

# Hamilton Supported Living Service - Housing Support Service Housing Support Service

Flat 3  
5 Raeburn Crescent  
Hamilton  
ML3 9QD

Telephone: 01698 823 900

**Type of inspection:**  
Unannounced

**Completed on:**  
26 February 2026

**Service provided by:**  
Lanarkshire Association For Mental  
Health

**Service provider number:**  
SP2004005810

**Service no:**  
CS2004068390

## About the service

Lanarkshire Association for Mental Health (LAMH) is a registered charity. It is registered to provide a service to adults with mental health difficulties.

Hamilton Supported Living Service is one service provided by Lanarkshire Association for Mental Health (LAMH).

At the time of this inspection, it provided support to 16 people in their own homes across the areas of Hamilton and Lanarkshire. The service provides a range of services to support people with substantial mental health difficulties. This enables people to live in and participate in the community and maintain their tenancies.

## About the inspection

This was an unannounced inspection which took place on 24-26 February 2026 between 08:45 and 16:00 hours. Feedback was provided to the service on 26 February 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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
- observed interactions between staff and people
- spoke with four staff and management
- reviewed documents; and
- reviewed questionnaire feedback.

## Key messages

- People experienced warm, compassionate support that promoted their wellbeing, confidence and recovery.
- Staff worked collaboratively with health and social care partners, ensuring care was well coordinated and changes in mental health were identified early.
- Leadership was visible and supportive, contributing to consistent practice and a positive culture across the team.
- Quality assurance processes should be improved so that performance is monitored reliably and improvements can be sustained.
- Personal plans should be updated and better organised to ensure support always reflects people's current needs and goals.
- The service had not met one area for improvement identified at previous inspections.
- We have made two areas for improvement as a result of this inspection.

## 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 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

### Quality indicator 1.3: People's health and wellbeing benefits from their care and support

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were treated with kindness, dignity, and respect. Warm, natural interactions demonstrated the strong and trusting relationships people had formed with staff. Because staff knew people well, they were able to recognise changes in mental health promptly and offer reassurance and support in ways that felt safe and consistent. People spoke very positively about their experiences. One person told us, "1st class support, staff are great," while another said, "I have been doing fantastic and very proud of where I am today with help along the way from my support." When asked what the service meant to them, one person simply said it meant "everything." This feedback provided clear assurance that people felt genuinely valued, experienced compassionate support, and benefited from person centred approaches that promoted their wellbeing.

Staff were skilled and attentive in promoting safe medication practice, which ensured people experienced positive outcomes. Each person had a medication assessment within their personal plan, and staff provided prompts or checks where needed. This helped people who managed their medication independently to do so safely, with any concerns quickly shared with relevant health professionals. This meant people benefitted from well coordinated and responsive support around their treatment.

There was strong evidence of effective partnership working with external professionals. Plans showed regular referrals to health services, including proactive Adult Protection (AP1) referrals when required. Several people received consistent input from Community Psychiatric Nurses (CPN), who described the team as working in a person centred and collaborative way to support positive outcomes. Records demonstrated clear communication and shared decision making, ensuring care remained safe and consistent.

People experiencing changes in their mental health, including periods of decline or episodes of distress, were supported through well integrated risk assessments and clear protocols. Staff had structured guidance to follow when early signs of deterioration were identified, which helped them respond promptly and appropriately. This contributed to people feeling safer and ensured that interventions were timely, coordinated, and aligned with agreed clinical plans.

People benefitted from encouragement to maintain and develop their interests, routines, and social connections. Social and emotional wellbeing was generally promoted well. Staff encouraged safe connections and monitored risks sensitively, especially where contact posed concerns. Reviews demonstrated that staff recognised risks such as loneliness or boredom, and supported people to explore community opportunities. Examples included support to obtain a gym membership, helping someone attend archery sessions, and enabling people to book holidays and maintain regular activities such as social groups. These opportunities supported greater independence, wellbeing, and a sense of belonging.

Staff encouraged people to develop daily living skills, contributing positively to their independence. Support records showed consistent prompting and support with tenancy upkeep, medication routines, and personal care. People's own aspirations were listened to and acted upon. For example, there had been strong progress for individuals in building confidence, managing their home, and maintaining personal routines. This demonstrated the positive impact of enabling support.

## How good is our leadership?

4 - Good

### Quality indicator 2.2: Quality assurance and improvement is led well

We evaluated this quality indicator as good, as several important strengths positively contributed to the service being well led and well managed. These strengths clearly outweighed areas for improvement.

The service benefited from visible and supportive leadership, with staff telling us they felt well supported by a management team who were approachable, responsive, and open to feedback. One staff member told us, "It is a great team to be a part of, we all help and support each other." The manager and senior were actively involved in day-to-day practice and had a strong understanding of the people being supported, which helped ensure decisions were well informed and consistent.

Regular team meetings and clear communication systems supported staff to work cohesively. Staff were encouraged to participate in wider organisational working groups, promoting shared ownership of service development. This approach contributed to consistent practice and well-coordinated care, helping ensure people experienced reliable and effective support.

Quality assurance processes should be improved. The service had not completed the required quarterly audits set out in its policy. Existing checks were taking place but did not form part of a structured assurance system. A recent personal plan audit identified helpful actions, and all six monthly reviews were completed on time. However, the lack of regular quality assurance across key areas limited the service's ability to fully evaluate performance and show improvements. A clearer audit schedule and a consistent way to record and evidence findings would support a more robust and systematic approach to quality assurance. This would strengthen ongoing improvement across the service. (See area for improvement 1)

Accidents, incidents and adult protection concerns were managed appropriately. All relevant events were reported to the correct bodies. Where ongoing concerns were identified, support was put in place to help keep people safe. This showed a proactive and collaborative approach to safeguarding and ensuring people received timely support.

The leadership team valued staff wellbeing, and staff told us they felt supported. Staff described daily opportunities to seek informal advice and emotional support. Although supervision was taking place, arrangements were not always recorded in line with the service's policy. The management team recognised this and planned to strengthen oversight through including this within the regular audit cycle to ensure sustained oversight. This will help ensure staff receive consistent support and that oversight of practice is maintained.

The training overview remained an area that should be improved. While a planner was in place, it did not show who had completed training or when refreshers were due. A range of training was available to staff, including topics linked to mental health, trauma, wellbeing and safety. This supported staff to provide informed, compassionate and confident support. Training such as trauma informed practice, psychological first aid and personal outcome approaches helped strengthen the team's ability to respond to people's needs in a respectful and understanding way. The manager planned to develop a more comprehensive system to improve oversight. This will help ensure staff maintain the skills they need and support positive outcomes for people.

The service had an improvement plan that aimed to strengthen involvement, enhance support planning and reviews, improve communication, and build a more stable and skilled staff team. Some actions would benefit from clearer monitoring arrangements and more defined measures of progress. Regular review of the improvement plan helps ensure progress is monitored effectively and supports sustained positive outcomes for people.

## Areas for improvement

1. To support sustained improvement and ensure people experience high quality, consistent care, the provider should strengthen its quality assurance processes. This should include developing a clear audit schedule and a consistent system for recording and evidencing findings, so that performance is monitored effectively across all key areas.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

## How well is our care and support planned?

4 - Good

### Quality indicator 5.1: Assessment and personal planning reflects people's outcomes and wishes

We evaluated this key question as good, as several important strengths supported positive outcomes for people and clearly outweighed areas for improvement.

Personal plans were person centred and gave a good picture of each individual. The service had embedded the Individual Recovery Outcomes Counter (IROC) to support meaningful conversations about people's wellbeing and recovery. This helped people explore their aspirations, reflect on their progress and feel more connected to family, friends and their local community. People told us they felt more hopeful about the future, and this contributed to improved confidence, mental wellbeing and daily routines. People were encouraged to explore their goals and reflect on their progress, which promoted ownership and confidence in shaping their support.

Plans focused on outcomes that mattered to people, including staying well, preventing relapse, managing medication, building routines, maintaining tenancies and increasing independence. Staff knew people well, which helped them notice small changes in people's wellbeing and respond early. Risk assessments were generally relevant and linked to individual needs, including mental health, safety and any restrictions in place. When followed consistently, these helped staff support people safely. This meant people experienced support that was informed, compassionate and aligned with their goals.

There were some inconsistencies in how up to date information was presented within personal plans. Information in some plans was outdated or difficult to navigate, and older assessments were placed before current guidance, which risked overshadowing people's up to date needs and wishes. One page profiles were not consistently used, and some risk management plans required review to ensure only the most relevant information was included. Clearer recording of daily support arrangements would also help staff understand what support was expected during each visit. The service should refer to the Care Inspectorate's Adult Guide for Providers on Personal Planning to strengthen consistency and structure. Improving the structure and clarity of plans will help ensure staff access the most up to date information quickly and provide consistent, effective support that maintains positive outcomes for people. (See area for improvement 1)

### Areas for improvement

1. To ensure people experience support that reflects their current needs and preferences, the provider should improve the consistency and organisation of personal plans. This should include making sure information reflects people's current needs, is up to date, easy to navigate, and supported by clear daily support arrangements and relevant risk guidance.

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

## 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 evidence staff are appropriately trained for the work they do, the provider should ensure they have an overview of all training needs required and staff completion.

This is to ensure care and support is consistent with 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 12 February 2025.**

#### Action taken since then

This area for improvement has been reported on under "How good is our leadership?"

This area for improvement has not been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.