Abbeyfield Helensburgh
Housing Support Service

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Type of inspection:
Unannounced

Completed on:
22 August 2025

Service provided by:
Abbeyfield Helensburgh Society

Service provider number:
SP2004006002

Service no:
CS2004061600

About the service

Abbeyfield Helensburgh is registered as a housing support service and has recently included a variation to provide care at home to people with assessed support needs in their homes and in the community within the Helensburgh area.

The service is based near Helensburgh town centre, is easily accessible via car or bus, and operates from a large house over two floors. People have their own tenancies.

The provider is Abbeyfield Helensburgh Society limited and is run as a charity by a committee of trustees.

The service can accommodate 11 tenants in eight rooms, three of which are suitable for couples. People have the use of bright, welcoming communal areas including a garden, lounge, kitchens, and dining room. Staff are available during daytime and people can access care and support from other organisations should they wish. There were seven people using the service at the time of inspection.

The manager was supported by a senior support worker, administrator, care staff and housekeeping with maintenance support.

About the inspection

This was an unannounced inspection which took place on 19, 20, 21 August 2025 between the hours of 09:00 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 six people using the service and four of their family/friends
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

We also took into account six returned care inspectorate questionnaires.

Key messages

• People were respected and supported by compassionate, caring staff.

• Support was person centred, and staff work alongside people to promote their rights.

• People were consulted well and updated regularly.

• The provider should continue to develop effective quality assurance processes to support ongoing improvement across all key areas.

• Staff were well supported and enjoyed their role.

• Staff training in Adult Protection and Infection Prevention and Control was required.

• People's future needs and wishes should be recorded within care plans.

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?	4 - Good
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? 4 - Good

There were a number of major strengths to support positive outcomes for people, with a few areas for improvement, therefore we evaluated this key question as good.

People benefitted from a warm, friendly, welcoming, clean environment. Staff recognised this was people's home. Support we observed was person centred, with staff working alongside people, developing beneficial relationships. Feedback was positive about the quality of care experienced. People said, 'I love it here, staff are great, there is a good cook' and 'staff are so helpful, they all are'. 'Manager is good, nothing is too much trouble'.

Meaningful connection is now enshrined in law which means people should have their visitors and feel connected with the community they live in. People were supported to remain connected with their loved ones or friends and some relatives fed back about their loved one experiencing less loneliness and improved social aspects since living with others. Family members we spoke with told us they were always welcomed. Some people were able to get out and about independently.

People can expect meals and snacks to meet their cultural and dietary needs, beliefs and preferences. People were able to choose their meal from a displayed menu for the next day and could ask for off menu options. Everyone agreed that food was of a good quality ' it's always delicious, xxx is such a good cook'. There was plenty of choice, it was a positive mealtime experience. People could help themselves to snacks and drinks throughout the day. We were assured that people's hydration and nutritional needs were met. People were encouraged to put forward meal suggestions and were central to planning meals including special birthday meals. Relatives and friends were able to share a meal.

There was access to a beautiful, enclosed garden and people were encouraged to potter around in it. People told me it had been too hot to sit outside whilst one person told me they loved it offering opportunities to promote physical and mental wellbeing.

Residents' meetings ensured people were consulted about all aspects of care and support. Meetings were monthly and well attended. The leadership team kept everyone up to date organisationally. Staffing levels were also discussed ensuring people's views were noted.

People should benefit from good information being shared about their health needs. Staff in the service understood their role in supporting people's access to healthcare. The GP and other health professionals were called out where required with referrals to Speech and Language and Dietician where needed. Staff recognised changing health needs and shared this information quickly with the right people promoting people's health and wellbeing.

Professionals visiting the service fed back that staff knew people well; are person centred in approach and refer appropriately and follow professional advice where this is given. They also commented on how well the service communicate.

People can expect their medications to be administered safely and in line with prescribed instruction. Medication was recorded on Medication Administration Record Sheets (MARS) where this support was needed. People were protected by safe medication management policies and practices. There was an updated policy which guided staff. Some individual protocols required to be clearer to give staff clear

instruction, such as where people were prescribed 'as and when required' medications. The manager promptly addressed this during the inspection.

Where housing support services were offered, people were enabled to have control of their own health and wellbeing through access to necessary technology such as their pendant (to call for help) and other specialist equipment.

Staff were clear about fire procedures and the expected actions in the event of a fire. We could see relevant safety checks were carried out keeping people safe.

People should be protected by policies and procedures relating to their care. The provider should ensure policies and procedures are in place which are appropriate for the service type. This includes an appropriate finance policy. If people need help managing money and personal affairs, they should be able to have as much control as possible where interests are safeguarded. Policies should be regularly reviewed and updated as required. Whilst people's finances were managed safely, and processes were robust, there was no policy in place that guided staff. See area for improvement 1.

There was no adult/child protection policy which evidenced how people were kept safe. Staff required to be trained in Scottish adult/child protection procedures and should be confident in knowing when and how to make referrals, including notifying the Care Inspectorate. See area for improvement 2. The provider was aware policies required to be updated to reflect the change to Care at home registration. Work was progressing on these during our visit.

Areas for improvement

1.
To ensure that people benefit from robust processes to guide staff and uphold people's legal rights with their finances, the provider should implement a finance policy.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states, 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded'(HSCS 2.5) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

2.
To ensure people are kept safe the provider should implement a child/adult protection policy and ensure staff are trained and confident in knowing when and how to make referrals including notifying the care inspectorate.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states '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 use a service which is well led and managed' (HSCS.4.23).

How good is our leadership? 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 should benefit from an ongoing, dynamic and responsive improvement plan that details the future direction of the service. We sampled a business plan which contained elements of service improvement, and we talked about the need to detail how people's views are captured. We noted people were consulted about the future of their service during meetings and well informed about any improvements.

A service development plan was in place with actions and rough timescales detailed; however, this had just been developed in conjunction with a business plan and needed more time to embed. We discussed with the manager how this could be developed, including further self-evaluation. Recording more specific timescales and actions would assist the managers to show progression towards each outcome.

There were quality assurance procedures in place to assist the manager with monitoring the quality and standard of the service provided, however these were not in the form of regular audits. We asked that a planned schedule of audits is introduced to ensure more regular oversight. Whilst the manager had sight of a range of audits such as medications or professional registrations, it was difficult to gain oversight of other items likes care reviews, staff training or supervision timeframes. We shared guidance to assist the manager to review and improve their quality assurance processes. See area for improvement 1.

People and relatives told us they were happy to feedback or raise any concerns because they knew leaders would act quickly and use the information to help improve the service. Everyone commented how responsive and visible the leadership team was. People were well informed, with their views central to any changes implemented, using their monthly residents meeting which were very well attended. Staff continually evaluated people's experiences to ensure that, as far as possible, people who were using the service were provided with the right care and support in the right place to meet their outcomes. Staff communicated this through daily notes and care plans were updated to reflect changes.

Leaders demonstrated a clear understanding about what was working well and what improvements were needed. There was a clear complaint and compliment process with good oversight of any accident or incidents. Whilst accident and incidents were recorded, and managed appropriately, they were not always reported, including a protection concern. We spoke about being notified to the Care Inspectorate and/or the appropriate agency/ authority. We shared the guidance around this. See area for improvement 2.

Areas for improvement

1.
To ensure people benefit from continuous improvement, the provider should implement a regular schedule of audits and quality assurance activity to cover all key areas of service provision. This should include feedback from people using the service.

This is to ensure care and support are consistent with the Health and Social Care Standards (HSCS), which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) 'I use a service and organisation that are well led and managed' (HSCS 4.23).

2.
To keep people safe, the provider should improve oversight, recording and reporting of information. Relevant notifications should be submitted to the Care Inspectorate in line with legislation and notification guidance.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I use a service which is well led and managed' (HSCS.4.23).

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 using the service and staff benefit from a warm atmosphere because there were good working relationships. Staff were kind and caring. Support was provided with dignity and respect.

Relatives commented 'xx are supported by staff they know so that they experience consistency and continuity'. People told us the staff were available every day when needed. Another person shared 'I love it here; nothing is too much trouble'.

Staff had time to provide care and support with compassion, kindness and engage in meaningful conversations and interactions with people and this was observed throughout the inspection. People benefitted from good relationships with staff.

Staff were recruited safely and in line with best practice offering assurances to people using the service.

People can expect to be supported by the right number and skills mix of staff. We sampled staff rotas and observed staffing levels. Staffing levels appeared adequate with use of consistent staff. There was a process for assessing how many staff hours are needed though this relied mainly on professional judgement. There would be the need for more formal methods of assessing staffing levels using dependencies as more people begin to use the service.

Staff shared they liked working in the service and felt the management team were approachable and flexible with the rotas. There was an on-call number to contact out of hours to support staff. We saw that effective communication between staff helped to meet people's outcomes. People told us they feel safe. We concluded that current staffing arrangements supported positive outcomes for people.

People can expect to be supported by well trained and skilled staff. Staff had access to training, but training levels varied. Some staff were completing professional qualifications in line with the requirements of their professional registration. All staff required to be trained in line with Scottish adult protection legislation and guidance and infection prevention and control (IPC) See area for improvement 1.

Staff induction was being updated, we sampled a basic model for all staff and noted role specific ones being developed. There was a care certificate to be completed by all care staff, and work was progressing on this.

A training platform was used for staff training, and this was supplemented with face to face, practical training developed for this service and delivered by the manager and external professionals.

Staff wellbeing was promoted through new policies, and the management team operated an open-door policy.

Staff meetings had been held recently which were well attended. Staff confirmed they were clear in their roles. These meetings were an opportunity to discuss practice and highlight the recent achievements staff

made. Supervisions were regular and we spoke about the benefits of staff having these regular individual and group supervisions to support staff to reflect on skills knowledge and learn from others. We were pleased to see the supervision policy updated during the inspection. Staff worked well as a team and were flexible and support each other.

Areas for improvement

1.
To ensure people are supported by staff that are trained and competent to deliver safe care the provider should ensure the provision of a range of training relevant to their role, including expected mandatory training such as Adult Protection and Infection Prevention and Control.

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)

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.

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. Everyone had a care plan which contained clear information about people's needs and preferences. People were involved in developing their plan and these were accessible to everyone. Advocacy was involved when people required this, and this was clearly documented.

People's support requirements including risk assessments where needed, were clear, and guided staff to provide care and support in a way that kept people safe.

We sampled a couple of plans and saw where these had been reviewed following staff communicating changes. Leaders and staff used personal plans to deliver current care and support effectively.

Care plans should clearly link to inform staffing levels and deployment. Whilst we did not see formal measures of dependency, it was clear in the plans how many staff people required and for how long each day. This links to the safer staffing act and will be helpful when more people access the service.

Some daily notes did not contain clear information about people's outcomes. Staff were able to articulate what outcomes people were achieving however this was not recorded well. The manager recognised this and provided a couple of updated outcomes focused and strengths based plans during our visit. These were to be used to inform future staff training on outcomes. We recognised these were a work in progress.

People had regular reviews of their care, though management need to develop processes to record these dates more clearly in line with legislation. It would be helpful to see the records of review meetings also reflect other people's involvement such as relatives or professionals with their views more clearly captured. This should include when their feedback was obtained to demonstrate that it was current and relevant at the time of the review.

In order that people are fully involved in decisions about their future a future care plan should be developed.

This should include people's choices and wishes, and staff should be clear and informed about these if people are no longer able to articulate their wishes. See area for improvement 1.

Areas for improvement

1.
To ensure people's needs and preferences are followed, their views and wishes for their future care and towards the end of their life should be known. This should include input from people, their relatives and other health professionals where possible. Planning arrangements and people's wishes should be recorded clearly and accurately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7) and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty"'(HSCS 3.18).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	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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