

Community Reablement and Support Team - West Housing Support Service

North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ

Telephone: 01563 578 591

Type of inspection:
Announced (short notice)

Completed on:
17 December 2025

Service provided by:
East Ayrshire Council

Service provider number:
SP2003000142

Service no:
CS2015337883

About the service

Community Reablement and Support Team (CREST) West is registered to provide a combined housing support and care at home service to adults with learning disabilities, physical disabilities, mental health conditions and other additional needs in East Ayrshire.

The CREST West team is based in the North West Area Centre in Kilmarnock, operating during office hours and is co-located with integrated health and social work teams such as the Community Learning Disabilities Team.

Three staff teams provided support tailored to individual needs in people's own homes and in the wider community. Packages of support varied from a few hours per week to 24-hours per day. There were 45 people using the service during this inspection.

About the inspection

This was a short-notice inspection that took place on 9, 10, 16 and 17 December 2025. 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 four people using the service and two of their family members, and received 20 completed questionnaires
- spoke with five staff and management and received 15 completed questionnaires
- observed practice and daily life
- reviewed documents
- spoke with one associated professional and received two completed questionnaires.

Key messages

- People experiencing care benefitted from personalised, responsive support, strengthened by good continuity and a strong emphasis on collaboration and involvement.
- The management and staff team worked well together with good planning and communication systems supporting the delivery of a reliable and flexible service.
- Managers and staff had built trusting, productive relationships with those they supported and were highly motivated, focusing on achieving positive outcomes and maximising each individual's potential.
- People's health and wellbeing were enhanced by a staff team who knew them well and proactively facilitated access to appropriate health professionals, enabling people to remain at home and as independent as possible.
- Performance improvements are needed to establish and maintain robust oversight of quality assurance processes and the delivery of targeted training for staff on mental health and learning disabilities.

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?	5 - Very 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 identified major strengths regarding people's health and wellbeing benefitting from the care and support they received. This key question was evaluated as very good.

People experiencing care benefitted from reliable, personalised, and consistent support delivered by a skilled and motivated staff team. Feedback highlighted that staff were caring, kind, and compassionate, promoting dignity and respect. Strong, trusting relationships had developed, enabling people to feel listened to and valued. Comments included:

'I'm happy with the care and the carers I get.'

'I'm happy and fine.'

'They're great at making sure I go to appointments.'

'I am very happy with the service, and feel I am listened too and supported.'

'We had other services in but nothing really worked until CREST took over. (Relative) has responded so well to the staff and they make such a difference for me as well as him. They are reliable and arrive on time. (Relative) doesn't like change so the fact they make sure he gets the same carers is so good for him and they know him so well.'

The well-established culture of openness and partnership between people supported, their families, and staff fostered an ethos of trust and respect. Staff knew the people they supported well and provided responsive, respectful care. We observed warm, familiar interactions and appropriate use of humour, creating a positive atmosphere.

People's care and support needs had been assessed by skilled and knowledgeable staff with a strong focus on reablement. The personal plans we reviewed contained risk assessments and detailed care plans, clearly setting out the support to be provided. It was positive to see abilities and achievements being recorded as this underpinned a strengths-based approach where staff promoted choice and independence while managing risks effectively. We saw that staff acted promptly when needs changed, escalating concerns and liaising with the relevant health professionals and social workers. This proactive approach supported people's health and wellbeing effectively.

Professionals spoke highly of the service, noting strong collaboration and holistic care. Comments included:

'The leaders of the service always make themselves available and communicate regularly. They are flexible with their rotas and attend any relevant meetings.'

'The quality of each worker's work is very high - they all go above and beyond and show compassion in working with people.'

'As a social worker I would commission this service even more than I do if they had more hours available as a service, i.e. if the council would expand the service by providing more staff and allowing them to work into the evenings it would be of great benefit.'

'Good information sharing and communication as well as joint working. They do care which is fundamentally the most important thing.'

We saw ambitious examples of staff supporting individuals to achieve their potential through collaborative care planning and shared goal setting. This had included promoting healthy lifestyles, building confidence and going on holiday. Opportunities to remain connected to the local community had also been promoted, reducing isolation and supporting hobbies and interests. People told us this improved their social lives and helped them maintain friendships.

Although outcomes for people experiencing care were very good with risk assessments and care plans continuing to reflect their needs and reviews being undertaken responsively where individual needs had changed, six-monthly reviews had fallen behind. The management team were aware of this and the importance of reviewing support plans to measure how well the planned support has helped individuals to meet their personal goals (see area for improvement 1).

Training in adult support and protection had been completed, and staff demonstrated a strong awareness of their responsibilities in recognising and reporting concerns, helping to safeguard people from harm.

Medication management protocols ensured people received the right medicines at the right time with the right level of support. This promoted safety and wellbeing whilst maintaining independence where possible.

Infection prevention and control measures had become well established, and staff refreshed their training annually. Staff demonstrated good awareness and practice, reducing the risk of infection for people experiencing care. Practice observations had been undertaken to inform and support good practice with PPE readily available to staff.

Going forward, self-evaluation against the Health and Social Care Standards (HSCS) and the quality framework should continue in partnership with people supported, families and staff. The outcomes should continue to inform the service development plan to reflect strengths and achieve the improvements identified.

Areas for improvement

1. To ensure that planned support enables people experiencing care to achieve their personal goals, formal reviews of care and support plans should be carried out at least once every six months.

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).

How good is our staff team?

5 - Very Good

We identified major strengths that impacted positively on the outcomes of people experiencing care and their families. We evaluated this key question as very good.

People receiving support and their families expressed confidence in the management and staff team. They

reported knowing staff well and described positive, trusting relationships. Staff presented as professional, approachable and motivated to deliver positive outcomes and experiences for those they supported. Staff were said to go 'above and beyond' expectations. Comments about staff included:

'Staff are so kind.'

'My staff are beautiful.'

'I can't say a word against the carers and it's nice to have the same ones for (relative's) sake. (Staff) is marvellous with him.'

'They've been great with (relative) - the staff have such a lovely way with him and he responds to them so well. We have complete confidence in the staff that work with him and that he is safe and well supported by them all - couldn't have hoped for more.'

Staff reported having enough time to deliver full support most of the time. We found people being supported benefitted from having packages of support that enabled staff to take the time to promote independence and meet social needs. On the occasions where staffing resources led to changes being made, this had been managed to minimise the impact on people's safety and wellbeing with staff supporting each other.

It was positive to see examples where the service had been flexible to providing support at different times to suit the needs and plans of people being supported. This flexibility had been appreciated.

The management team understood the importance of consistency in staffing and people supported appreciated being familiar with staff. We received positive feedback about the service being reliable and providing good continuity. Staff responsible for devising rotas worked hard to achieve and maintain this. While there had been occasional changes, the management team tried to minimise any impact on rotas, promoting stability.

Staff feedback was mostly positive, with some noting staffing challenges that were discussed during the inspection. Staff told us that they enjoyed working in the service and confirmed they had the training and resources required to meet people's needs. Communication and information-sharing processes were described as effective. We saw that staff valued their work and they reported having positive relationships with colleagues and the management team.

Staff benefitted from practice observations that provided learning opportunities, highlighting good practice and areas for improvement. This had been linked in to supervision meetings which staff found useful for discussing ongoing training and development.

Recruitment had been carried out safely, protecting people using the service. It was encouraging to see a values-based approach applied when assessing applicants, with induction processes reinforcing these values.

Although staff were positive about training overall, the need for more in-depth training on mental health and learning disability was expressed by several staff. We continued an area for improvement from the last inspection to ensure that staff are provided with the learning they need to meet the specific needs of people being supported. The additional training needed in relation to mental health and learning disabilities should be explored with the staff team and training and learning opportunities provided.

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 establish an additional layer of monitoring and robust oversight of overall service performance to provide assurance that professional standards consistently meet the relevant statutory requirements and regulatory expectations; take account of the HSCS, and to support the management team to continue to improve and develop the service.

This is 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 31 October 2023.

Action taken since then

A range of internal quality assurance checks had been undertaken. The management team demonstrated a good awareness of where the service could improve as well as a commitment to ongoing service development. A responsive improvement plan had been created to guide day-to-day operations, outlining priorities, responsible persons, and timescales.

However, the lack of organisational clarity around the frequency of checks and audits, combined with the absence of audit tools aligned with best practice, remains to be addressed to ensure quality assurance is effectively led. Additionally, beyond service-level quality assurance, the provider should implement an additional layer of monitoring and robust oversight of overall service performance. This will ensure professional standards consistently meet statutory requirements and the Health and Social Care Standards (HSCS), while supporting the management team in ongoing service development and improvement.

We continued this area for improvement.

Previous area for improvement 2

To ensure that staff are provided with the learning they need to meet the specific needs of people being supported, the additional training needed in relation to mental health and learning disabilities should be explored with the staff team with training and learning opportunities provided.

This is 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 31 October 2023.

Action taken since then

This area for improvement had not been progressed and was continued.

Previous area for improvement 3

A policy detailing organisational training objectives against which compliance can be measured should be developed. Topics and timescales for refreshing training should be specified.

This is 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 31 October 2023.

Action taken since then

Although staff training had been monitored, a policy detailing organisational training objectives against which compliance can be measured still had to be developed with topics and timescales for refreshing training being specified.

We continued this area for improvement.

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	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.