.
- Quality assurance processes are used to identify any further staff training or support necessary to ensure service users' health, safety and wellbeing needs are met.

This is in order to comply with regulations 3 and 4(1)(a) 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 states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems.' (HSCS 4.19).

This requirement was made on 10 February 2025.

Action taken on previous requirement

The provider had made improvements to quality assurance processes to ensure these were consistently applied across the service. Observations of staff practice had increased. Staff had received more frequent

supervision. There were improvements in the quality of audits undertaken, and these were completed more frequently.

We spoke with the manager about clearer recording of actions taken as a result of findings from quality assurance processes, and will consider this at the next inspection.

There had been a change in manager and team structure. We were assured that additional staff in a leadership role meant that these improvements could be sustained. We will consider further progress at the next inspection.

Met - outwith timescales

Requirement 2

By 1st July 2025, the provider must ensure that people's personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks.

To achieve this the provider must, at a minimum, ensure that:

- a) Each person has an accurate and sufficiently detailed personal plan which reflects a person centred and outcome focused approach, directing staff on how to meet people's care and support needs.
- b) Personal plans must be reviewed at least every six months, or when there is a change in circumstances.
- c) The development and review of personal plans must take place in consultation with people and their friends/relatives/carers and involved professionals as appropriate.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (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).

This requirement was made on 10 February 2025.

Action taken on previous requirement

People's personal plans were accurate and person centred. There was generally a good amount of detail to direct staff in how to provide support. Most people's personal plans had been reviewed in the last six months. Where reviews were delayed, the reasons and action taken were recorded. Generally, people, their families and involved professionals were involved in the review process.

Met - outwith timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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