

# Cloverfield Grove Housing Support Service

Bucksburn  
Aberdeen  
AB21 9PU

Telephone: 01224 358 540

**Type of inspection:**  
Unannounced

**Completed on:**  
16 March 2026

**Service provided by:**  
Aberdeen Association of Social  
Service, a company limited by  
guarantee, trading as VSA

**Service provider number:**  
SP2003000011

**Service no:**  
CS2004068563

## About the service

Cloverfield Grove is a supported living complex registered to provide care at home and housing support for adults. The service is provided by VSA (Aberdeen Association of Social Service), and is located close to local amenities in a residential area in Aberdeen City.

Each person has their own spacious one-bedroom flat and there are a number of communal areas where people can choose to sit and socialise together within the complex. Meals are provided in the two cafes located on each floor. There is also an extensive well-maintained garden.

At the time of the inspection there were 37 people living at Cloverfield Grove.

## About the inspection

This was an unannounced follow-up inspection which took place on 16 March 2026. The inspection was carried out by two inspectors from the Care Inspectorate. The inspection focused on the requirement and area for improvement which had not been met at the last inspection which took place in September 2025. We also followed up on a requirement from a complaint that we upheld on 2 February 2026. We evaluated how the service had addressed these to improve outcomes for people.

In making our evaluations of the service we:

- met and spoke with four people using the service
- spoke with members of staff and the management team
- observed practice and daily life
- reviewed documents.

## Key messages

- The service had developed people's personal plans which ensured that staff had the most up-to-date information about people's needs.
- Since the last inspection a complaint had been upheld which resulted in a requirement to ensure there were robust systems in place for recognising, investigating and responding to concerns, complaints and incidents.
- A new system for monitoring concerns and complaints had been introduced, but it was not yet fully embedded, and some incidents were still not being recorded or escalated consistently.
- As part of the ongoing service redesign, the service were planning to further review their handover processes to ensure staff were fully informed across all shifts.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 30 August 2025, the provider must ensure that people receive care and support that meets their needs and outcomes.

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

- a) that personal plans are accessible to staff, accurate, outcome focussed, detailed and updated when people's needs change.
- b) that personal plans contain sufficient details around people's health and wellbeing needs and that any risks identified are included in their personal plans and risk assessments.
- c) that reviews take place, at least every six months, and are outcome focussed.
- d) personal plans and information required to direct staff are accessible.
- e) personal plans reflect the views and wishes of people and/or their welfare guardian/appointed representative.
- f) personal plans and daily records reflect individual experiences and personal outcomes.

This is to comply with Regulation 4(1)(a) and Regulation 5 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:

'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); 'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17).

This requirement was made on 2 June 2025.

## Action taken on previous requirement

Since the last inspection the service had continued to make improvements to people's personal plans. Each person now had a support overview sheet in place, which included direct links to their support plans and risk assessments.

Regular audits were taking place to ensure support plans and risk assessments were up to date. Audits of daily records were also being completed. As a result personal plans and risk assessments were up to date and daily records were more outcome focused and person centred.

## Met - outwith timescales

### Requirement 2

By 1st March 2026, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must:

- a) develop managers' and staff's skills in recognising, investigating and responding to complaints or allegations of abuse.
- b) ensure that service users and their representatives are provided with a copy of the complaints procedure and are aware of how to raise concerns or complaints.
- c) ensure all complaints, incidents, accidents and allegations must be fully investigated. Written responses should clearly detail the investigation findings, actions taken, and lessons learned to improve outcomes for individuals.
- e) ensure management has a comprehensive oversight of complaints.
- d) staff adhere to the local adult support and protection procedures and notifications to the Care Inspectorate, and SSSC when necessary.

This is in order to comply with:

Regulation 18(3) 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 Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This requirement was made on 2 February 2026.

## Action taken on previous requirement

The provider had introduced a new system to monitor and track complaints, concerns, incidents, and accidents, with reports now allocated to management to ensure clearer accountability. The service had been in a period of transition, with several changes in management and oversight. A new management structure was now in place, and staff had a clearer understanding of their roles and responsibilities.

However, during the inspection we found that the new system was not yet fully embedded in day-to-day practice. While staff told us they felt more confident in escalating concerns through the appropriate channels, we identified incidents that had not been recorded or brought to management's attention. This demonstrated that the new process was not being applied consistently and raised concerns about its effectiveness in safeguarding people.

This requirement has not been met and we have agreed an extension until 8 June 2026.

Not met

## 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 support people's health and wellbeing and improve the quality of support the provider should ensure that they review their handover process to ensure that handovers are effective and robust and provide staff with the information they require about people's needs so that they can respond appropriately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 2 June 2025.**

#### Action taken since then

The service had reviewed and strengthened its handover processes since this area for improvement was identified. As part of the ongoing service redesign, the service recognised that a further review of handover processes would be necessary to ensure staff working different shift patterns continued to receive consistent and up-to-date information about people's needs. We will review progress of this at the next inspection.

This area for improvement has not been met.

### Complaints

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

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