

# Capability Scotland - Community Living Services South West Housing Support Service

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Unannounced

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Capability Scotland

**Service provider number:**  
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## About the service

Capability Scotland Community Living Services South West, is registered to provide care at home and housing support, operating in Renfrewshire, Glasgow and East Renfrewshire. Recently the service also provides care and support for people to access further education provided within Corseford College.

The service offers support to people with physical disabilities, learning disabilities and mental health difficulties in their home and community.

There were 60 people using the service at the time of inspection.

## About the inspection

This was an unannounced inspection which took place on 23-25 February 2026 between 09:20 and 18:45. This inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluations we:

- Spoke/spent time with 17 people using the service and 10 of their family members.
- Reviewed 47 completed questionnaires (13 received from people using the service, 20 staff, 10 relatives and carers and four external professionals).
- Spoke with 15 staff and the management team.
- Observed practice and daily life.
- Reviewed documents.
- spoke with three visiting professionals.

## Key messages

- People experienced warm, compassionate support, and staff knew individuals well, contributing to positive wellbeing.
- People expressed confidence in the quality of care, communication and the respectful relationships staff built with them.
- Leaders were approachable and responsive, but further development of quality assurance systems and recording was required, to ensure safe and consistent governance.
- People benefitted from a stable staff team however, staffing arrangements were inconsistent across the service, leading to over reliance on overtime and agency staff.
- Strong practice in communication support promoted people's independence and participation.
- Safe medication systems and processes were in place, but some areas of the service required development of medication prescribed as required (PRN) protocols to strengthen these systems further.
- Personal plans reflected people's outcomes and wishes and included reviews and effective transition planning.

## 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?	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

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 consistently benefitted from warm, caring relationships with staff who knew them well. This ensured staff understood their communication styles, and supported them in ways that upheld dignity, choice and emotional security which promoted independence for people.

People told us they were very happy with the quality of their care, describing staff as kind, generous and part of a "good team". Families similarly expressed high levels of confidence, noting that staff helped their relatives make meaningful progress and that care was delivered with sensitivity, respect and genuine commitment.

People experienced support that was highly attuned to their needs. Families highlighted that staff were skilled in recognising distress, responding in personalised ways, and supporting complex needs with confidence. External professionals also expressed strong assurance in the service, describing it as "invaluable," and noting that decisions were taken collaboratively and respectfully, alongside families to achieve the best outcomes for individuals.

People benefitted from stable and consistent staffing, particularly within the college where staff were aligned to year groups. This approach built trusted relationships and helped staff notice and respond to changes in people's wellbeing. Community living support also had a strong core team who knew people well. Across both parts of the service, staff demonstrated a person centred ethos, making sure people's likes, preferences and sensory needs shaped their daily routines.

People had access to a wide range of meaningful experiences within the college including music, learning activities, sensory spaces and opportunities to develop communication, literacy and numeracy skills. For those who found busy environments overwhelming, quieter areas such as sensory rooms and calm corners were available, supporting people to reduce feelings of overwhelm and to decompress.

A major strength was the enhanced communication environment within the college. People were encouraged and supported to use a range of communication methods including speech, sign, Makaton, Alternative and Augmentative Communication (AAC) technology used to communicate and Boardmaker visuals. We observed staff using these approaches consistently and skilfully, enabling people to make choices, express their feelings and participate in conversations.

Lunchtime observations demonstrated how staff facilitated peer interactions through signing, modelling and turn taking. This helped people develop social communication skills in a supportive environment. Dedicated roles, including the inclusive communication officer, further strengthened consistency and oversight of communication practice.

People who required help with eating and drinking were supported with compassion and patience, with staff promoting independence wherever possible. This remained evident even when the environment became busy or noisy. Postural support strategies, eating and drinking assessments, and food and fluid monitoring were all in place, contributing to safe and effective care. We observed that mealtimes could be very busy for people supported.

Staff were receptive in exploring any changes which could be implemented to ensure this was not overwhelming for people. These included staggering lunches or using additional rooms, particularly during busier times in the academic year.

Health needs were identified and managed proactively. Staff recognised when people required additional support and made timely referrals to professionals including, learning disability nurses, epilepsy services, psychology and speech and language therapy.

Medication systems were robust, with competent staff practice, strengthened by daily checks and respectful administration aligned with personal plans. The process for ensuring PRN medication administered by families was communicated to the college added further assurance. People's finances were managed safely and in line with legislation; families told us they were confident in these arrangements.

Overall, the service delivered very good, person centred care that supported people to communicate, participate, stay healthy and feel valued, benefitting from enriching, positive experiences consistently.

### How good is our leadership? **3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Leadership demonstrated commitment to improvement, but further work was needed to embed effective quality assurance and responsiveness.

Leaders were visible and approachable. People and families told us they felt listened to and well supported, which contributed positively to their confidence in the service.

Complaints were generally well managed, with actions taken that reflected people's wishes. We could see review trackers were in place across the service, and the majority of reviews had taken place within expected timescales, supporting ongoing oversight of people's needs.

Internal reporting and actions taken as a result of accident and incidents was demonstrated to be appropriate. However, recording required improvement, with a number of near misses, incidents involving stress/distress and minor injuries not being notified to the Care Inspectorate in line with legal responsibilities. Whilst leaders demonstrated knowledge and understanding of incidents which had occurred, the registered manager lacked effective oversight of incidents across both service areas. This limited the ability to analyse patterns, ensure timely follow up and assess whether people remained safe.

People should benefit from a culture of continuous improvement, with organisations having robust and transparent quality assurance processes. Within the service, gaps in quality assurance and oversight limited the service's ability to ensure safe, consistent and well governed practice.

Quality assurance systems were fragmented, with unclear roles and responsibilities across the two parts of the service. This resulted in inconsistent monitoring of key areas such as, training compliance, competency checks, supervision frequency and team meeting attendance. Leaders did not have direct access to core regulatory information, such as staff registered with their regulatory bodies. This reduced assurance that governance systems were functioning effectively (requirement 1).

Service improvement planning required further development.

While some improvement activity was recorded, there was no comprehensive, cohesive improvement plan for the whole service, particularly within the college. This meant there was limited strategic direction, little evidence of measurable progress and reduced ability to evaluate whether actions were improving outcomes for people. We would expect the service to develop an overarching service improvement plan to encompass areas of development across all parts of the service (area for improvement 1).

Leaders tended to focus on day to day operational pressures rather than driving longer term, sustainable improvement. Contingency planning for staffing was not sufficiently robust to reduce reliance on overtime and agency cover (for further information see How good is our staff team?).

Overall, while leaders were responsive and committed, gaps in quality assurance systems, incident oversight, regulatory monitoring and improvement planning constrained the service's ability to provide consistently safe and well governed care. Strengthening these areas is essential to ensure strong, reliable oversight and sustained improvement across the whole service.

## Requirements

1. By 20th July 2026, the provider must ensure that quality assurance processes are carried out effectively, and in a manner which achieves improvements in the service. The provider must ensure, at a minimum:

- a) Development of effective quality assurance systems.
- b) Ensure routine and regular management audits are being completed across all areas of the service being provided.
- c) Ensure internal quality assurance systems identify any issue which may have a negative impact on the health and welfare of people supported.
- d) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- e) Action plans are regularly reviewed and signed off by an appropriate person in the organisation when improvements are achieved.

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 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).

## Areas for improvement

1. To ensure oversight of key areas for improvement, managers should develop a service improvement plan incorporating all aspects of the service.

This should include, but is not limited to: detailed outcomes for service improvements which are informed by self-evaluation and feedback from people using the service, identified staff and managers with responsibility for specific actions in meeting the outcomes for the service and regular review of outcomes, updated to reflect progress.

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); and '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?

4 - Good

### 3.2 - Staff have the right knowledge, competence and development to support people

People told us that staff were kind, caring and motivated to provide high quality support. There were important strengths in staff knowledge, competence and development that supported positive outcomes for people.

Families reported the staff were 'professional', 'care a great deal for their needs' and had 'great knowledge'. External professionals also commented on the knowledge and skills demonstrated by staff and their responsiveness to communicate concerns to or act on any guidance given.

Staff received supervision in line with organisational policy with feedback, highlighting that supervision was happening regularly, was supportive and that at any time staff were able to raise concerns or ideas for improvement with leaders. The college had developed new documentation which would strengthen reflective practice within their current supervision format.

Team meetings were regularly taking place across the service and relevant actions and learning from these were evidenced. This including discussions around practice and learning from incidents. This ensured staff's knowledge and skills continue to develop, ultimately ensuring people continue to receive care from an informed and knowledgeable staff team.

Staff demonstrated a clear commitment to ongoing learning, with many completing relevant qualifications and engaging well in supervision. This meant people were supported by staff who understood their needs and were able to reflect on and improve their practice.

People benefitted from a workforce that had access to meaningful development opportunities, including Makaton, AAC- communication technology awareness, Talking Mats and communication specific sessions. This strengthened staff skills in supporting people whose communication needs varied. There was also 15 communication champions across the service. Recent mandatory Positive Behaviour Support (PBS) training delivered to college staff, further enhanced their confidence and ability to respond safely and compassionately during times of stress or distress, contributing to calmer, more predictable experiences for people.

There was an induction process within both parts of the service. New staff benefitted from the structured induction and shadowing opportunities, which supported confident practice and reduced risk during the early stages of employment.

Training was recorded within both parts of the service however, training records were inconsistent. This made it difficult to determine overall compliance across both parts of the service or identify when refreshers were overdue. There was no comprehensive training and overarching development plan in place, nor any training needs analysis by role, which meant learning was not always being aligned systematically with the needs of people experiencing care.

We observed skilled staff who could demonstrate good knowledge and competence when supporting people however, gaps in training could create potentially avoidable risks, particularly for people with complex health needs who required skilled support to remain safe. The service should review staff training needs and produce a clear, comprehensive overview of all training and compliance across both services (area for improvement 1).

### 3.3 - Staffing arrangements are right and staff work well together

Staffing arrangements had several important strengths that positively impacted people's daily experiences. Consistent core teams helped people feel secure, and thoughtful staff matching supported trusting, person centred relationships.

Staff worked well together, with effective communication and clear handovers that helped maintain continuity of care. Staff talked positively about relationships within teams and with seniors and leaders who were accessible and supportive.

Staff rotas and scheduling were planned in line with consultation with people supported. Seniors shared rotas in advance, enabling predictability for individuals and families alongside staff. These strengths meant that people experienced stable and supportive relationships with staff who knew them well.

Staff were well matched to individuals' needs, contributing to comfort, trust, and meaningful relationships, enhancing person centred care. People's care and support was planned in line with their preferences, and this was always accommodated by the service. This included preference for specific gendered staff or if they didn't get on as well with specific staff, this was listened to and changed to suit people's wishes. People told us the staff were excellent, caring and knew them really well.

People should be supported and cared for by a team that is well co-ordinated so that they experience consistency and continuity. Staffing was variable across both parts of the service. Staffing levels in the college were appropriate. People using this part of the service benefited from staffing that aligned with assessed needs, supporting safe and effective care. However, within the community living service, staffing was not consistently aligned with assessed needs.

Within the community living service, high vacancy levels and a reliance on agency, overtime and relief staff reduced stability and posed a risk to continuity, particularly for people who relied on familiar staff to feel safe and regulated. Staff worked hard to maintain positive relationships however the staffing model lacked resilience, and further work was needed to ensure people could rely on adequately skilled, familiar staff being available at all times (area for improvement 2).

The service demonstrated a positive culture, with staff members speaking highly of support and consideration to their wellbeing. Staff awards were mentioned as important in supporting staff to feel recognised and valued. Well supported staff are more likely to provide high levels of quality care and support, therefore enhancing experiences for people supported.

## Areas for improvement

1. To ensure continued oversight of staff training, the provider should develop a structured training plan to address gaps, with priority given to PBS and epilepsy training. The provider should produce a clear, comprehensive overview of all training and compliance across both services.

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

2. To ensure consistency in people's care and support, the provider should ensure that there are sufficient numbers of staff deployed with the right skills and knowledge, to support people at all times and demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people'. (HSCS 3.15) and 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation'. (HSCS 4.15)

## 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 used well by staff to deliver care in line with people's routines, preferences and communication needs. This ensured support was consistent, predictable and respectful of what mattered to each person. College personal plans had recently been developed further, significantly strengthening practice, with the use of Boardmaker symbols, photographs and personalised strategies. These approaches ensured that staff understood not only what support people needed, but how they wished to receive it, helping to uphold dignity, minimise distress and promote emotional security.

Positive Behaviour Support (PBS) plans and communication passports further enhanced consistency. This gave staff clear, accessible guidance on sensory needs, triggers, preferred communication methods and early signs of stress or anxiety. However, people with complex health needs in the community did not have hospital passports in place. This created potential risks during unplanned hospital admissions, where staff may be unavailable to provide essential background information.

Personal plans highlighted a communication focus and people supported within the College were utilising communication aids, to support and enhance their communication and share what they had been experiencing at college with family and friends. Staff were encouraging people supported to take ownership of this and 'Talking tiles' technology was being used to record what had happened at college and of taking this home as a method to share with their families their experiences.

People benefitted from effective risk assessments being in place, ensuring staff were informed how to best support people safely. Risk assessments were variable in the level of detail they contained across the service. Some were particularly detailed for example, individualised moving and assisting risk assessments

and person-centred examples of how to support communication. There were some which included more generic information and we discussed with the service ways in which these could be enhanced.

People and their families told us they were involved in developing and reviewing plans, which strengthened ownership and helped ensure care reflected people's wishes. Regular six monthly reviews were taking place, with additional transition reviews in the college to prepare young people for key life changes. These reviews helped identify changes in need promptly and enabled staff and families to work together, to plan appropriate actions. We saw evidence of this, including in situations where people's mental or physical health had changed, which positively impacted outcomes for people supported.

People benefitted from safe administration of medication and staff talked knowledgeably and confidently around people's medication including, as required (PRN) medication.

However, recording of PRN protocols was inconsistent. These were in place within the community living service. However, PRN protocols were missing within college files, with the exception of rescue medications, meaning all staff did not always have clear, accessible guidance on when and how PRN medication should be administered safely. (area for improvement 1).

Overall, personal plans were meaningful and person centred, but some improvements were needed to ensure systems were robust, comprehensive and reliably supported continuous delivery of safe, coordinated care.

## Areas for improvement

1. To support people's health and wellbeing and the effectiveness of any support they receive, the provider should improve the documentation of 'as required' medication. This should include, but is not limited to, ensuring that the reason for the administration of the medication and the effectiveness of the medication is documented in sufficient detail.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24)

## 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?	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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