East Neuk Recovery Group Initiative/ENeRGI (SCIO)
Housing Support Service

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Type of inspection:
Unannounced

Completed on:
12 December 2025

Service provided by:
East Neuk Recovery Group Initiative (ENeRGI) (SCIO)

Service provider number:
SP2023000212

Service no:
CS2023000329

About the service

ENeRGI provides support and information for people who have experienced, or are experiencing, mental health and/or substance use issues as well as their carers. By providing a Drop-In Centre, Outreach support, Befriending and a Housing Support Service. The service is based in St Monans and operates in the East Neuk of Fife and Levenmouth.

The service is a registered Scottish Charitable Incorporated Organisation (SCIO). The Care Inspectorate are responsible for regulating the housing support aspect of this service. Other
aspects of the service are not required to be registered and therefore are not included in the findings of this inspection.

About the inspection

This was an unannounced inspection which took place between 04 and 10 December. 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

- spoke with four staff and management

- observed practice

- reviewed documents

- spoke with professionals

Key messages

- Staff were kind, compassionate and knew people well.

- People had experienced improved health and wellbeing as a result of the support they received.

- Leaders were described as approachable, available and supportive.

- Further progress was needed to make sure leaders had the right assurance and governance systems in place to support and embed ongoing improvements.

- Further work was needed to ensure risks were recognised and consistently planned for

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?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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 there were a number of strengths which clearly outweighed areas for improvement.

People we spoke with all gave positive feedback about the service, including the ways it had enriched their lives. Comments included "I can rely on them" and "nothing is too much trouble." People shared examples of how support had improved their quality of life and sense of self-worth, with one person commenting "I am made to feel important." People felt support from staff significantly benefited them in all areas of their life.

ENeRGI aims to be accessible at the point of need, and we found evidence of a support service which was flexible and responsive. People knew who was coming to visit them and when. Where people's plans changed the service did well to accommodate a visit at a different time, including at short notice. People told us about the benefits of being able to reach the service via telephone during the opening hours of their drop-in service. People felt reassured being able to contact trusted staff for support at a time that was right for them.

We found examples of people being supported to attend vital medical appointments, fill in forms and manage their physical health. People told us they had been supported to maximise their income and manage budgets. People gave us examples where support from staff had enabled them to access other services which had further improved their quality of life.

We observed staff in practice who had clearly developed positive, trusting relationships with the people they supported. People were encouraged to undertake tasks with support and build upon their existing strengths. Encouragement was provided whilst balancing people's right to choice. Staff were observed to be respectful but proportionately firm when necessary. Conversations took place with people about relationships and social skills. People were supported to think through the implications of potential actions and make informed decisions. People told us 'She gives me honest advice, I like that.' People had confidence in the staff who provided their support.

Feedback from external professionals was positive. It was evident external staff thought highly of ENeRGI as a service. They told us staff were 'caring and knowledgeable.' They told us communication was a real strength within the service. They described working in collaboration with staff who were open and honest. Professionals were of the view the service successfully supported people with very challenging circumstances. Feedback included staff supporting 'positive risk taking' and having a 'highly person-centred approach.' People could be assured links with external professionals were strong and staff worked well together to achieve best outcomes for people.

Whilst outcomes for people were positive we were left concerned about how the service supported people and staff to manage risk. Where people were subject to known risks, plans should be developed to support the management of these and reduce the risk of future harm. We made an requirement at a previous inspection which has not been met. See 'outstanding requirements' section of this report.

How good is our leadership? 3 - Adequate

We evaluated this key question as 'adequate' where there were some strengths which just outweighed weaknesses.

People should expect quality assurance and improvement to be well led. Supported people had confidence in the manager. People we spoke with said the manager was readily available to discuss any concerns and visited them periodically to review their support. The manager and senior staff were able to verbally demonstrate an oversight of the care and support needs of people using the service. This supported individualised care and support.

Staff told us the manager was visible and approachable. Staff benefited from regular opportunities to speak with the manager, seeking guidance or reflecting upon practice. Staff told us they felt well supported by a manger who listened to them.

We found clear records of accidents and incidents. Records included an appropriate level of detail about any concern, actions undertaken by the service and who information was shared with. Where complaints had been received these were appropriately investigated by the manager. We suggested the service make written records more robust by including consistent detail of whom they reported concerns to. This supports clear, accountable record keeping. We made an area for improvement (see area for improvement 1).

The nature of the support work carried out by staff meant there was a high proportion of lone working. The manager ensured that staff received supervision every three months, providing them with an opportunity to reflect on their practice. Oversight of essential staff training was clear. The manager also undertook reviews with people, alongside their assigned worker. This allowed the manager to observe staff in practice and gather direct feedback from people. Whilst we recognise this was an opportunity to observe staff practice, there was a lack of evidence about how this was used to support improvement. The manager should develop systems to record where observations of staff practice have taken place and where any identified learning needs are addressed.

We sampled records associated with the recruitment of staff. Some records associated with safer recruitment were clearly available in staff files, including identity checks. However, it was unclear from documentation when other records had been received or verified. References had been sought however recording of these was unclear. We were concerned there was a lack of governance and oversight which placed people at greater risk of harm. The manager took action during this inspection to develop documentation to support oversight of safer recruitment checks. We will further assess use of this in practice at our next inspection. As a result, we made an area for improvement (see area for improvement 2).

The service had a range of audits in place to support oversight of key aspects of service delivery. There were clear systems to support oversight of staff training, supervision, and reviews. However other key areas of delivery would benefit from improved systems to support oversight. This included quality assurance of daily notes and support plans. The service continued to develop quality assurance systems to improve consistency and support oversight. Whilst we recognised the improvements made since the last inspection, development was still necessary to support oversight and reduce the risk of falling standards. There is an outstanding area of improvement which addresses this, see 'Outstanding areas for improvement' section of this report.

Areas for improvement

1. In order to support a culture of accountable and defensible decision making the manager should ensure records kept consistently include key details and documentation is legible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: I benefit from a culture of continuous improvement, with the organisation having robust and

transparent quality assurance processes (HSCS 4.19) and I use a service and organisation that are well led and managed (HSCS 4.23).

2. In order to support safe recruitment of staff the service should ensure that people are recruited in line with best practice guidance. The service should maintain records in order to evidence necessary checks have been undertaken in line with expected timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: ' I am confident that people who support and care for me have been appropriately and safely recruited (HSCS 4.24).

How good is our staff team? 4 - Good

We evaluated this key question as 'good' where strengths clearly outweighed weaknesses.

We spoke with people who all told us they got on well with all the staff who supported them. People were able to share examples where staff had supported them to meet an outcome. We observed staff working with people in a way that demonstrated kind and compassionate support.

People told us they experienced support from a consistent staff team. Most people told us they received support from one individual member of staff with the exception of holiday cover. People told us they were happy with this, and it allowed them to build positive relationships. The service did well at responding to the changing needs of the people they supported and accommodating visits to meet these needs. Managers told us of considerations they made during initial assessments to match people up with staff whom they were more likely to have a good relationship with. The manager discussed reassessing this in various circumstances where this was deemed to be of benefit. People could be reassured the service was committed to providing support that was right for them.

We spoke with staff who all felt part of a good team. We observed staff discussing the needs of supported people. Staff demonstrated a good knowledge of the people they supported and used language which demonstrated positive values in line with the Health and Social Care Standards. As a result, people could feel confident they were being supported by a respectful staff team.

Team meetings were taking place fortnightly. Staff attendance at meetings was consistently good. We found evidence of staff contributing to team meetings and sharing information. Team meetings were being used to communicate updates across the service. People could be encouraged staff saw the benefit of team meetings and attendance was prioritised.

We sampled staff files, including records of training. All staff working at the service were registered with the Scottish Social Services Council (SSSC). As a result, staff were accountable and required to keep up to date with training relevant to their role. Records indicated staff regularly accessed training online and in person. Staff were also supported to participate in group reflection and discussion around practice. People could be reassured they were supported by well trained staff.

The service had developed contingency plans in the event of short notice absence. These included the use of a bank member of staff and/or agency staff. However contingency planning did not account for staff leaving the service in a planned way. People were apprehensive about upcoming staff changes and were unsure about the impact of this on their support. The service did not have a clear plan in place demonstrating how

they planned to support people with a period of transition. We heard examples of this having an impact of people's emotional wellbeing. As a result, we made an area for improvement (see area for improvement 1).

Areas for improvement

1. In order to support people's health and wellbeing during staff changes, the manager should ensure that the individuals they support experience a transition period that meets their needs and wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I experience stability in my care and support from people who know my needs, choices and wishes even I there is changes in the service organisation' (HSCS 4.15) and If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity (HSCS 4.17).

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had developed support plans following our last inspection. These now included personal goals and how the service could support people to achieve these. However, information included in these was basic and we found little evidence of progress towards these goals being assessed. Additionally, information included was not linked to best practice guidance or any recognised tool to support recovery and/or re enablement. Daily notes and feedback from people showed they were achieving significant outcomes, but these were not always reflected in their action plans, meaning important progress had not been captured. We shared best practice guidance with the service around support planning and asked them to consider how they implement this into future practice. As a result, we made an area for improvement (see area for improvement 1).

Risk management plans had not been consistently reviewed, and they did not reflect known risks. We recognised that risks were reduced because people had consistency in the staff supporting them. However, each person should have an up-to-date, risk management plan which clearly identifies potential risks and how these are being managed. To ensure people consistently experience safe and positive outcomes that reflect their preferences and wishes, it is important that support records are improved as a priority. There is an outstanding requirement which addresses the need for improvement (see outstanding requirements section of this report).

Areas for improvement

1. In order to support health and wellbeing of people the provider should ensure that where goals are identified, plans clearly set out how people will be supported to meet these. Progress towards meeting goals should be assessed at regular intervals and adapted as appropriate.

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

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

Requirements

Requirement 1

By 22 April 2025 to ensure people experience person-centred support which works to promote their safety the provider must ensure potential risks to the individual are identified. Where potential risks are identified the provider must at a minimum ensure the person has:

a) a clear, risk management plan which has been co-produced with this person, which sets out risk mitigations

b) agreed risk management plans which include clear guidance on concern escalation including non-contact protocols

c) regular opportunity to review risk management plans

This is in order to comply with Regulation 3 (Principles) and 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18). This requirement was made on 28 January 2025.

This requirement was made on 28 January 2025.

Action taken on previous requirement

The service had made some progress towards meeting this requirement. People had risk management plans in place which had been co-produced. However these were not consistently reflective of known, and in some circumstances significant risks.

People had non-contact protocols in place. However the quality of these was inconsistent. Some protocols contained very little information and were not sufficient to guide staff practice in the event of no contact.

The service highlighted some difficulties in discussing aspects of risk with people. However staff demonstrated a good knowledge of the people they supported during verbal discission. The service should review the quality of information included in these records and consider how information included guides safe and consistent practice. We shared best practice guidance with the service and directed them to additional resources.

As a result this requirement is not met. We have extended the timescale until 06 March 2026.

Not met

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 that the health, safety and well-being needs of service users are met and they experience positive outcomes, the provider should ensure that there are robust quality assurance systems in place.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19). This area for improvement was made on 28 January 2025.

This area for improvement was made on 28 January 2025.

Action taken since then

The manager had developed quality assurance systems since our last inspection. Systems to support oversight of staff training and supervision were clear. Case notes were now being reviewed by the manager of senior member of staff. However the frequency of this was inconsistent. There were gaps in oversight of recruitment and support planning.

We asked the manager to identify further gaps in oversight and develop clear systems backed by legible documentation to support oversight. Without clear systems, expectations around audits and legible documentation the service is at risk of falling standards. We were reassured the manager was committed to improving standards across the service and had made immediate changes during our inspection to support oversight.

As a result this area for improvement was is not met.

Previous area for improvement 2

To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that information about people's views, choices and experiences are gathered on a regular basis and used to inform improvement planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19). This area for improvement was made on 28 January 2025

This area for improvement was made on 28 January 2025.

Action taken since then

We heard about various opportunities for people to give feedback about the service. People were encouraged to attend the annual general meeting. People were involved in reviews and asked for their

feedback on a one to one basis. Most people told us they felt able to give feedback about their experiences. However we found limited evidence about feedback from people informed future planning. People should expect the service to clearly gather and evaluate feedback and use this to inform their improvement plan. Whilst people were able to give feedback the service should work towards demonstrating how this is used to improve future service delivery.

This area for improvement is not met.

Previous area for improvement 3

To support good outcomes for people the provider should ensure staff access training appropriate to their role and their learning needs. They should then be able to evidence how they apply this learning to practice, promoting better experiences for those receiving care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 28 January 2025.

This area for improvement was made on 28 January 2025.

Action taken since then

The manager had developed systems to support oversight of staff training. This allowed assurance that staff were up to date with mandatory training. We heard about staff undertaking additional training associated with their role. This included training specific to people they were working with. Staff were encouraged to upskill and access training course via reputable sources. Staff were also supported to reflect on practice in group settings. Staff told us they found these opportunities invaluable. Staff demonstrated a good knowledge of the people they were working with. External professionals told us staff were knowledgeable and worked in a person centered way. External professionals commented on the 'non-judgmental attitudes' of staff and the valuable input they had during multi-disciplinary conversations. The manager should ensure staff continue to have access to relevant training courses and are updated on best practice as this develops across the sector.

As a result this area for improvement was 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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