

Renfrewshire Supported Living Initiative Housing Support Service

Studio 3016
Abbey Mill Business Centre
12 Seedhill Road
Paisley
PA1 1JS

Telephone: 01418 896 937

Type of inspection:
Unannounced

Completed on:
22 December 2025

Service provided by:
Quarriers

Service provider number:
SP2003000264

Service no:
CS2004070419

About the service

Renfrewshire Supported Living Initiative is registered to provide a combined housing support and care at home service to adults who have a physical disability, learning disability, or acquired brain injury. The provider of the service is Quarriers, which is a national organisation.

The office is in Paisley, where administration and senior staff are based with access to a training room.

At the time of the inspection, the service was supporting 25 people living in the Renfrewshire and East Renfrewshire area. The registered manager was supported by four team leaders and a team of support workers.

About the inspection

This was an unannounced inspection which took place on 16, 17, 18, 19 December 2025, between 09:30 and 18:45. 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 eight people using the service and three of their relatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- explored electronic questionnaires returned from three relatives, nine staff, and one health professional.

Key messages

- People experienced warm, trusting relationships with staff who knew them well, which meant changes in their health and wellbeing were identified quickly and acted on.
- Quality assurance and improvement were led very well, with clear structures, reflective self-assessment, and an action plan that drove meaningful progress across the service.
- Staff were trained, competent, and accountable, and observations of practice supported confidence in the quality of care people received.
- Staffing levels were aligned to people's assessed needs, ensuring support was provided at the right times to promote safety and wellbeing.
- Personal plans were easier to navigate following recent streamlining, and some contained strong strengths-based information that supported good outcomes, however, this was not consistent for all.
- People were developing daily living skills, but opportunities to build independence were not always consistent across the staff team.

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 leadership?	5 - Very 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 evaluated this key question as good, where several strengths had a positive outcome for people, and clearly outweighed areas for improvement. These strengths had a positive impact on people's health, wellbeing, and day to day experiences.

People benefited from stable staff teams who knew them well, and built trusting relationships over time. New staff were introduced sensitively, which helped people feel comfortable and supported. We saw warm, encouraging interactions that contributed to people feeling valued and at ease. This meant staff were well placed to notice changes in people's health or presentation, and respond quickly. A person supported told us "I have been supported by the service for a number of years, and have got on well with all of the staff supporting me, I really like the variety of staff, as each person brings something different to my support".

Relatives shared with us their appreciation at the difference the support made to their loved ones' lives. They described regular communication with the service, which helped them feel confident that staff understood people's needs, and acted on any concerns. A relative shared "staff have responded to the change of how support is needing to be provided due to current health concerns, and are doing all they can to provide the best support possible". Other professionals confirmed that staff shared relevant information and followed guidance, which supported collaborative care and positive outcomes.

The management team had taken steps to strengthen medication practice, including additional training and new measures to support safe recording. While some records were clear, inconsistencies made it difficult to track medication for others. Streamlining documentation should reduce the risk of errors, and make processes easier for staff to follow, to ensure medication administration is safe.
(See area for improvement 1)

People should get the most out of life, because the people and organisation who support and care for them have an enabling attitude and believe in their potential. Some people were being supported to develop their daily living skills, which was increasing their confidence and independence. To build on this, the service should explore people's baseline skills more consistently, and ensure that all staff take a shared approach to promoting independence in everyday activities. This will help people make progress at a pace that is meaningful to them.

If people's independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively. For some people, restrictions were in place to keep them safe. While these may have been necessary, it was not always clear that they were subject to regular, evidence-based review, or that staff fully understood their impact. It is important that people's rights are upheld, and any restrictions remain proportionate and meaningfully reviewed regularly.
(See area for improvement 2)

People were supported to engage in activities that mattered to them, strengthening their community connections, and enhancing their wellbeing. The management team were planning ahead, and exploring creative community-based opportunities, to ensure that people continued to experience a rich and varied programme of support.

Areas for improvement

1.

Systems and processes should be in place to ensure recording and administration of medication is safe and effective.

To do this the provider should at a minimum ensure:

- a. Medication recording for each person is accurate, up to date and clearly reflect the medication prescribed and administered, (including creams).
- b. There is clear and accurate tracking of medication stored for each person.
- c. Staff responsible for supporting people with medication clearly understand the process of, and importance of recording and administering medication.
- d. Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

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

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

2.

To uphold people's rights and ensure their safety, the provider should ensure that all restrictive measures are subject to regular, formal review. These reviews should meaningfully involve the person, their family, or advocate, and relevant professionals.

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

"I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice" (HSCS 2.6).

How good is our leadership?

5 - Very Good

We evaluated this key indicator as very good, as major strengths in quality assurance had a clear and positive impact on people's experiences.

There was a well-structured organisational approach to quality assurance, with clear expectations about what should be audited, how often, and by whom. Using auditors from across the organisation strengthened objectivity, and meant leaders had reliable information to guide improvement.

An extensive service action plan had been developed. This was regularly updated and clearly linked to audit findings. Completed actions were signed off, giving a transparent overview of the wide-ranging improvements achieved over the year. This supported a strong culture of continuous learning.

The development plan summarised improvement activity in an accessible way, using photographs and people's stories to highlight what mattered to them. This reinforced a person-centered approach, and made the plan meaningful for staff and people supported.

A reflective self-assessment had been completed, identifying what the service was doing well, and what would help it progress. Areas for development were added to the action plan so they could be monitored and addressed.

Monthly team leader checks identified several improvement actions, many of which had been addressed. Some actions, however, recurred across months. Exploring the reasons for this would strengthen the improvement cycle, and help ensure changes are sustained. Manager sign off provided oversight, the addition of a brief managerial comment could further enhance communication.

A wide range of organisational audits gave leaders a strong overview of practice. Improvement actions were identified and taken forward, though in some cases actions were signed off as complete prior to being implemented. To support sustained improvement it is important that the impact of actions are evaluated.

How good is our staff team?

4 - Good

We evaluated this key indicator as good, as important strengths supported positive outcomes for people, with some areas requiring further attention.

Peoples' needs should be met by the right number of people. The service used a detailed assessment, taking cognition of a range of meaningful measurements, including assessed need to plan staffing hours. This meant staffing levels were aligned to when people required support, not staff availability. Although staffing vacancies remained, support hours were generally covered, and any gaps were clearly recorded and managed.

Staff had access to a wide range of mandatory, role and condition specific training, with high uptake. Regular observations of practice and clear oversight of staff registration gave confidence in staff competence and accountability.

Most staff shared they felt they worked well together, though some underlying tensions affected how connected people felt to their colleagues. Experiences of management visibility and support were mixed.

While some staff felt well supported, others did not share this view. Staff also expressed a desire for more opportunities to come together as a team, although attendance at development days and meetings had been limited.

Exploring these issues further with staff would help strengthen team cohesion, and ensure that everyone feels part of a shared approach to people's care and support. This is important because strong team relationships directly influence the consistency and quality of people's day to day experiences.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as important strengths supported positive outcomes for people, with some areas needing greater consistency.

People's care plan should be right for them, because it sets out how their needs will be met, as well as their wishes and choices. Streamlining care plan folders had made information easier to access, minimising the risk of information being overlooked. Some plans contained strong strengths-based detail that clearly described what people could do, and how support should build on these abilities to enhance their quality of life.

However, the quality of plans varied. Several plans contained handwritten updates, but it was not always clear how changes were communicated to the wider staff team. For some people, recent changes in support were not reflected in their plans, and outdated covid related references raised questions about how current some information was. Inconsistent or unclear plans can lead to variations in support, and reduce people's confidence in their care.

The planned move to electronic care planning should help, but in the meantime all plans should remain accurate, up to date, and understood by all staff.

Baseline information about people's strengths and the support required to build on these was not always clear in care plans, and staff approaches varied. This meant opportunities to promote independence were sometimes missed, or delivered differently depending on who was providing support. This can lead to inconsistent practice, and frustration for people when support varies. Care plans should clearly outline people's baseline skills, and how support should be provided.

Where six monthly reviews had taken place, they involved meaningful discussions about outcomes, and included loved ones where appropriate. For some people, there was a clear link between review discussions, the care plan and daily notes, for others, this connection was less evident, and not all people supported had had a recent review. (See area for improvement 1)

Areas for improvement

1.

The provider should improve the quality and consistency of care planning, to ensure that people receive the right support at the right time.

Care plans should be strengths-based, clearly capture each person's baseline skills, and contain accurate, current information, and risk assessments that direct day-to-day practice.

Support should be reviewed regularly, with meaningful involvement from the person, and, where appropriate, their relatives or advocate, to ensure that they remain relevant, outcome focused, and safe.

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)

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

The provider should ensure that the service is exploring opportunities to increase people's independence, and develop their daily living skills.

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

"I am empowered and enabled to be as independent and as in control of my life as I want and can be." (HSCS 2.2)

This area for improvement was made on 14 August 2024.

Action taken since then

There had been steps taken to support people to develop their daily living skills, we saw examples where this was having a positive impact.

Staff knew people well, and recognised opportunities to build confidence in everyday tasks, such as cooking, which was now being built into some peoples' support time. People shared that they enjoyed getting involved in these activities, and building their skills.

However, baseline information about people's strengths and the support required to build on these was not always clear in care plans, and staff approaches varied.

This area for improvement is met, with further information detailed in "How well is our care and support planned".

Previous area for improvement 2

Systems and processes should be in place to ensure that administration of medication is safe and effective. To do this the provider should at a minimum ensure:

- a. Medication recording for each person is accurate, up to date, and clearly reflect the medication prescribed, and administered (including creams).
- b. There is clear and accurate tracking of medication stored for each person.
- c. Staff responsible for supporting people with medication clearly understand the process of, and importance of recording and administering medication.
- d. Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice, in line with current organisational policy and good practice guidance.

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

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

This area for improvement was made on 14 August 2024.

Action taken since then

The management team had taken steps to strengthen medication recording and administration practice. Additional training was being provided to develop staff knowledge, alongside measures intended to improve the safe recording and administration of medication.

There were some examples of clear and accurate recording; however, this was not consistent across the service. For several people, medication records were difficult to track, and recording practices varied across the service. This meant it was not always possible to see at a glance what had been prescribed, administered, or remained in stock. We were confident however, that people were receiving their medication as prescribed, and the inconsistencies were in relation to recording.

The management team had identified these inconsistencies through their own checks, but the issues continued to recur, indicating that current systems and audits were not yet fully effective in securing

sustained improvement. Staff understanding of the importance of accurate recording also varied, and further work is needed to ensure that everyone follows the same safe processes.

This area for improvement has not been met and will be re-instated.

Previous area for improvement 3

To ensure the safety of people, the provider should improve their overview of staff registrations with their regulatory body, Scottish Social Services Council, ensuring all staff are registered appropriately. Appropriate actions should be taken, and notifications made timeously, when issues are identified.

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

"I am confident that the people who support and care for me have been appropriately and suitably recruited." (HSCS 4.24)

This area for improvement was made on 14 August 2024.

Action taken since then

All staff were registered with their regulatory body, Scottish Social Service Council (SSSC). The manager had a robust system in place for regularly monitoring and prompting staff where required.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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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