

Community Resource Team Housing Support Service

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Type of inspection:
Unannounced

Completed on:
28 November 2025

Service provided by:
Argyll and Bute Council

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CS2010271064

About the service

The Community Resource Team (CRT) provides a housing support and care at home service for a very small number of adults with learning disabilities, mental health problems and/or physical disabilities.

The Community Resource Team is co-located and integrated with the Lorne Resource Centre in Oban. Four people received support from the Community Resource Team at the time of this inspection.

The registered manager of the service was supported by a senior support worker, three key support workers and a team of support workers.

Community Resource Team staff also support people attending the Lorne Resource Centre.

About the inspection

This was an unannounced follow-up inspection, which took place on 27 and 28 November 2025. The inspection was carried out by one inspector from the Care Inspectorate. This inspection took place remotely with no on site visit.

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 five staff and management, one person using the service and one family member. We also reviewed a range of documents.

Key messages

We followed up one requirement and three areas for improvement, from previous inspections. The requirement and one area for improvement had been met.

Quality assurance processes were being used well to drive improvement in the service.

A new staff rota was in place, but further work was required to implement it effectively.

Risk assessments and incident reporting were used effectively to inform personal planning.

The service was in the process of developing its approach to 'personal outcomes', to support people to meet their goals and aspirations.

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

Requirements

Requirement 1

By 30 December 2024, the provider must ensure that quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the service.

To do this, the provider must at a minimum:

- (a) Ensure staff responsible for carrying out quality assurance activities have access to an up to date quality assurance policy and clear guidance.
- (b) Produce a quality assurance schedule and ensure this is followed.
- (c) Obtain regular feedback from people, relatives, and staff to inform improvements in the service.
- (d) Review and share the service improvement plan at regular intervals to demonstrate improvement.
- (e) Develop, with input from people, families and staff updated 'Aims and Objectives', which reflect the overall vision and direction of the service.
- (f) Schedule regular team meetings or development sessions to include staff in service improvement.

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

This requirement was made on 24 August 2024.

Action taken on previous requirement

The provider organisation has a quality assurance policy which is available to staff. The leadership team was responsible for overseeing quality audits and providing guidance to the senior support worker, who had responsibility for completing the majority of day to day audits.

The service used an 'information database', to support and guide completion of audits and tracking of data. Regular 'check-in' meetings between the registered manager, senior manager and senior support worker were taking place. These meetings had been adapted and enhanced, to ensure they covered the full range of audits taking place, including service reviews, risk assessments, training, supervision, and file audits. These meetings were robustly recorded and provided evidence of good governance and support being offered to the senior support worker.

We sampled survey responses to an annual feedback survey sent out by the service. This was based on the Care Inspectorate framework and asked people using the service and their families, to rate the service across a range of quality indicators. The leadership team had reviewed these surveys and used the information gathered to identify areas for development in the service. We were pleased to see that many people supported had completed the surveys in their own words, and shared their thoughts about what the service was doing well and where improvement was needed.

The service had an overall team / service improvement plan. This had a linked 'action plan' which used a 'red / amber / green' system to identify progress with improvement goals. The improvement plan was based on a range of information, including the feedback surveys, staff supervision feedback, team meetings and quality assurance audits. The service had also developed individual 'goal plans' for upcoming activities and events. This was very effective in ensuring clarity about roles, responsibilities and timescales for completing tasks.

The service was producing a quarterly newsletter which contained nicely presented information, about activities and events taking place in the service. The newsletter was colourful and accessible and contained photos of people enjoying participating in various activities. We asked the manager to consider how the service could use the newsletter to share more information about planned activities and improvements. This would help families to know what the service is working on, and would demonstrate that the service is continually developing and improving. We heard about a new social media site which was being developed, to help share up to date information with families and people using the service.

Regular team meetings were taking place and these had been robustly recorded. We saw that staff have opportunities to contribute to an agenda and to share their ideas during the team meetings. Actions had also been identified and allocated to staff to ensure progress.

The service did not have its own 'aims and objectives', but the overall learning disability service in Argyll and Bute has a clear set of objectives, which the service works towards. We asked the leadership team to consider how this could be used to support the staff and people using the service, to reflect on their purpose and how their input and hard work contributes to meeting the service aims. This can help to maintain staff morale and enthusiasm.

Met - outwith timescales

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 people benefit from service improvement, the provider should ensure staffing arrangements provide time for staff to engage in development tasks. This should include, but not be limited to, time for team meetings, training, planning of activities and events, and undertaking key working and 'champion' responsibilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people are encouraged to be innovative in the way they support and care for me'. (HSCS 4.25)

This area for improvement was made on 19 May 2025.

Action taken since then

A new six week rota had been introduced by the provider. This was designed to support staff and the service with forward planning and consistency. The new rota included time for training, development and planning of activities. The service had also introduced 'session plans' to support staff and people using the service, to plan and reflect on weekly activity sessions. Staff told us these were helpful.

We reviewed the new rota and took feedback from staff. While the purpose of the rota is positive and aimed at improving the service, further development was required to ensure it was meeting its intended aim. Staff feedback indicated that the rota did not always reflect daily tasks, due to frequent changes. Leaders assured us that the rota was in a 'testing' phase and that staff were being encouraged to provide feedback on the rota to allow it to be improved. We saw from team meeting minutes and supervision minutes that staff had been given opportunities to share their views. We asked the provider to continue to work with the staff team to develop the rota further to ensure it is effective.

This area for improvement is not met.

Previous area for improvement 2

To keep people safe, the provider should ensure that personal plans and risk assessments are regularly updated as people's needs and risks change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

This area for improvement was made on 19 May 2025.

Action taken since then

An accident and incident tracker was available in the service 'information database'. This had been kept up to date. We reviewed recent incident reports which had been completed well, with an appropriate amount of detail, including clear actions to be taken to reduce future risks.

All incident reports were reviewed by the registered manager and a 7 day follow up took place, in collaboration with the senior support worker and support team, where necessary. Appropriate regulator notifications had been made, when required.

Daily handover meetings were taking place alongside regular 'key support worker' meetings, which helped to ensure information was shared appropriately and personal plans updated as required.

This area for improvement is met.

Previous area for improvement 3

To promote positive outcomes for people, the provider should ensure that staff have the right knowledge and skills to meet their needs. Staff should have training and support to understand and implement a personal outcomes approach, so that people's outcomes and aspirations are reflected in their personal plans.

This is to ensure that 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)

This area for improvement was made on 19 May 2025.

Action taken since then

Feedback from people using the service, family members, and staff was positive about recent changes in how the service identifies and works towards meaningful outcomes for people. Staff had received updated information about what should be covered in people's personal plans to enable them to implement a personal outcomes approach. Staff feedback indicated that more time was required to complete related administrative tasks and to embed this practice. We saw from the training tracker that 'Person-Centred Planning' training is also planned for the coming months.

We encouraged leaders to continue to support the team to develop their understanding of personal outcomes, including the role the service can play in supporting people to meet their outcomes. Further training and time for reflection and goal-setting will enable staff to develop their skills in this area. We acknowledge that the service was already in the process of developing its approach to personal outcomes and look forward to seeing further progress with this at future inspections.

This area for improvement is not met.

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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