

Centred Housing Support Service

Housing Support Service

Unit 38
Eastgate Shopping Centre
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Telephone: 01463 241 009

Type of inspection:
Unannounced

Completed on:
20 January 2026

Service provided by:
Centred(Scotland) Ltd

Service provider number:
SP2003001717

Service no:
CS2004073101

About the service

Centred Housing Support Service is registered with the Care Inspectorate to provide a combined housing support and care at home service to people. It can provide support to people in their own homes and in their community.

The service operates across a large geographical area. There are four local bases. One in Inverness, Fort William, Invergordon and Wick. Each area has a local manager and a team of support practitioners. The registered manager of the service is based in the main office base in Inverness.

About the inspection

This was an unannounced inspection which took place between 12 and 19 January 2026. 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 15 people using the service and six family members
- Spoke with 14 staff and management
- Observed practice and daily life
- Reviewed survey questionnaires
- Reviewed documents
- Spoke with visiting professionals

Key messages

- People benefited from the support provided
- People were comfortable with and liked their staff members
- The service strove to meet people's wishes and was person centred
- Staff members were positive and motivated to provide quality support
- Management were knowledgeable and in touch with what was going on for people
- People and support staff said management were very approachable and open to ideas
- Some improvement could still be made but overall this was a well organised and positive service for people

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 leadership?	4 - Good
How good is our staff team?	5 - Very 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 evaluated this area as very good. There were major strengths in the service's care and support and very few areas to improve in.

There were many examples of positive outcomes for people as a result of the service's support. This included people doing more in their community, gaining confidence in themselves, managing at home better and generally enjoying the visits and support of the staff members.

Some comments we heard from people and family members:

- 'Put it this way, makes her able to stay in her house.'
- 'It's a fantastic support for my mother.'
- 'Find it excellent.'
- 'Helped me to get out of my house and go in to town.'

Staff members were responsive to people's health and care needs. They were very good at identifying if someone was not as well as usual or needed extra support for some other reason. There were a number of examples of the service working well with other agencies. Working with other agencies was important for the service. Staff encouraged or supported people to contact GPs, keep health appointment and get in touch with other agencies that could be helpful for certain matters. This all helped people to maintain good health and wellbeing.

Care and support provided was person-specific and thought went into what support would be beneficial to a person and meet their wishes. People were involved in developing and discussing their support plans. Plans included what could indicate someone was having difficulties with a health or mental wellbeing matter and how staff or service might respond. People experienced person centred support and were listened to and respected.

The service had a recovery approach to mental health and wellbeing challenges. This recognised a person experiencing difficulties had, of course, resources and abilities, and were central in making decisions as to what could help them. The recovery approach is seen as person led.

The service got the balance of supporting a person and respecting their independence and abilities right. Staff understood health and social care values. Challenges people may experience due to ill health or mental health conditions were understood. People's rights and independence were promoted.

How good is our leadership?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and further reassure that people consistently have experiences and outcomes which are as positive as possible.

The management team as a group and individually were in touch with what was going on in the service and for people. Communication within the service was positive and encouraged. People can trust that management focus on how well the service is providing support to them.

Management knowing what was happening in the service meant they could make practical and realistic suggestions for improvements, give helpful advice to staff and make good judgements on any concerns that arose. This helped to keep people safe and to get the most out of their care and support.

People and staff said that the management and office team were easy to contact, approachable and willing to listen. Management knew the importance of listening and being open to other's ideas, concerns and feedback. Management would provide direct support to people at times and led by example. People and staff trusted and had confidence in the management team.

The service had a good range of quality assurance, monitoring checks and surveys in place. These were undertaken on a regular basis. These activities assisted management to have the right information, gain insight into the service's provision and understand what was going well and what areas of provision needed more attention. Having systems in place to monitor and examine the service's actions enables management to make the right decisions, appropriate changes and to generally meet people's needs and wishes.

The surveys that were undertaken with people and with staff showed the service were wanting to learn from people's and staff's viewpoints. People can be confident that the management team were keen to learn and develop the service based on feedback provided.

The service had active service improvement plans. These were up to date and enabled management to carefully consider the service's provision and what would enhance the service's care and support for people.

Whilst there were many positives around quality assurance within the service, there were some improvements that could be made. We highlighted for instance, that there was no robust examination of incidents and accidents as a whole, in a way that could recognise overall patterns. Such examination could inform, for instance, system level changes that could be made which may reduce the likelihood of repeat occurrences of a matter for people. Robust quality assurance can make services more able, safe and reduce negative outcomes for people. There was a previous area for improvement for quality assurance and we will revise this. See Area for Improvement 1.

The service had not always made appropriate notifications of certain events to the Care Inspectorate. These notifications are a legal duty of a service provider and allow the Care Inspectorate to check that events have been managed safely, people have been aided in a suitable way and provide insight into the service's care and support. This had also been an area for improvement from the previous inspection in 2024. See Area for Improvement 2.

Areas for improvement

1. To ensure people experience high quality outcomes, the service provider should ensure an appropriate range of quality audits and monitoring checks are undertaken.

In order to achieve the service should:

- a) further develop the range of quality assurance activities undertaken
- b) ensure audits and checks happen on a regular and effective basis and
- c) actions for improvements are identified when needed as a result of the quality assurance and checks taking place.

Inspection report

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 use a service and organisation that are well led and managed.' (HSCS 4.23)

2. To help people be safe and well, and to comply with the requirements to notify the Care Inspectorate, the service provider should ensure the management team follows the Care Inspectorate guidance on notifications.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23) and
'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

How good is our staff team?

5 - Very Good

We evaluated 'How good is our staff team?' as very good. The staff members were praised.

Staffing arrangements were well organised and reflected people's assessed needs and their wishes. Staff were seen to be suitable for the people they supported. Careful thought went into ensuring people were supported well. People were happy with the staff members and benefitted from their support.

Newly recruited staff went through a clear process to ensure their suitability. Checks were undertaken and induction and shadowing more experienced staff was in place for them. People can trust the service recruitment processes. This supported people's safety and wellbeing.

There was set training for staff to complete. Also, there were some good examples of where staff had additional training or input to help them understand a new health condition that a person might experience. Training gave staff knowledge and skills for meeting people's needs and wishes. Overall, people can have confidence that their staff members are supported to develop their abilities and knowledge.

Staff had good morale and were motivated. They worked as a team and would be flexible when providing support if needed and possible. Staff reported that they understood their role, had been given suitable training and that communication with service was very good.

Staff had built up positive relationships with people supported. This is a key component in assisting people to get the most from their support. People felt staff were reliable, competent and had trust and confidence in them.

Staff confirmed management availability, support and responsiveness. Staff felt well led and that this contributed to an organised service that was focused on people supported. People's health and wellbeing benefited from a staff team that worked well together.

The service had examples of where staff's practice and approach was acknowledged and recognised. Staff were appreciated.

To assist staff, there were opportunities for team meetings and individual supervision. Minutes from team meetings would be sent to all staff and other communication happened, for example, through newsletters. Additionally, senior staff would carry out staff competency checks to ensure good practice. Steps like these were supportive of staff and helped their development. People's support benefitted from positive staff.

In terms of the staff teams and service provision, we saw examples of where management had reflected on strengths and areas for development within the service. This led to new staff roles being created to strengthen service provision and meeting people's needs and wishes.

Whilst training was reported on favourably, we did find there was not always robust information on all the training undertaken by staff. This meant the service could not confidently demonstrate to people supported and itself that all training was up to date and where further training was needed. See Area for Improvement 1.

Areas for improvement

1. To support people's health and wellbeing, the service provider should ensure all staff are up to date with training.

This should include, but not limited to:

- a) ensuring the staff training record is completed and training information for all staff is easy for management to access and examine
- b) the training record is monitored on a regular basis and any gaps in staff's training are addressed in a timely manner.

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)

How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were many strengths. However there were still some improvements needed to further assure a consistently high level of care and support planning for people.

Support plans for people were detailed and informative about a person's wishes and needs. Information, if needed, from other health and social care services were also added into the care and support plans. The support plans provided good guidance for staff, assisting staff to get to know a person and how to provide support in a way that suited the person.

To aid insight into people's care and support needs and wishes, the service utilised recognised mental health assessments and approaches. A main one was the Recovery Star and this provided the basis for a person to explore key areas in the health and wellbeing needs and wishes. It was also seen that this assessment was not appropriate for everyone and the service was open to adopting other approaches. This showed a flexible and person centred attitude towards assessment of needs and wishes. People benefitted from the service being open to different ways to gather information and getting to know them and their wishes.

The service understood its responsibility towards people. It developed, well considered assessment and guidance for staff on matters that they thought could present a risk for a person. It consulted with other agencies and sought advice when necessary. People's views and perspective were gained. People were supported to manage their safety and wellbeing.

The service collaborated closely with other agencies in aiming to meet people's care and support arrangements and planning. Regular meetings and communications took place. This aided positive experiences, health and wellbeing for people.

People trusted visits would happen as planned. If there was some delay or other difficulty for a support visit, the service communicated with people about this. The service had plans in place to manage for unexpected events such as bad weather. People knew the service was well organised.

People got good support with their medication. There were instances, however, where some further information on 'as required' medication would be helpful. Clearer information to assist staff members in making consistent decisions for 'as required' medications would be expected. Also, use of medication administration records (MAR) codes by staff should be improved. Use of codes on some MAR sheets varied at times. See Area for Improvement 1 below.

People were not always having the opportunity to have a review of the care and support arrangements on a six monthly basis. When receiving a service like Centred, people must always have at least six monthly reviews, such as a meeting, to ensure all their needs and wishes are fully discussed and considered. Due to different challenges, for example staffing, there were a number of people whose review had fallen well behind schedule. Some plans by the service have been made to address this but a continuous focus on this is very important. See Area for Improvement 2.

Areas for improvement

1. To support people to experience high quality care and support, the service provider, at a minimum, should ensure that the guidance, recording and auditing in place for people's medication support is robust and follows best practice.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

2. To support people to experience high quality care and support, the service provider should ensure, at a minimum, that people's reviews take place at least six monthly and all relevant people can attend or contribute, including people's legal representatives.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

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 manager should ensure there are robust quality assurance systems in place that enables and supports consistently good outcomes for people.

In order to achieve this the management team should:

- a) Develop a suite of quality audits to cover all aspects of the service, including but not limited to:
 - complaints;
 - accidents;
 - incidents;
 - reviews;
 - assessment and care planning;
 - staff support;
 - staff training and competency;
 - service user, staff and other stakeholder participation and satisfaction.
- b) Ensure auditing activity is planned and carried out at regular intervals throughout the year.
- c) Ensure that the data from quality audits is analysed and informs an action plan to address issues identified from the audits.

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 6 June 2024.

Action taken since then

This was not met. The service provider had developed its quality assurance activities. These did provide the service with more information about the quality and benefits for people supported. However, there was still some quality assurance information not gathered and analysed in a purposeful way.

An example was the incidents and accidents. We decided to repeat and revise this area for improvement. See under 'How good is our leadership?' .

Previous area for improvement 2

The organisation should develop a service improvement plan detailing how they will improve each area of service delivery using the information from comprehensive and robust quality audits. The improvement plan should be reviewed with managers and updated regularly throughout the year.

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 6 June 2024.

Action taken since then

This was met. The service had taken sufficient steps to inform and develop the service improvement. Each geographic area/base had its own service improvement plan (SIP) which was meaningful and regularly monitored and updated. The SIPs enabled the service to meet people's outcomes better and to take a more organised way towards service provision and improvement.

Previous area for improvement 3

In order to comply with the requirements to notify the Care Inspectorate, the manager should ensure the management team follows the Care Inspectorate guidance on notifications.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

This area for improvement was made on 6 June 2024.

Action taken since then

This was not met. The service was not notifying matters of concern for people or service provision to the Care Inspectorate. This was not robust and could lead to an increased risk for people or their care and support not being as good it could be. We advised the service provider on this and have repeated this area for improvement. See under 'How good is our leadership?'

Previous area for improvement 4

The provider should provide effective and relevant training for staff.

In order to do this they should:

- a) Develop a training needs analysis for all staff that will inform the service's annual training plan;
- b) Assess learning and competency following training to assure themselves that this has been effective in improving knowledge and practice;
- c) Ensure any shortcoming or gaps in knowledge are followed up and people are supported in their learning and development.

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 6 June 2024.

Action taken since then

This was not met. Staff training records were difficult to examine and gaps were evident. This meant people could not be fully confident that their staff members were suitably supported to have the right knowledge, skills and training to meet their needs and wishes. We have made a revised area for improvement for this. See under key question 'How good is our staff team?'.

Previous area for improvement 5

The managers should ensure that people's rights are protected and they should ensure there is a signed copy of the delegated powers guardians or power of attorneys had agreed the service could exercise on their behalf.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

This area for improvement was made on 6 June 2024.

Action taken since then

This was met. The service management had taken steps to be as informed, as appropriate and possible, on the delegated powers guardians or power of attorneys had agreed the service could exercise on their behalf. Signed copies were obtained.

Previous area for improvement 6

Managers and staff should use personal plans to deliver care and support effectively to promote and protect the health, wellbeing and safety of people they support.

In order to achieve this they should ensure that:

- a) The support planning process is used to improve people's experiences and outcomes;
- b) The quality of people's support plans and support received is audited and evaluated regularly and especially following a change in a person's care needs or risk level;
- c) Action is taken to make any necessary improvements to reduce a person's risk level and update the support plan accordingly;
- d) The support plan is formally reviewed at least once in every six month period and people and their relatives/representative/s are fully involved in this review;
- e) The review records document the discussions held and the decisions made as a result of the discussion; and changes agreed update the support plans and risk assessments following the review.

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 support 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).

This area for improvement was made on 6 June 2024.

Action taken since then

This was not met. For some people, formal reviews for their care and support arrangements and outcomes were not happening on at least a six monthly basis. Whilst the service aimed to address this, there were still a significant number of people whose reviews were overdue. We have made a revised area for improvement in relation to this. See under key question 'How well is our care and support planned?'.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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
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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