

# Inverclyde Transition Houses Housing Support Service

Inverclyde H S C P  
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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Inverclyde Council

**Service provider number:**  
SP2003000212

**Service no:**  
CS2021000170

## About the service

Inverclyde Transition Houses are a housing support service provided by Inverclyde Council. The service supports up to five young people who are care experienced. At the time of this inspection, four young people were being supported by the service.

The service is based in Greenock and provides individual accommodation and a broad range of support for young people who live independently in their own tenancies.

## About the inspection

This was an unannounced inspection which took place on 10 and 11 February 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, registration information, 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 six staff and management; and
- reviewed documents.

## Key messages

Young people received individualised and flexible care that provided a vital safeguard at times of transition.

Young people benefited from positive, warm and enduring relationships with staff.

Quality assurance systems and management oversight were not established within the service.

The service had no central, service-based record of protection concerns and/or significant events.

Management changes and instability have had an adverse impact on support to staff, staff practice and consistency across procedures.

Staffing allocations, skills and experience offered young people stability and consistency.

The quality of personal plans and assessments to manage risk were very mixed in quality and did not outline, explain or review young people's support needs to ensure appropriate levels of care.

A strength of the service was the participation of young people in their plans and in decision-making.

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

Young people received individualised and flexible care that provided a vital safeguard at times of transition. The provision of accommodation combined with outreach support enabled young people to adjust to living independently. Staff in the service understood each young person's needs very well and the unique support that was required to keep them safe and best support them. This contributed to measurable positive outcomes for all young people being supported by the service. One young person reflected, "I don't need as much support as I needed before. If I had moved into my own tenancy, I would have struggled quite bad. Struggled a lot more with my finances and mental health".

Young people benefited from positive and warm relationships with staff. Relationship-based practice was prioritised within the service. Young people valued these relationships and the contribution of the service in promoting their independence and supporting them at a critical time in their lives. One young person described their relationships with staff as "spot on...amazing....best people in the world... treated me so good. I am respected".

Young people had strong networks of support and good access to health services. This was aided by positive working relationships between the service and other key agencies. The progression of young people's plans benefited from strong links between the service, residential services and the social work area team.

Young people were recognised as experts on their own experiences and wishes. Young people were fully included in shaping the support they received to reach their goals. Young people expressed that they made choices for themselves and led any decisions that affected them. One young person commented, "Suggestions are aligned with what I think are good. They don't do anything without my permission or presence".

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality assurance systems were not established within the service. Therefore, we did not find that the service were able to evidence progress, evaluate outcomes or robustly demonstrate what changes were needed. Areas for improvement identified during the inspection were not reflected in any service documents.

We found that there was no service-based record of protection concerns and/or significant events. We discussed with managers the need for these as a measure of recording, evaluating and tracking outcomes, potential learning or identifying gaps.

The service did not notify the Care Inspectorate of significant events, including protection concerns, in line with statutory requirements. The absence of these and service incident records meant that we were unable to review, and be assured of, the practice and service response to any of the incidents known to have taken place. This presents a risk to future outcomes for young people. Quality assurance and management oversight will form a requirement under this key question (see requirement 1).

Staff valued the support of individual managers and were confident that they could approach managers for guidance and support. Staff have, however, experienced ongoing change in recent years, including an office move and multiple changes of manager. This has had a negative impact on support to staff, staff practice and consistency across procedures. We found confusion around roles and responsibilities in relation to care planning, continuing care and reviews. Management changes have also resulted in young people not being familiar with the manager of the service and this reduces their ability to make contact, for example to make a complaint.

The impact of these changes have been acknowledged by managers and we are aware that there is a provider-wide service redesign currently underway. This will consider all aspects of service delivery. While we can appreciate the potential benefits of this, it must also be considered that this represents further change. Without stable management, this could well have a negative impact on capacity for improvement and service delivery. Stable and consistent leadership is needed to promote resilience and consistency in the staff team.

## Requirements

1. By 31 May 2026, the provider must ensure that young people are supported in a service that ensures their safety and wellbeing through robust quality assurance processes.

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

- a) ensure effective quality assurance systems are implemented to provide scrutiny, analysis and assurance that care is safe, well planned, documented and regularly reviewed;
- b) undertake a review of all young people's personal plans. These should include the contributions of young people and the multi-agency team around the child. This should outline clearly a young person's support needs, the desired outcomes for the young person and the role of the service in meeting these;
- c) ensure risks to young people using the service are recorded accurately within relevant risk assessment documents and this includes strategies to support the young people;
- d) ensure that there is robust service-based recording, analysis and oversight of significant incidents and protection concerns involving young people who use the service; and
- e) ensure that the service notifies the Care Inspectorate of incidents as described within 'Children and young people's care services: Guidance on records you must keep and notifications you must make' (March 2025).

This is to comply with Regulation 4(1)(a) (welfare of users) 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 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).

## How good is our staff team?

**5 - Very Good**

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

There was a breadth of skills and experience across the staff team in the service. Staff were committed and passionate about their role. Staffing levels and capacity were reported to have reduced relative to previous years. We did not find that this has impacted on the outcomes for young people currently using the service.

Young people had a strong relationship with their allocated worker and this formed the basis of all care and support. Staff took a proactive approach at building these relationships and the allocation of staff to individual young people was made, as far as possible, on the basis of relationships. Relationship-based practice was central to the priorities and functions of the service. We saw the positive impact that enduring relationships had on young people's outcomes.

Staffing levels and allocations within the service offered young people stability and consistency. Consistency of staffing meant that staff had a high level of knowledge on how to meet young people's needs. Young people benefited from compassionate and individual care that was responsive and flexible to their changing needs. Staff worked to promote young people's independence while balancing this with support and expanding young people's wider network.

The staff team worked well together and there were positive collegiate relationships. There was a collective knowledge of and responsibility for the young people who used the service. Young people felt confident and able to approach any staff members for support and positive relationships were not confined to individual workers. Staff were confident in building positive interactions and relationships with people.

## 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 young people and clearly outweighed areas for improvement.

The quality of personal plans and assessments to manage risk were very mixed in quality and the information was presented in different formats. Not all young people had complete or up-to-date plans or risk assessments in place. We found these did not follow specific, measurable, achievable, relevant and time-bound (SMART) principles. The processes and expectations in relation to reviewing plans were unclear and service documents did not offer clarity. Therefore, young people's plans did not outline, explain or review their support needs to guide interventions and ensure appropriate levels of care (see area for improvement 1).

Young people using the service did not have welfare assessments, as required under continuing care legislation. Provider practice guidance on this area was ineffective. This meant that there was no assessment to inform and support the decision for young people to transition from residential care to the service. We found confusion within the service about staff members' roles and responsibilities in relation to continuing care practice. This was reflected in service documents, job titles and discussions. This undermined confidence that young people's rights to continuing care were being upheld (see area for improvement 2).

Young people were very well matched to the service and this contributed to positive outcomes. The service's role at this time of need made a crucial difference to young people's future progress. It was reported that matching and admissions processes have been a focus of development. Systems were in place to facilitate this and the service had a proactive role that enabled early planning and effective matching. This could be strengthened further by the inclusion of young people's welfare assessments in the matching process.

A strength of the service was the participation of young people in their plans and in decision-making. While this was not consistently clear within written plans, there was confidence about this based on discussions with staff and young people. Young people were very clear that they led, directed and took ownership of their planning. One young person told us, "It's definitely led by me. That is made clear..... No decision is made on my behalf". Another young person said, "Absolutely. What I want done then what they can do. Good listening. Then they will take action".

### Areas for improvement

1.  
To ensure that young people receive appropriate care and support, personal plans should outline clearly a young person's support needs, the desired outcomes for the young person and the role of the service in meeting these.

This is to ensure that the quality of care 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).

2. To ensure that young people have the right care and support to help them successfully transition into adulthood, the provider should develop greater awareness of their duties under Continuing Care legislation, including the completion of welfare assessments

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

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1:14).

## 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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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