

Aspire West Housing Support Service Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
11 February 2026

Service provided by:
Aspire Housing & Personal
Development Services Ltd

Service provider number:
SP2004004485

Service no:
CS2004056481

About the service

Aspire West Housing Support provide services to adults experiencing homelessness in Glasgow. Many of the people who use this service have other challenges in addition to homelessness, including: addictions, mental health issues, and physical disabilities.

The service provided support to people experiencing, or at risk of, homelessness across four distinct projects. These included emergency accommodation and short-term housing. Since the previous inspection the Outreach part of the service has registered separately and did not form part of this follow up inspection. The overall aim was to help people manage the effects of homelessness alongside other challenges such as poor mental health and addiction. By supporting people to develop self-management skills and overcome barriers to independent living, the service helped individuals move towards more permanent housing within a safe and stable environment.

At the time of inspection 69 people were accessing the service.

About the inspection

This was a short notice announced follow up inspection which took place on 10 and 11 February, 2026. The inspection was carried out by two inspectors from the Care Inspectorate to review progress made on requirements from a previous inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents including personal plans, quality assurance audits and service improvement plans.

Key messages

- Improved processes ensured oversight and monitoring of key areas of service delivery.
- Staff were more confident with personal planning and people were achieving improved outcomes as a result.
- The manager planned to replicate areas of good practice across the service to ensure people had consistent experiences.

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

Requirements

Requirement 1

By 09 February 2026, to promote consistent positive outcomes and the ongoing development of the service the provider must improve quality assurance arrangements.

To do this, the provider must, at a minimum, ensure:

- a) A consistent approach to quality assurance across each project is implemented.
- b) The outcome of quality assurance audits and feedback from those who use and work in each project should inform service improvement plans.

This is to comply with Regulations 3 and 4(1)(a) 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 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).

This requirement was made on 24 September 2025.

Action taken on previous requirement

Quality assurance processes had improved. Regular audits of key areas of service delivery across all sites ensured the manager had clear oversight of areas of good practice and could identify where additional support/training may be of benefit.

Audit areas included personal plans, medication management, finance management, fire safety, complaints, accidents & incidents, and data protection. A monthly report was published and shared which highlighted areas that needed addressed with clearly identified responsible leads, actions to be taken, and a timescale of completion.

These gave staff direct feedback to support improvement in areas such as personal planning. This improved practice.

A root cause analysis further identified specific considerations from accidents/incidents and protection issues. This directed staff to review areas of risk and where people were most vulnerable. This resulted in additional strategies to mitigate risk. This helped to keep people living in those services safe and well.

Service improvement plans were in place for each locality and reflected a commitment to improvement as part of organisational quality assurance process. The manager planned to support all localities to adapt these plans to best suit the needs of and feedback from individuals using the service. This will ensure people feel involved in improving their own environment and experiences.

Met - within timescales

Requirement 2

By 09 February 2026 , the provider must ensure service users' health, safety and social needs are evidenced through a more consistent approach to assessment and personal planning.

To do this the provider must at a minimum ensure:

a) All personal plans are reviewed and updated in consultation with individuals, family, external health and social work input as appropriate

b) Training and mentoring opportunities are available to support staff to develop personal planning skills.

This is to comply with Regulation 5 (1)(b) of Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210.

This is to ensure 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

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

This requirement was made on 24 September 2025.

Action taken on previous requirement

Personal planning was in transition to a new electronic assessment and support planning system, and all plans were being reviewed as part of this process. Learning and development colleagues were delivering a comprehensive programme working with individual staff and teams to evaluate skills and deliver training to help strengthen personal planning skills. Staff with experience of the new system offered mentorship sessions to help colleagues develop knowledge and confidence.

Further development sessions were being rolled out to ensure plans were fully reflective of the individuals needs and wishes and focused on their outcomes. People using services were involved in this process.

The service planned to deliver this to all staff prior to the transition. This will help deliver a more person led auditable personal planning process.

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

The provider should review the skill mix, numbers and deployment of staff across the service to ensure more consistent outcomes for people who use the service.

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

And

"My needs are met by the right number of people" (HSCS 3.15).

This area for improvement was made on 24 September 2025.

Action taken since then

The service had made some progress to strengthen staff practice and create a more stable, confident atmosphere. Learning and development colleagues had worked with the management team to identify existing staff skills and knowledge within each team and deliver a programme of additional learning/mentoring opportunities as required.

Staff in some localities told us things were more settled, systems made more sense, and team leads were effective in delivering meaningful support and advice. Staff were caring, committed, and the positive changes were seen to improve people's day-to-day experiences.

However, progress was not consistent across the service. Recent senior staff pressures had impacted, and the focus was now to ensure positive improvements were reflected within all localities and became standard. Quality assurance processes should be followed up to strengthen accountability.

This area for improvement will be continued and will be reviewed at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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