

# Community Support Project Support Service

Glasgow City Health and Social Care Partnership  
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**Type of inspection:**  
Unannounced

**Completed on:**  
23 March 2026

**Service provided by:**  
Glasgow City Council

**Service provider number:**  
SP2003003390

**Service no:**  
CS2008171170

## About the service

Community Support Project is registered to provide a support service (care at home) and is available to people who live with dementia. The provider is Glasgow City Council.

Support consists of both personal and practical support as well as respite for carers. People are supported to access home-based and community activities based on their choices. The service also offers a Goodnight Team that supports people to get to bed.

The core operational hours of the service are between 8am and 10pm.

At the time of inspection 20 people were being supported.

## About the inspection

This was an unannounced inspection that took place between 17 and 23 March during the hours of 9:30 and 17:30. 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 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 and 11 of their relatives
- spoke with three staff and the management team
- observed practice and daily life
- reviewed documents
- obtained feedback from nine external professionals
- obtained feedback from two other people using the service, four other relatives and six staff members through surveys and emailed questionnaires.

## Key messages

- People experiencing care had positive relationships with staff.
- People who used the services and their loved ones found the service to be invaluable.
- Staff were supported by a management team who were responsive, approachable and supportive.
- Personal plans were person-centred and described people's needs, likes and dislikes.
- People were kept active in ways that suited them.
- The service should ensure that they notify The Care Inspectorate of notifiable events, including incidents reported under Adult Support and Protection.
- The service would benefit from carrying out a bespoke training needs analyses to identify which training staff would require in order to support people with specific health conditions.

## 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 good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very 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 were relaxed and happy in the company of staff and there was warmth, kindness and familiarity. We received feedback that consistently described the service as supportive, compassionate, and highly valued. People told us they were well cared for, sharing comments such as, "I appreciate every visit I get and I get on very well with all my carers. We share laughs, jokes and stories. I also enjoy getting out with them to visit my favourite cafes." A relative told us, "The service is an amazing support network."

The service worked in partnership with other professionals for the benefit of people experiencing care. People could be confident that their health needs were regularly monitored. Staff demonstrated they could report concerns about changes in someone's health or physical presentation. External professionals regarded the service as highly effective and essential, playing a vital role in supporting vulnerable individuals and their families. The staff team was repeatedly praised for their "professionalism, knowledge, and show genuine care."

Although service do not routinely administer medication, staff may be asked to assist with short-term courses, such as antibiotics and we saw evidence staff had been trained for these situations.

Staff had sufficient stock of Personal Protective Equipment (PPE) should personal care support be carried out and there was evidence of training in Infection Prevention Control. This is necessary to ensure people's health benefits from safe practices. Staff had received observations of practice and the management team were involved in completing these.

People who experienced care continued to keep active in their own homes, and within their local community. As well as activities for people who experienced care, one relative told us that they used the time for some respite for themselves. One relative said, "the visits provide both practical respite and reassurance that our mother is settled and supported in our absence." Another told us, "I rely on their visits to allow me to work."

We saw that community activities were supported, examples included, shopping, coffee mornings, theatre trips, and support to people's day centres. This meant that people were kept active and involved in their local communities which was important to them.

People were meaningfully involved in planning their care, which helped ensure support reflected what mattered to them. Care plans contained clear information about health and support needs, preferences and risks, enabling staff to deliver safe, consistent care. This contributed to positive outcomes and supported people's wellbeing. People spoke positively about being supported with meals and drinks and people's choices and wishes were respected.

**How good is our leadership?****4 - Good**

We evaluated this key question as good, with several important strengths that clearly outweighed areas for improvement.

People should expect a service that is well led and effectively managed. Staff spoke positively about the management team who were seen as being responsive, approachable and supportive. One member of staff stated, "Managers never hesitate to offer advice." There was regular communication between management and staff with regular supervisions. Staff told us supervision was effective and promoted reflective practice. Staff shared that they had, "plenty opportunities to come together as a team and get to know our colleagues." This meant staff felt supported to carry out their roles to a high standard and enjoyed good team work.

Team meetings were regular and purposeful, providing staff with opportunities to discuss changes in people's presentation, review practice expectations, and receive updates on training, safety procedures, and operational issues. Staff morale was strong, and the service benefited from a culture where staff feel valued, supported, and confident in seeking advice.

Observations of staff practice were carried out to ensure procedures were followed and safe practice was maintained. However, there was an absence of a framework or competency tool which would strengthen how observations were recorded. Increased managerial oversight was needed to make sure all processes were effective and purposeful. This would ensure compliance, clarity, and consistency in practice.

The service has a legal duty to notify The Care Inspectorate of notifiable events, including some incidents reported under Adult Support and Protection. The lack of notifications meant that regulatory oversight was not fully assured. Once highlighted, managers acknowledged this and accepted responsibility. Guidance was shared during the inspection, and the management team were committed to reviewing and strengthening their processes to ensure compliance going forward. To address this, an Area for Improvement has been made to ensure that notification processes are robust, understood by leadership, and consistently applied. (See Area for Improvement 1).

The service demonstrated a proactive approach to improvement. The Service Improvement Plan was reflective, well structured, and clearly aligned to service priorities. It identified key areas for development, such as strengthening care planning documentation, improving the consistency of recording, and supporting staff to enhance their knowledge and skills. There was good evidence of insight into practice issues, and actions were appropriately allocated with realistic timescales.

**Areas for improvement**

1. To ensure that people benefit from a culture of continuous improvement within the organisation and their service provision, the manager should ensure there are adequate processes in place to notify the Care Inspectorate of notifiable events or changes within the service as per the 'Records that all registered care services must keep and guidance on notification reporting.'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because the organisation has robust and transparent quality assurance processes." (HSCS; 4.19) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## 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 people, therefore we evaluated this key question as very good.

Staffing arrangements for the service were determined by a process of continuous assessment. At the time of inspection, there were 20 people using the service, a temporary reduction linked to staffing vacancies and recent recruitment. This ensured that staffing capacity matched assessed need and that the right number of staff with the right skills were available at the right times. The service showed a strong understanding of the importance of matching staff to people based on compatibility, continuity, and individual preferences, which contributed to consistent and relationship based care.

Interactions between staff and people who used the service were warm, empathetic, and patient, contributing to a supportive and inclusive environment. Staff spoke kindly of the people they supported and knew them and their families well. One staff member told us, "I've seen the difference this service can make to families who are at sometimes crisis point. Just to give them a break, some reassurance, and lessen their worry can make a massive difference." People who used the service told us, "Staff are kind and caring and generous with their time."

All staff received training appropriate to the needs of the people they cared for and benefitted from a structured induction programme, which equipped them to meet people's needs and outcomes effectively. Discussions with staff evidenced they understood their role and responded flexibly to changing situations, to ensure that care and support was consistent and stable.

Staff reported that they felt well supported in their roles. They described high levels of job satisfaction, strong team relationships, and a positive workplace culture characterised by mutual support and effective communication. Management were praised for being approachable, responsive, and proactive, contributing directly to staff morale and the quality of care delivered.

Staff practice observations had been carried out; however, we reported under Key Question 2 'How Good is Our leadership?' that this process could be strengthened by linking observations to a competency framework, supporting reflective practice, structured feedback, and clearer identification of strengths and development needs.

The staff team demonstrated high levels of professionalism, compassion, competence, and teamwork. Their commitment to supporting people with dementia and their families was evident throughout the inspection.

**How well is our care and support planned?****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.

Personal plans were detailed, person centred, and clearly reflected people's preferences, routines, outcomes and wishes. They were accessible within people's homes, supporting safe, consistent practice and helping staff review information during visits. Care plans were outcome focused and demonstrated staff's strong knowledge of the people they supported.

Risk assessments were comprehensive, clearly written, and demonstrated good practice in identifying risks and specifying appropriate control measures. They showed evidence of effective collaboration between staff, the local authorities' homecare service, and families, ensuring that identified risks were managed proportionately. Case studies sampled as part of the inspection also reflected thorough risk assessments and highlighted situations where future notifications to The Care Inspectorate may be required, supporting learning and reflective practice.

Care plans and reviews were consistently signed by either the person experiencing care or their family, demonstrating active involvement and ownership of their support. People and their relatives told us they felt included in decisions and were confident that the service listened and responded to changes in need. During visits, small updates to care plans were identified, such as changes in mobility or hearing, and staff were observed noting these to share with the team leader, reinforcing confidence in their responsiveness.

Reviews were being completed in line with expected timescales and were recorded within the digital system shared with the Health and Social Care Partnership. Staff reported on the purpose of the meeting, who attended, the person's current presentation, and any agreed changes to support. This demonstrated consistent practice in gathering information, engaging with families, and documenting outcomes. The service used diary triggers to track review schedules, contributing to effective managerial oversight. To improve the overall quality of reviews, a consistent template or framework would help ensure that all relevant information is captured systematically.

To strengthen transparency and the quality of recording, staff should record the exact times of their visits in the diaries kept within people's homes. Accurate arrival and departure times offer evidence that support has taken place, assist in safeguarding, and ensure regulatory compliance. Precise time recording also supports coordination with other services by identifying overlaps or inconsistencies in scheduling, which is essential for maintaining continuity of care.

To enhance accessibility for people and their families, the inclusion of service contact details within the care plan would provide additional clarity and support ease of communication.

Overall, care planning was strong, with clear outcomes and detailed personal information that reflected people's choices, wishes and needs.

## 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 service would benefit from carrying out a bespoke training needs analyses to identify which training staff would require in order to support people with specific health conditions. This will support the services quality assurance programme. This could include, but is not limited to:-

- Mental Health First Aid
- Communication

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)

**This area for improvement was made on 7 July 2023.**

#### Action taken since then

Since the last inspection, the service has made progress in strengthening staff knowledge and skills. Staff have completed a range of condition-specific training (e.g., continence care, nutrition and hydration, medication, Adult With Incapacity, dementia) and communication-focused training such as SAGE & THYME.

Further work is still required, as there was no evidence of an individualised training needs analysis for each staff member or of a formal submission to the senior management team. In addition, Mental Health First Aid (SMHFA) training, identified in the Area For Improvement as an example of required specialist learning, has not yet been undertaken or staff require refresher training due to the time lapse.

The service should complete and evidence a personalised training needs analysis and identify any outstanding specialist training requirements.

This Area For Improvement has not been met and remains in place.

### 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 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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