

Easterhill Project Supported Accommodation Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Scottish Action For Mental Health

Service provider number:
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Service no:
CS2003000888

About the service

Easterhill Project is a mental health supported accommodation service registered as a care home. It operates as a move-on service, supporting seven adults with a mental health diagnosis. The service aims to help people manage their mental health needs and recovery in a supportive environment, while developing independent living skills to support a successful move into the community when appropriate.

The provider is Scottish Action for Mental Health (SAMH). The service is in a residential area of Tollcross, Glasgow, with easy access to local amenities and public transport. The accommodation includes a core tenement building with five flats and two dispersed flats, along with staff facilities such as an office and sleepover area. A back garden is available for residents, and visitors have on-street parking.

One of the service's stated objectives is: "Support will focus upon recovery and will take a holistic view of people's needs in a manner that respects rights, dignity, views and preferences." The service promotes care that respects people's rights and supports recovery. There were six people living in the home at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 08 and 09 January 2026. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare, we reviewed previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

During the visit, we spoke with four people who use the service and three of their family members. We spoke to five staff members and the management team. We observed day-to-day practice, reviewed documents such as personal plans and improvement plans, and received feedback from three professionals.

Key messages

- People benefitted from positive relationships with a stable and committed staff team.
- Strong links with external professionals helped ensure people's health and wellbeing needs were met.
- People benefited from meaningful contacts within and out with the service.
- Staff training and development was focused on embedding a holistic approach to personal planning, support delivery, and goal setting.
- The staff team were working with individuals to enhance their living environment.

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?	4 - Good
How good is our setting?	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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

People experienced support from a staff team who knew them well and respected their rights and choices as an individual.

Proactive engagement with external professionals, including specialist nurses and mental health teams helped ensure people's health needs were met. For example, staff arranged urgent GP visits and managed medication for time away, helping people feel safe and supported. People said staff were "helpful and supportive," and described the service as a "safety net" that prevented hospital readmission and gave them confidence in their care. Families said this provided "peace of mind" during major health challenges. Professionals praised staff as "knowledgeable, supportive, and committed to meeting individual needs."

We saw that the people supported could influence service developments through feedback discussions. This meant people felt listened to.

Social opportunities including organised events and outings were enjoyed and helped reduce isolation, such as group lunches, bowling, and other leisure activities. While group activities were valued, management recognised the need for more structured and personalised engagement in accordance with individual preferences and goals. There was an instance where an individual's identified goal could not be achieved due to health-related limitations. In this case, creative or safe alternatives that could have enabled participation were not explored. This potentially reduced opportunities for inclusion and positive risk-taking. While health needs were managed well and people felt safe, progress towards independence was less consistent, highlighting the need for more outcome-focused planning. We found good examples where people were supported to develop independent living skills to facilitate movement to more permanent living accommodation. This included cooking, domestic tasks, shopping, personal care prompts, and managing household cleanliness. However, for some individuals moving on was delayed. The service was taking steps to update individual progress plans, occupancy agreements and review the overall aims and objectives of the service. This will help ensure each individual's support arrangements were right for them.

Individuals had a personal plan and agreed risk reduction measures to reduce known risks where possible. The provider acknowledged the need to work with staff to develop a more person led and outcome focused approach to personal planning to fully demonstrate individuals progress towards personal goals and preferences.

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.

The service benefited from a stable staff team who knew people well. Staff advocated effectively for individuals and communicated well with families and external professionals when needed to promote people's rights, health, and wellbeing.

People supported had confidence in the skills and knowledge of the staff team. One individual described staff as "outstanding and treat me with the utmost respect", which helped them feel safe and valued.

Others said the service provided a strong layer of support and that they would not know what they would do without the staff's continued help. These comments reflected the positive relationships and sense of security people experienced.

Effective Communication systems such as regular team meetings and daily handovers ensured appropriate information sharing. This ensured the staff team were well informed of people's needs.

Staff Meetings covered national developments, service priorities, and created opportunities for reflective discussion and shared learning.

The service had effective systems to support staff learning and development. This included one-to-one meetings, observations of staff working practice and group supervision. These focused on learning and recognising and promoting good practice building confidence and helping staff grow professionally.

Staff had completed core training. Managers had been proactive in developing learning opportunities to meet the needs of people supported. A training needs analysis had been completed and plans to develop mental health skills, therapeutic approaches, and outcome-focused recording was reflected in the service improvement plan.

How good is our setting?

4 - Good

We evaluated this key question as good, where several important strengths clearly outweighed the areas for improvement.

People lived in their own self-contained accommodation located close to the staff base. This model supported independence and autonomy while ensuring assistance was available when required. People were supported to personalise their homes through choice of decor, furnishings, and personal belongings, helping them feel invested in their surroundings.

Daily support with domestic tasks and routine accommodation checks were in place to help people maintain their living environment to an acceptable standard. Staff were trained in infection prevention and control and applied procedures. Organisational quality assurance systems provided oversight of health and safety arrangements, and records showed that equipment was maintained as expected.

Although environmental checks were recorded as completed, these did not always reflect the conditions we observed. Staff and leaders acknowledged that maintaining consistent standards was challenging for some individuals due to fluctuating engagement and acceptance of support.

The service had taken steps to improve consistency, including reviewing expectations within personal plans, improving the quality of daily checks, and promoting relationship-based approaches to encourage people to engage with routine environmental support.

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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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