

RCA Trust Housing Support Unit Housing Support Service

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Paisley
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Telephone: 01418 870 880

Type of inspection:
Unannounced

Completed on:
17 December 2025

Service provided by:
RCA Trust

Service provider number:
SP2004005989

Service no:
CS2004061386

About the service

RCA Trust Housing Support Unit is part of the RCA Trust, a voluntary organisation and registered charity providing support to people affected by alcohol and drug issues, gambling addiction, and mental ill-health.

The housing support unit works with people to help them gain and maintain their own homes, and assists people to achieve better outcomes, by supporting them to manage addictions and improve their physical and mental health.

The RCA Trust is based in Paisley town centre close to transport links and local amenities. Support is provided from the RCA Trust base, in people's homes, and in the community. Services are provided in Renfrewshire and East Renfrewshire.

The service was supporting approximately 50 people at the time of inspection.

About the inspection

This was an unannounced follow-up inspection which took place on 17 December 2025, between the hours of 10:00 and 16:00. 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
- Spoke with four staff and management
- Reviewed a range of documents.

Key messages

We followed up one requirement and three areas for improvement from previous inspections. The requirement and two areas for improvement were met.

Personal plans and risk assessments clearly reflected people's needs, goals, and preferences.

Effective processes were in place for recording and learning from accidents and incidents.

Strengthened review processes helped to ensure people were supported, to reflect on their goals and progress.

Appropriate policies were in place for supporting people to manage their finances and correspondence.

Staff had access to regular training but further improvements were required, to track and monitor training compliance.

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 is our care and support planned?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned?

4 - Good

The service had made significant improvements in this area to meet the requirement made at the previous inspection. We have therefore re-evaluated this key question from adequate to good.

The provider had made improvements to risk assessment processes, to ensure clear information about risk management was recorded. This included details of involved professionals, family and friends, and their role in supporting risk management. Updated training and quality assurance processes helped to ensure staff were following best practice guidance.

Updates to accident and incident recording guidance had been made, to ensure staff and leaders had clear information about how and when to record incidents. Clear management oversight helped to ensure learning from incidents.

Updated review paperwork had been introduced by the provider to better reflect the needs of people using the service, and current best practice guidance. Updated training on personal planning and review helped to ensure staff had the right guidance and support in place, to use the review process to support people well.

Please see 'What the service has done to meet any requirements we made at or since the last inspection' for further details.

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

Requirements

Requirement 1

By 24 November 2024, to keep people safe, the provider must ensure that all people have a personal plan in place which contains sufficient detail about their needs, outcomes and risks.

This should include, at a minimum:

- a) Appropriate and detailed risk assessments which outline risks, the role of the service in relation to managing these risks and any agreed escalation processes. b) Clearly recorded details of involved professionals and agreement about when and how they should be contacted, should the person's needs or risks change.
- c) Full recording of any accidents or incidents in line with organisational policy, including adequate oversight from leaders and appropriate notification to the regulator or Health and Social Care Partnership, when required.
- d) A robust review process that identifies changing needs and risks and is adequately recorded in line with statutory requirements and best practice guidance.

This is to comply with Regulation 5 (Personal Plans) 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:

'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 protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'(HSCS 3.21).

This requirement was made on 29 July 2025.

Action taken on previous requirement

Personal plans were in place for all people using the service. This included an 'Outcomes Star' assessment with an action plan and a risk assessment. The risk assessment tool had been updated to include professional, family or friend contacts who can or should be contacted to provide support and guidance during periods of increased risk. Where people were experiencing increased levels of risk, staff had completed 'risk management plans'. We asked the manager to continue to work with staff to ensure the content of risk assessments is robust and meaningful.

Staff had completed updated training in the 'outcomes star' assessment tool, to support best practice. We saw that staff had updated the outcomes star assessments alongside people they supported. The level of detail included was sufficient to understand people's goals and preferences. Where updates were not completed, this had been identified in quality assurance audits and discussed with staff to set achievable timescales for completion.

The review paperwork had been updated by the provider. The new format aligned with the outcomes star tool and used supportive language to enable good quality discussions. This can support people to reflect on their goals, what is working well for them and where changes are required. We asked the provider to think about how feedback from people can be captured during the review process, to support overall service development.

The provider had produced updated guidance for recording and reporting accidents and incidents, including a new format for reporting. This provided clarity for staff completing the forms. The provider was also tracking adult support and protection (ASP) referrals. We reviewed recent ASP referrals which had been thoroughly completed and were appropriate. The provider was working closely with partners in the Health and Social Care Partnerships (HSCP), to ensure any instances of potential harm to people were addressed.

Met - within timescales

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 support best practice and staff development, the provider should ensure that staff learning needs are discussed and recorded. All staff should have a learning plan, and any areas where improvements in practice, personal planning or administrative tasks are required should be recorded and followed up through the supervision process.

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) and

'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 29 July 2025.

Action taken since then

All staff had access to individual and group supervision. Supervision records reflected good quality discussions and opportunities for staff to share their views. Annual appraisals had been completed for staff as well as regular competency assessments. The provider had introduced a new learning and development plan for staff. This had not yet been implemented and was planned for January 2026.

We asked the provider to consider the balance of one to one supervision sessions and competency checks, to ensure staff have sufficient opportunities to discuss their learning needs, set goals, and reflect on their progress.

All staff were required to complete a range of mandatory training which reflected their role in the organisation. Additional training had been provided, both via eLearning and face to face sessions. While there were trackers in place to keep track of staff training compliance, these were not in a set format. This made it difficult to ascertain when refresher training was due. Staff told us they had been asked to keep track of their training and we could see this had been done. We asked the provider to ensure training records are clear to support leadership oversight.

We saw that the provider had made improvements to how learning is planned in the service. Further adjustments are required to ensure sufficient oversight, and to maximise opportunities for learning and development.

This area for improvement is not met.

Previous area for improvement 2

To ensure people's needs and outcomes are clearly and accurately recorded, the provider should ensure quality audits are robust. Any identified improvements to personal plans, risk assessment, weekly notes or reviews should be assigned to the correct person for follow up and signed off by senior staff when completed.

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 11 November 2024.

Action taken since then

Leaders had undertaken comprehensive audits of personal plans. These had been clearly recorded with follow-up actions identified and assigned to staff. We sampled records and saw that the required actions had been completed in most instances. The provider had implemented a system of 'peer supervision', to support discussions about the outcome of quality audits. Staff told us that this was working well as it provided opportunities for them to set realistic timescales for completing assigned tasks. This also provided opportunities for the staff team to work together, to make the required improvements. Follow-up meetings had been scheduled to track progress and an audit schedule was in place.

This area for improvement is met.

Previous area for improvement 3

To ensure people's personal information is stored and processed within the principles of the General Data Protection Regulations, 2018 (GDPR), and to ensure people are protected from financial harm, the provider should ensure there is both a current policy in place for managing correspondence and managing people's finances.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

This area for improvement was made on 11 November 2024.

Action taken since then

The provider has a policy in place for managing people's finances, GDPR, Data Protection, and managing correspondence. These policies reflect current best practice and include staff and management responsibilities, and legal requirements. This helps to ensure people are protected from potential harm and provides an accessible source of guidance for staff to follow.

This area for improvement is 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 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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