

# Aberdeen City Housing Support Service

Beach Boulevard  
Aberdeen  
AB24 5HP

Telephone: 01224 280005

**Type of inspection:**  
Unannounced

**Completed on:**  
31 March 2026

**Service provided by:**  
Inspire (Partnership Through Life) Ltd

**Service provider number:**  
SP2003000031

**Service no:**  
CS2004068564

## About the service

Aberdeen City Community Integrated Care is registered to provide housing support and care at home to adults with learning disabilities living in their own homes within the community. Services are provided in residential areas of Aberdeen, which are close to public transport and community amenities.

## About the inspection

This was an unannounced inspection which took place on 25, 26, 27 March 2026. The 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we

- Spoke with 12 people using the service and two of their family
- Spoke with 10 staff and management
- Received questionnaires from five people and families
- Received 26 questionnaires from staff
- Observed practice and daily life
- Reviewed documents.

**Key messages**

- People were able to live active lives.
- People were supported by a respectful and knowledgeable staff team.
- Storage of medication needed to improve.
- Some of the accommodation needed refurbishment.
- Notifications to the Care Inspectorate required to improve.
- Quality assurance process needed to reflect the outcomes of audits.

**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? | 4 - Good     |
| How good is our leadership?                | 3 - Adequate |
| How good is our staff team?                | 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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People led active and fulfilling lives. They participated in a range of community-based activities, including dancing, clubs, and arts and crafts. Some people were also supported to undertake work activities, including working at the provider's shop. This demonstrated that the service promoted inclusion, meaningful occupation, and community engagement. We observed warm and friendly relationships with the staff which meant people felt safe. One person told us, 'I am happy here' and another said, 'I get to do lots of things.' As a result, people were able to live active lives.

People were supported to arrange and attend medical appointments when needed. Staff knew people well, allowing them to make prompt referrals to health professionals when people appeared unwell or not themselves. As a result, people could be assured their health and wellbeing was being closely monitored.

Medication practice was generally safe, however there were areas for improvement. Medication was not stored appropriately, for example, topical medication had not been dated when opened and not disposed of when the treatment had finished. One person went without medication for three days, which had not been identified through weekly auditing. We found the provider's medication policy not to be in line with local guidance. However, the provider was reviewing their guidance to reflect local best practice which we will review at subsequent inspections (see area for improvement 1).

People's bedrooms were clean, tidy, and personalised to reflect their individual interests, with staff being respectful that these were people's homes. The communal areas were clean, however, some areas needed improvement. Within the bathrooms, radiators were rusty, which would have reduced the ability to maintain good infection control procedures. One bathroom was being used for the storage of archiving boxes. In one house a ceiling track hoist had been out of commission for a number of years. Whilst the service had ensured there was an alternative for the person to access showering, it reduced personal choice of using a bath (see area for improvement key question 2).

The service had identified risks associated with restrictive practices; however, documentation needed to be strengthened to ensure people were safe. We discussed this at inspection and signposted the provider to the guidance available. We will review this at subsequent inspections.

People's finances were generally managed safely. Money was stored securely in locked boxes, cupboards, or safes. However, staff checks and counts were not done consistently and there was no procedure for the safe storage of bank cards. This could expose people to unnecessary risk. The provider will review their financial procedures to ensure people's finances are well managed. We will review this at future inspections.

### Areas for improvement

1. To support people's health and wellbeing, the provider should ensure medication is stored appropriate in line with good practice.

This should include but not limited to ensuring topical medication is dated when opened and destroyed when required.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## How good is our leadership?

### 3 - Adequate

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

The provider had a range of audits in place, including medication, financial, and service audits. However, these systems had not been effective in identifying some of the issues we highlighted, for example, medication errors. Some actions arising from audits were not recorded on the service improvement plan. As a result, there was reduced confidence in oversight.

Service improvement plans were task-focused and did not demonstrate meaningful involvement of people supported and did not demonstrate how improvements improved people's care. Actions were frequently closed without an outcome, therefore not demonstrating how actions benefit the people supported. We discussed with leaders how improvements could be supported if each service lead developed a local development plan, which focused on their individual area and feedback from people using the service (see area for improvement 1).

An area for improvement about notifications to the Care Inspectorate had been made at the last inspection. Notifications had not improved with several notifiable events not been reported in a timely manner. We have suggested to the provider that their accident and incident form include whether this needed a referral to the Care Inspectorate to support decision making (see requirement 1).

We could not see a clear environmental improvement plan. The provider advised that environmental concerns had been escalated to the landlord, however, responses had been slow and inconsistent. There was also confusion regarding responsibility across multiple properties under the same landlord. The provider should work with the landlords to develop environmental plan with actions and timescales to ensure people live in a well-maintained and welcoming environment (see area for improvement 2).

## Requirements

1. By 1 June 2026, the provider must ensure that notification to relevant bodies are timely submitted in keeping with the expectation of a registered service. In particular you must:

- a) Ensure notification to the Care Inspectorate are received as per guidance
- b) Ensure managers are aware of their responsibilities for notifications
- c) Ensure in the absence of a manager, notifications continue to be submitted
- d) Develop a process to ensure regional manager oversight of required notifications.

This is to comply with Regulations 4(1)(a) and 4(2) 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 different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

## Areas for improvement

1. To support people's health and wellbeing, the provider should ensure checks and audits are thorough and have a clear benefit to people.

This should include, but not limited to, a quality assurance process, which gives sufficient oversight, and is outcome-focused, reflecting the experiences and outcomes for people.

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).

2. To support people's wellbeing, the provider should ensure there is an environmental plan which identifies deficits and responsibilities for action. This should include, but not limited to, develop and maintenance and improvement plan with the landlords and each parties responsibilities.

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

'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment' (HSCS 5.24).

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People told us they felt well supported by staff. We observed staff who were knowledgeable and enjoyed their role. One staff member told us, 'I think the service and team as a whole are very good at what we do' and another said, 'The person we support is encouraged to live an active and exciting life in the community.' As a result, people were able to enjoy their lives.

Staff raised concerns, that people were missing out on activities due to staffing hours. This was mainly in the evenings. The provider explained that recruitment was based on commissioned hours, with recruitment for new staff currently taking place. The provider was in discussion with commissioner to ensure people's needs and outcomes with supported appropriately.

Overall staff felt training enabled them to feel confident in undertaking their role. Staff told us they would prefer more face-to-face training than online training. Staff said this would be meaningful and be able to talk to others about experiences and share good practice. The provider should consider how this could be achieved to enable staff to learn from one another. As such, people would benefit from a well-trained team.

Staff attended regular staff meetings, enabling staff to discuss a range of subjects, for example, health and safety issues and activities. The service may wish to consider, including discussions on Health and Social Care Standards (HSCS), training experiences, and reflective practice. This would support continuous improvement and professional development.

## 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 ensure that people benefit from open and transparent leadership, the provider should, implement the guidance in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.' This is in order to keep the Care Inspectorate updated on important events.

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 based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 27 February 2025.**

#### Action taken since then

This area for improvement has not been met (see key question 2 requirement 1).

### 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?                             | 4 - Good     |
| 1.3 People's health and wellbeing benefits from their care and support | 4 - 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     |
| 3.3 Staffing arrangements are right and staff work well together       | 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 iarrrtas.

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.