

The Richmond Fellowship Scotland - North Ayrshire Housing Support Service Housing Support Service

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Type of inspection:
Unannounced

Completed on:
23 February 2026

Service provided by:
The Richmond Fellowship Scotland
Limited

Service provider number:
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Service no:
CS2004061326

About the service

The Richmond Fellowship Scotland - North Ayrshire Housing Support Service is registered to provide a combined housing support and care at home service to adults with learning disabilities and mental health problems living in the community.

The management team and staff operate on an outreach basis from their office in Stevenson. They were supporting approximately 54 people across North Ayrshire, including Ardrossan, Stevenson, Saltcoats, Garnock Valley, Largs, and Irvine.

Staff teams support people in their home and local community; packages of hours vary from a few hours per week to 24-hours per day.

About the inspection

This was an unannounced inspection which took place on 16, 17, 18 and 19 February 2026 between the hours of 09:00 and 17:00. The inspection was carried out by three inspectors 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 14 people using the service and two of their family
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed responses to our online feedback form, from six people supported, 13 staff members and seven professionals.

Key messages

- People experienced warm, trusting relationships with staff who understood their needs well.
- Medication support was safe and well organised.
- The service should strengthen recording long-term health conditions in people's personal plans.
- Quality assurance processes were improving, with reflective and engaged leadership. However, some audit tools and improvement planning needed further refinement to ensure greater consistency.
- Staffing arrangements supported continuity and stability, and staff felt well supported by accessible managers.
- The service should work on evaluating outcomes more consistently.

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 leadership?	4 - 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?

4 - Good

We evaluated this key question as good. We identified important strengths in how the service supported people's health and wellbeing, and these clearly outweighed the areas requiring improvement.

People experienced warm, trusting relationships with staff who understood their needs well, and day-to-day support promoted comfort, safety and emotional security.

People experienced compassionate and attuned support. Staff used trauma-informed approaches naturally and effectively, helping people feel calm, settled and respected. Observations showed that staff responded sensitively to distress and used personalised routines and regulating strategies, such as quiet sensory breaks or structured activities, to support wellbeing. Families and relatives told us they had high levels of trust in how staff monitored and responded to changes in health, and we saw examples where staff sought prompt medical attention when concerns arose. This contributed to people feeling safe and well supported.

Medication support was a particular strength. Medication folders were well organised, with accurate Medication Administration Records (MARs), clear 'as required' medication protocols and appropriate use of body maps. We made suggestions on how to strengthen the recording of 'as required' medications which the management team had already identified. Staff demonstrated strong understanding of safe medication practice, and we saw evidence of appropriate escalation where medication concerns occurred. These systems provided reassurance that people received medication safely and consistently.

Personal plans were generally well structured, person-centred and informative. Plans included helpful guidance on communication, routines, risks and approaches that helped people feel secure. Daily notes were detailed and documented how staff supported individuals throughout the day. In some parts of the service, personal plans included information about long-term conditions such as diabetes and epilepsy, as well as health monitoring charts like bowel and food records. These supported staff to deliver consistent and responsive care.

However, health-related planning was inconsistent across the service. In several plans, essential information about long-term conditions, screening, or follow-up appointments was missing. In some cases, 'as required' medication for sleep was used without accompanying sleep records or observation charts. This reduced the service's ability to demonstrate a proactive approach to monitoring and managing health needs. An area for improvement was made at a previous inspection about this and will continue. This can be found under the 'Outstanding areas for improvement' section of this report.

How good is our leadership?

4 - Good

We evaluated this key indicator as good. We found significant strengths in how the service approached quality assurance and improvement, and these had a clear, positive impact on outcomes for people.

Leaders were visible, reflective and improvement focused, and staff told us they felt well supported and confident to raise concerns.

The management team demonstrated a strong understanding of the service's performance and were open, reflective and willing to learn. Leaders had recently undertaken management training and were using this

to critically evaluate their own systems. For example, they recognised that some of their audit tools were no longer sufficiently robust and had already begun adapting them to focus more on meaningful evaluation. This proactive approach showed a commitment to continuous improvement and a developing culture of reflective leadership.

We saw clear structures for leadership oversight. Each service manager developed their own care plan audit schedule, which included checks on personal planning, medication, finances and daily notes. Audit outcomes were analysed to identify patterns and areas requiring action, and learning was communicated quickly to staff via dedicated messaging groups. This helped ensure that staff were well informed and that improvements were implemented consistently. Leaders also strengthened team cohesion by bringing previously dispersed team leaders together more regularly at the main office, which had improved communication and consistency across locations.

Feedback from people supported, staff, and external professionals was valued and used to inform service development. People told us they felt listened to, staff said managers were accessible and responsive, and professionals described positive and collaborative working relationships.

However, quality assurance processes were not yet consistently effective across all areas. For example, some audit tools did not include prompts relating to the management of long-term health conditions. This contributed to the inconsistencies we found in health-related planning under key question 1. Without structured prompts, important issues such as ensuring staff were aware of people's support needs in regard to health conditions and following up on outstanding health appointments were not always identified or addressed. Strengthening audit tools to ensure they examine both process and quality would improve the reliability of assurance.

We also found that the service improvement plan was not reviewed regularly enough to evidence progress. Although the plan was in place and updates had been made, entries did not consistently include dates. This reduced the service's ability to show where progress had been made and where delays remained. A more disciplined approach to reviewing and updating the plan would provide clearer oversight and support ongoing improvement.

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 were motivated, confident and well connected to the leadership team, and people benefited from stable rotas and positive relationships with those who supported them.

Staffing arrangements supported continuity and stability. Staff rotas were four-weekly, which staff told us promoted predictability, reduced stress and helped maintain consistency for people using the service. Staff also received paid travel time and mileage, which contributed positively to staff retention. As a result of these measures, the service had a low staff turnover rate and staff described high morale and strong commitment to their roles.

Staff told us that leaders were approachable, visible and responsive. A recently strengthened induction programme included a buddy system to support new staff to build confidence and learn from experienced colleagues. Staff described this as helpful in settling into their roles and understanding the expectations

placed upon them. These approaches collectively supported a positive team culture and helped staff feel valued and supported in their work.

During visits, we observed warm, respectful and effective working relationships. Staff supporting people with complex needs demonstrated good insight into individuals' communication and behavioural cues and were able to explain how they had learned to interpret these over time. Staff took pride in their work and spoke positively about the support they provided. People supported also spoke positively about their relationships with staff, and we observed calm, sensitive and reassuring interactions.

Supervisions were starting to take place more regularly. Although the service aimed for four supervisions per year, in practice, staff typically received between two and four supervisions, and this varied across teams. We found variation in the content of supervision templates. Some included wellbeing and reflective prompts while others did not. This meant that staff did not always have structured opportunities to discuss challenges, workload, or any support they might need. Ensuring wellbeing conversations are consistently embedded would strengthen staff support and reflective practice across all teams.

We found that staff had access to a wide range of training, including mandatory learning, Positive Behaviour Support, mental health topics, and additional learning through their online training system. Training completion rates were high, and managers used training data to plan refresher and development needs.

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.

Personal plans were generally well structured, person-centred and informative. They included helpful information on communication, routines, preferences and the approaches that helped people feel secure. Staff could speak confidently about people and understood how best to support them, and this was reflected in observations of warm, attuned interactions. People told us they felt involved in their care and understood the support available to them.

There was evidence of people's involvement in assessment and planning. Several plans were signed by people to confirm agreement, and staff described involving people in discussions about changes to support. One person showed us the parts of their plan they had written, and explained how they worked with the team leader to review and update it. This demonstrated a positive, collaborative approach that helped ensure plans reflected people's outcomes and wishes.

Plans were also generally well organised and easy to navigate. We saw detailed diabetes protocols, epilepsy guidance and relevant health monitoring charts in some parts of the service. These supported staff to deliver consistent and safe care aligned to people's identified health outcomes. However, this was not the case in all parts of the service. More information regarding this can be found under key question 1 of this report.

People's personal outcomes were clearly documented in most plans; however, evaluation tools were used only sporadically. Learning logs, "What went well/not well" sheets, and outcome monitoring templates were present but rarely used consistently. As a result, the service could not routinely evidence whether support was achieving the intended difference for people or whether planned outcomes required updating.

We also identified a gap in one personal plan that affected staff's ability to provide safe and consistent support. The plan lacked a robust Positive Behaviour Support approach or clear guidance, which meant staff did not have the direction they needed to manage risk confidently.

In a small number of cases, plans contained outdated or superseded information, which risked causing confusion and made it more difficult for staff to access accurate guidance. This was discussed with staff who were receptive to feedback on improving clarity of plans.

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 keep people safe and promote their health and wellbeing, communication and recording in relation to health and wellbeing needs should be consistent across the service.

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).

This area for improvement was made on 22 December 2023.

Action taken since then

During this inspection, we found that there continued to be inconsistencies across different parts of the service. Some areas recorded people's health related support well, but this was not service wide. Other areas lacked important information about people's long-term health conditions and the support they required to manage these.

This area for improvement will continue.

Previous area for improvement 2

To support good outcomes for people experiencing care, if changes are necessary to people's support, the care service should ensure people are fully involved in all decisions about their care and support. Information should be accurately recorded to demonstrate people supported were consulted and agreed with the proposed changes.

This is to ensure care and support is consistent with Health and Social Care Standard 2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me.

This area for improvement was made on 16 June 2025.

Action taken since then

During this inspection, we found that people had signed to confirm agreement with their plans. People we spoke with told us they were involved. Staff members demonstrated awareness of involving people in planning and updating personal plans.

This area for improvement is met.

Previous area for improvement 3

To ensure people's records are safely stored, the service provider should ensure all staff are familiar with and adhere to storage and retention schedules.

This area for improvement was made on 16 June 2025.

Action taken since then

During the inspection, we found that records were stored appropriately, and documents were filed monthly. There was no loose or unsecured paperwork in office areas.

This area for improvement is met.

Complaints

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

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
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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
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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