

# SAMH WayForward Service

## Housing Support Service

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Unannounced

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9 December 2025

**Service provided by:**  
Scottish Action For Mental Health

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## About the service

Scottish Action for Mental Health (SAMH) Way Forward service is a housing support/care at home service which aims to provide a service to individuals with severe and enduring mental health issues living in their own homes.

This aim was supported by the provision of accommodation across three areas of the city, two of which have staff bases located nearby. Staff support is available out of office hours through a Technology Enabled Care (TEC) service. This is currently being piloted/evaluated and replaced a sleepover arrangement.

The service offers support in areas of daily living, social inclusion and promoting independence. Support is tailored to individual needs and preferences. It is a transitional move on service which aims to encourage people to achieve outcomes that will enable them to take on and sustain their own tenancies.

At the time of inspection 24 people were accessing the service.

## About the inspection

This was an unannounced inspection which took place 08 and 09 December 2025. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service and one family member
- spoke with six staff and management
- observed practice and daily life
- reviewed documents including personal plans, team meeting minutes and quality assurance evidence.

Prior to the inspection we distributed questionnaires. We received feedback responses from 20 staff members, 16 people using the service and four professionals

## Key messages

People were supported by a committed and knowledgeable staff team.

Staff supported people respectfully, valued their individuality and promoted independence.

Staffing arrangements were flexible to meet people's needs.

Training and learning opportunities were being developed in line with peoples changing needs.

Personal plans and recovery and recording tools were being developed to reflect people's goals and progress.

## 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?	4 - 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, the strengths identified had a significant positive impact on people's experiences.

### Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

We observed warm, genuine and relaxed interactions between staff and people they supported. Staff were committed to delivering flexible person led support that could be adjusted to accommodate personal appointments and other commitments.

Staff knew people well. Detailed information shared about people during handovers meant that staff were kept aware of peoples changing general and mental health needs. This was not always reflected well within people's personal plans. The manager confirmed that a new personal planning system was to be implemented to progress development in this area.

Feedback from people using the service was largely positive and highlighted positive relationships which they benefitted from. Comments included: "they are all very good and help me mentally", "happy with the service, it's a safety net to get back into the community", "it's been very helpful for my development" and "I can call staff for support at any time".

Positive relationships offered families assurance about their loved one's care and support. One family member highlighted "I am very confident in the service. There is a big difference in XXXX, they have much better quality of life, and it offers us long term assurance for XXXX future".

People were supported to maintain their accommodation to a good standard in line with the service aims and objectives to help people develop independent living skills. Some people were assisted with daily living tasks, such as cooking and cleaning, which are of benefit to people's sense of independence and self-worth. People were involved in independent activities such as attending community social and recovery groups, as well as being supported by staff to attend appointments, shopping and more fun activities. The level of support was flexible according to people's needs and preferences and was routinely adjusted to offer additional support when people experienced dips in their mental health. This meant support was person led. A small number of people highlighted they would benefit from more regular communication from the service regarding which staff were attending to support them. The manager agreed to review people's preferences. (See area for improvement)

Some people were subject to conditions around their living and medication arrangements and engaged with other agencies including health, social work and psychiatry. Staff communication with other professionals was robust and ensured a multi-agency approach to helping people live well in the community.

Feedback from professionals was overall positive and comments included the "service is very proactive and responsive, excellent staff team and leadership. Compassionate and humanistic", "staff are proactive and have clear understanding of service user's needs" and "people are supported in a person-centred manner, and the support team communicate well with health care professionals". One professional highlighted that communication between professionals involved in one individual moving on from the service have been better. The manager agreed to review processes to support positive move on experiences all for people.

Appropriate assessment and reviews ensured people received the right level of support in managing their medication and finances. The manager agreed to review how this could be evidenced better within personal plans.

Some people had naturally begun to disengage from the service and the staff team worked with people to identify and develop alternative support and coping strategies. This reflected progress made and was a positive move towards greater self-management and independent living. People had worked alongside housing agencies to identify appropriate move on options. Some people were waiting on being allocated suitable accommodation. They would benefit from an agreed level of ongoing support outcomes and achievements could be better evidenced within personal plans. A new approach to person-centred planning was being developed across the organisation. The aim being for personal plans to be more accessible, be of greater meaning to people and reflect peoples progress or journey through the service.

### Areas for improvement

1. To ensure people get the most out of their support arrangements, a review of peoples preferred communication methods should be undertaken. This would ensure people were well prepared for scheduled support sessions.

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

"I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support" (HSCS 3:11).

### How good is our staff team?

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, the strengths identified had a significant positive impact on people's experiences.

#### Quality Indicator 3.3 Staffing arrangements are right and staff work well together

A new management team offered greater stability and consistency. Staff and people using the service commented positively that they were approachable and had established a visible presence. It was evident that morale was improving and staff had confidence in the manager.

Staffing levels were appropriate to meet people's needs. Staff demonstrated commitment and flexibility, working additional shifts or swapping where needed. This meant there was limited use of bank or agency workers which offered consistency and familiarity for people using in the service.

The manager agreed to review the process for sharing support schedules in advance. This will ensure people are aware of which staff would be supporting them in their homes.

People supported gave positive feedback about the staff team. Comments included "feel listened to by the

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staff and the support I get is 'great' and staff are all nice to me" and another person confirmed staff are respectful and listen to people.

People were recruited according to best practice recruitment guidance and confirmed a comprehensive induction programme had assisted in preparing them to deliver face to face support.

An ongoing mix of training opportunities including shadowing more experienced staff supported their developing practice. Specialist training was delivered to ensure staff were equipped to support people with complex and at times risk-taking behaviours according to best practice. This was prioritised when people were referred to the service to ensure staff were confident in delivering support to incoming individuals with increasing complexities. A quality assurance system ensured effective oversight of staff training. The organisation was developing a comprehensive training needs analysis to ensure the service was equipped to support people's current and future needs.

Staff had opportunities to share views and ideas through weekly team meetings and confirmed additional support was in place. This included ready access to the office setting, colleagues and senior staff for regular check ins as well as scheduled administration time. Staff wellbeing was promoted and discussed during formal one to one sessions with senior staff. These sessions gave staff the opportunity to discuss learning and development needs. This ensured staff felt valued and confident their needs were prioritised.

Detailed handovers took place. This ensured staff had ongoing opportunities to discuss risk and raise concerns about individuals or situations that required intervention or additional support. This allowed management to evaluate and adjust support to meet peoples changing needs. Staff input was valued and actioned appropriately. This meant staff felt listened to and had confidence in leaders.

### How well is our care and support planned?

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, the strengths identified had a significant positive impact on people's experiences.

#### Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans help to direct staff about people's support needs and their choices and wishes. "All About Me" documents were in place and provided a good level of detail to allow staff to get to know people and their past experiences.

The service did not always receive timely information about new people referred to the service. However, a flexible and responsive procedure had been developed to ensure staff could be best matched with individual's according to their skills and knowledge. Additional training was prioritised to upskill staff as appropriate.

The electronic support planning system (ACP) provided a framework to evaluate risk and support people to live safely and well. A comprehensive risk and vulnerability assessment was evident and in collaboration with the individual, safety and risk management plans were developed as appropriate. This included supporting people with addiction issues, vulnerability in their community or where people experienced periods of unstable mental health. Plans were regularly reviewed and offered assurance that identified areas of risk could be managed well. Reviews included mental health/psychiatric colleagues and families where appropriate. This ensured a holistic approach to managing potential risk and keeping people safe.

The electronic personal planning system included the organisation's generic recovery tool to support people to achieve personal outcomes, "My Plan, My Way".

People should be involved in regular progress reviews with allocated keyworkers to reviews achievements and to identify meaningful goals to shape their support and make personal progress. There was some evidence of individuals beginning to build up a "portfolio" of achieved goals such as attend a gardening group, join Common Wheel and get a bicycle. This gave them a sense of achievement. However, inconsistencies in how this tool was applied meant we could not be confident everyone was being supported according to best practice in a meaningful way.

Additional mentoring and learning opportunities to support staff to develop personal planning were being piloted.

The provider was developing their approach to personal planning and anticipated delivering a more therapeutic and meaningful process which placed people using the service at the centre. This will support a more consistent and person led approach to personal planning.

## 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
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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