

# Supported Accommodation Services

## Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Mainstay Trust Ltd.

**Service provider number:**  
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CS2003054357

## About the service

Supported Accommodation Services is provided by Mainstay Trust Ltd. It is a housing support and care at home service for adults with physical and learning disabilities living in their own home. Two of their aims are, "To provide a structure of support which will assist and encourage individuals to gain both the skills and confidence to lead a more autonomous and independent life," and "To provide an environment that encourages personal development and personal growth which is nurtured, respected and encouraged".

The base for the service is in the Govan area of Glasgow, where there is space within the office for communal activities. Support is provided to people living in different locations across the city. At the time of inspection 31 people were supported by the service.

## About the inspection

This was an unannounced inspection which took place on 9, 10, 11 and 12 December 2025. The inspection was carried out by three inspectors from the Care Inspectorate.

Feedback was provided to the chief executive and senior managers on 16 December 2025.

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:

- met with 11 people using the service
- spoke with 10 family representatives
- spoke with 11 staff and management
- received feedback from three external professionals
- reviewed documents.

## Key messages

- People were supported to feel secure and capable in new living arrangements, social environments and activities.
- Staff addressed people's complex health and social needs through compassionate, knowledgeable care, promoting positive outcomes.
- Committed staff worked collectively and in collaboration with external agencies to achieve positive outcomes for people.
- Management were engaged, approachable and responsive.
- The service should set out clear priorities, and the relevant resources and timescales to meet these, within its development plan.

## 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?	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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Interactions between staff and people supported evidenced strong relationships had developed. Staff interacted respectfully and at the level and style suitable for the individual. People were supported to offer their opinions by astute and sensitive prompts from staff who knew them well. A professional external to the service said, "It is very clear from their interactions with the adult they support that they've established a fantastic relationship with the individual." A family member told us, "From day one they have been brilliant. I couldn't fault anything over the years." People had built strong relationships with staff which enabled engagement and had a positive effect on wellbeing.

People were supported to engage in a wide variety of activities of their choice, including work and volunteering as well as social activities. People had been supported to go on holidays. Structured opportunities in the form of attending day centres and clubs had been facilitated. The service offered the opportunity for people to come together weekly for dance sessions where individuals were encouraged to participate in the way that best suited them. It was clear from observing the energy of people's participation that they were enjoying themselves. Participation in group activities promoted a sense of belonging and wellbeing. One person we spoke to was particularly pleased that they had won twice in a row at bowling; the sense of achievement and feeling of self-worth was clear. A family member told us that their loved one, "Has come on leaps and bounds. At one point they could do nothing for themselves, now very independent" and "Ten out of ten for Mainstay".

People had been supported to engage with a wide variety of health professionals, including community health teams. People with particular health conditions had been successfully supported to manage these. For one person, incidents where their condition was expressed had reduced in frequency because staff had worked to minimise the emotional triggers. For another, improvements in their physical health, which they had achieved with the support of staff, came with a huge sense of personal achievement: "I couldn't have done it without them, their hard work and dedication, and my hard work". People's health needs were being successfully addressed.

One family member told us that they had been both impressed and reassured at the service's anticipation of the future health needs of their loved one. They said, "It has been a reassurance to us at how forward-thinking they have been." Another family member, who was no longer quite so able, very much appreciated the service's commitment to ensuring they had regular contact with their loved one. This enhanced the wellbeing of the person and their family.

Staff supported people to live in their own home and develop positive relationships with housemates. The service had adapted practice and the environment in one location so that people could live more comfortably with each other. The family member of one of those people told us, "They [family member] had a wee blip but they're doing amazing".

A mark of the quality of a service is how it responds when there are challenges in providing support. A professional external to the service said, "In responding to concerns, management collaborated effectively with myself and other professionals to improve outcomes." Another said, "They have dealt with some very difficult situations and turned them around." They added, "[The service] sought guidance and proactively worked with social work and NHS professionals to improve the situation." Where there had been challenges within the service, staff had worked successfully to improve people's support and outcomes.

### How good is our staff team?

### 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff told us that they worked in supportive teams who looked out for each other. They also reported management to be supportive and engaged, with a presence in services. Staff impressed with their passion and commitment to providing the right support for people to improve their life.

Rotas indicated appropriate staffing levels to meet people's needs. Recruitment of senior support workers had taken place recently but managers reported that more were needed. Management committed to ongoing efforts to recruit appropriate staff. The service should reflect the impact of levels of senior support workers within its service development plan in order to prioritise people's achievement of their personal outcomes (we repeated an area for improvement relating to the need to produce a development plan).

It was evident from the service's supervision tracker that the provider had not met its own policy requirement, with the majority of staff not having received the expected frequency of supervision. Staff also reported this to be the case. The service was missing the opportunity for reflection and coaching that regular support and supervision offers for the improvement of practice. The area for improvement relating to support and supervision from the previous inspection report remains in place (please see the section of this report for actions taken in response to previous areas for improvement). The service should also conduct regular observations of staff practice, recording and analysing these to identify any training needs. The service should consider including this process as part of its service development plan.

Where support and supervision had taken place, this was constructive and supportive. The service had begun to review the format to ensure the process worked even better for staff and management, focussing on areas that would most benefit practice and support. Whilst formal support and supervision was not taking place with the required frequency, it was clear from staff comments that management were present, engaged and accessible if there were anything they wished to discuss to address and resolve issues. This was of ongoing benefit in improving people's care and support.

Staff told us that team meetings were not taking place regularly. As with support and supervision, where meetings had occurred these were constructive and supportive, with an emphasis on improving support for people. The service should consider planning for a programme of team meetings in order that staff can share information and promote a consistency of practice of benefit to people achieving their outcomes.

The organisation's training records and staff feedback evidenced training taking place within appropriate timescales, including refresher training. The service had also arranged for specific tailored training from external professionals such as psychologists, on topics of benefit to individual's support. Positive Behaviour Support training had recently taken place for one team. Training was in place to ensure staff were best equipped to support people effectively, according to their needs.

External professionals told us that communication with staff and management was good. This was also the opinion of family members we spoke to, who commented that communication regarding their loved one kept them up to date. Staff and family members commented on the accessibility of management and senior management. Communication in the service was good, with ongoing benefits to the consistency and effectiveness of people's support.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Support plans were comprehensive, informative, and written in an accessible style as if from the person themselves. They contained the necessary and sufficient information for staff to support people according to their needs and wishes. There was input from family and professionals. Support plans were tailored to individual needs, preferences and aspirations. Plans were person-centred and contained the information for staff to support people well. A professional external to the service said, "Staff consistently work alongside [person] to identify and work towards their goals."

'Keeping me safe' sections within plans included risk assessments appropriate for individuals. This included information on how staff would support someone experiencing stress and distress. Information on potential triggers and how to support someone coping with stressful situations was in place for staff to minimise people's anxiety. Where there were references to de-escalation or re-direction, there would be benefit from more detail. This would direct staff on appropriate interventions to keep people safe.

Pictorial support plans gave examples of people's likes and dislikes and the importance to them of certain activities or objects. These provided a useful summary of people's needs and wishes and were easily accessible for staff, which promoted consistency of support.

Goals, dreams and aspirations were clearly laid out, and progress towards these noted. They included goals like having my own car but also doing my own weekly shopping. The full range of wishes a person had and outcomes they wished to achieve were represented.

Step by step instructions for how to support people were in place where needed which enabled staff to be informed about the detail of what people expected, how and when. There were also summaries of the level of support people required to engage in activities of daily living or personal care. This ensured the minimum level of intervention by staff for people to undertake activities, promoting independence.

Records of medical interventions evidenced that health needs of relevance for individuals were being addressed. There was evidence of multiple contacts across a range of health professionals. This ensured that people's health needs were being met.

Explicit in people's care plans were references to religious dietary requirements and other religious observances so that staff could ensure people were able to follow their faith and religious practices.

Reviews had taken place with the involvement of family. These captured the progress people had made, highlighted their achievements, and laid out future goals. However, the service's review tracker indicated that the majority of people had not had reviews with the required frequency. The service should ensure that six-monthly reviews are taking place. We have repeated a previous area for improvement (please see the section of this report for actions taken in response to previous areas for improvement). This would ensure that people are being supported to achieve the most relevant and up to date of their chosen goals and outcomes.

There were discrepancies between paper files held in people's homes and the electronic versions stored at the service's head office. Paper files should be updated regularly in order that staff have access to the most up to date information on how to support someone and keep them safe. The service should consider including its process for auditing files and ongoing records within its development plan. Guidance for staff for 'as required' medication was available with the necessary and sufficient information to keep people safe. In order to ensure consistency of support, the service was considering ways to enable staff to access electronic records.

## 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 service should ensure that the improvement and development plan including service priorities is shaped by feedback from people who use the service, their relatives and external agencies.

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

"I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7).

**This area for improvement was made on 24 October 2023.**

#### Action taken since then

The service had put development plans in place for separate localities but had not created an overarching organisational improvement and development plan. This plan would have assisted the service in prioritising work streams and service improvements.

Whilst the service had received information from some service users, from family and external agencies on both a formal and an informal basis, it had not systematically recorded, collated and analysed these. A user engagement strategy to invite comments and suggestions, including from service users who were able to do so, had not been put in place. This would have promoted the active engagement of people in improving the service.

**The area for improvement had not been met and will be repeated.**

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## Previous area for improvement 2

The service should ensure that:

- staff undertake and complete identified training
- they provide staff supervision in line with organisational policy
- they carry out and record when staff observations are completed.

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 24 October 2023.**

### Action taken since then

A staff training matrix confirmed that there was both regular training taking place in line with refresher training due dates, and also specific training tailored to the needs of individual service users. Staff we spoke to confirmed that they had undertaken regular training and were also able to give examples of one-off training that had equipped them to better support service users. This element of the area for improvement had been met.

Staff reported that they had not had regular support and supervision. The service's recording of support and supervision sessions also evidenced that support and supervision had not been taking place of a frequency consistent with the service policy.

Staff reported the regular presence of management in services, particularly in response to staff experiencing challenges. Support and supervision notes evidenced that management had observed elements of staff practice. However, these were neither systematically planned nor were they recorded.

**The elements of this area for improvement relating to support and supervision and observation of staff practice had not been met and will be repeated.**

## Previous area for improvement 3

To reduce the risk to people's health and wellbeing, the service provider should ensure a system is in place to check food expiry dates and ensure all food is clearly labelled to confirm the date when it was opened.

This is in order to comply with:

Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 1 April 2025.**

### Action taken since then

The service had put in place systems to ensure food expiry dates were complied with and food that was opened had been labelled. Management had undertaken checks to ensure these were in place and being adhered to.

**This area for improvement had been met.**

## Previous area for improvement 4

To ensure people's health and wellbeing is well supported, the service provider should ensure reviews are carried out every six months and information about people's health and wellbeing is shared with relevant external health professionals.

This is in order to comply with:

Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

**This area for improvement was made on 1 April 2025.**

### Action taken since then

The service's own review tracker and the contents of individual's support plans confirmed that reviews had not taken place as regularly as six-monthly. Support plans, records of medical appointments and running notes, as well as comments from staff did evidence that the service had engaged with a range of external health professionals.

**This area for improvement had been partially met. The unmet element relating to holding reviews every six months will be repeated.**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	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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