RAMH
Housing Support Service

41 Blackstoun Road
Paisley
PA3 1LU

Telephone: 01418 478 900

Type of inspection:
Unannounced

Completed on:
3 September 2025

Service provided by:
RAMH

Service provider number:
SP2003000250

Service no:
CS2003051815

About the service

RAMH (previously known as Renfrewshire Association for Mental Health) is registered to provide a combined housing support and care at home service to adults with mental health issues living in their own homes. The service is delivered in the areas of Renfrewshire and East Renfrewshire. Support is provided by two staff teams: one team based at 41 Blackstoun Road, Paisley and one team based at 21 Carlibar Street, Barrhead.

The aim of the service is "to deliver services to individuals and their families in their local community, to enable recovery from mental ill health and promote well being". Links are made with other resources within the organisation to enable service users to have access to a range of events and opportunities that support and promote their recovery. This includes employability groups, counselling courses and other social events.

The service is staffed by a registered manager, coordinators, senior support workers and recovery support workers and provides a flexible and tailored approach to meeting people's needs. Support arrangements range from 24 hour support to weekly outreach support.

At the time of inspection 139 people were using the service.

About the inspection

This was an unannounced follow-up inspection which took place on 3 September 2025 between the hours of 09:15 and 14:00. 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:

three people using the service
four staff and management.

Key messages

- We followed up on a requirement made at the last inspection, this was met.
- We followed up on two outstanding areas for improvement, one was met and one was not met.
- Significant improvement had been made to protect people as far as possible from financial harm.
- Staff had a good understanding on how to keep people safe, and when to escalate concerns.

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 good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership? 4 - Good

We followed up on a requirement made at the last inspection, this was met. Therefore, we have re-evaluated this area from adequate to good. Please see "What the service has done to meet any areas for improvement we made at or since the last inspection" section of the report for further information.

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

Requirements

Requirement 1

By the 31 August 2025 the provider must ensure that people are supported safely with their finances and protected as far as possible from harm. To do this, the provider must;

a) Carry out financial capabilities assessments to identify what level of support people require with their finances. A least restrictive approach should be taken unless formal financial management e.g. guardianship or financial appointee is in place.

b) Ensure robust protocols are in place where any risks of financial harm are identified to minimise risks to people.

c) Develop and implement a robust finance policy, guiding staff on how to support people safely with all aspects of their finances, including banking, online spending and money management.

d) Carry out regular audits and checks on all aspects of people's financial support to ensure any issues are identified timeously and appropriate action taken.

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)

This requirement was made on 30 May 2025.

Action taken on previous requirement

The service had taken effective action to ensure people were supported safely with their finances. Financial capability assessments, referred to as “financial skills assessments” were completed for 11 individuals with informal arrangements. These were person-centred and helped identify individual strengths and vulnerabilities. As a result, the service was able to evidence where formal financial management arrangements were required for some people. This demonstrated the service’s commitment to keeping people safe and acting in people’s best interests.

Staff used the assessments to inform care planning, and there were plans to review these regularly during six-monthly care management reviews. We sampled assessments for some people who had been identified as vulnerable to potential financial harm. These were completed in a person-centred manner, supporting people to retain as much skill and independence as possible, whilst outlining the support required to reduce risks of financial harm. Staff we spoke with had a good understanding of how to support people with their finances based on their individual needs. Staff also understood their responsibility to remain vigilant when providing this support, and the importance of escalating any concerns to senior staff.

Daily financial records were completed and well recorded to evidence how people had been supported with financial transactions. Financial audits were carried out routinely, with any corrective actions required followed up within 21 days. Spot checks by service coordinators ensured oversight and fed into the manager's quarterly reports. This helped maintain a culture of continuous improvement.

The finance policy had been updated and now included guidance on financial skills assessments, online spending, and management of standing orders and direct debits. Staff were well informed of the changes through team meetings and supervision.

The updated financial policy did not yet clearly outline the procedure for supporting people with online purchases or holiday payments. While this is currently facilitated by the finance department for people who require support with their finances, the process lacks clarity. The manager agreed to update the policy to include a clear procedure, including the provision of receipts alongside invoices to ensure transparency and accountability.

Overall, we found that the actions taken were robust, person-centred, and demonstrated a commitment to protecting people and continuous improvement. With some minor policy refinements, the service will further strengthen its financial support framework.

Met - within timescales

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

People's support should be planned in a safe and effective way, which supports positive outcomes. The provider should carry out regular assessments of people's support to identify any areas of potential harm. Clear guidance should be in place for staff to make determinations of risks and to develop clear protocols to reduce the likelihood of harm.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20).

This area for improvement was made on 30 May 2025.

Action taken since then

Following the previous inspection, the manager met with senior staff to develop an improvement plan focused on strengthening risk management and the assessment of potential harm. These discussions led to a proposal to update the electronic care planning system to ensure that a risk protocol is completed for every identified risk, regardless of whether the risk level is low, medium or high. The proposed change also includes a requirement for managerial sign-off on all risk protocols.

At the time of inspection, these changes had not yet been implemented. Therefore, we were unable to evaluate the effectiveness of the proposed improvements or assess whether they had led to better outcomes for people experiencing care.

This area for improvement has not been met.

Previous area for improvement 2

To adhere to regulatory and statutory duties, the service should ensure that they follow the notifiable events guidance as set out in the Care Inspectorate document entitled "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15) and "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

This area for improvement was made on 24 June 2024.

Action taken since then

We reviewed notifications submitted to the Care Inspectorate since the last inspection and cross-referenced these with the service's internal accident and incident records. All events identified internally were appropriately reported as notifiable events. This demonstrated that leaders had a clear understanding of their responsibilities.

Each event was managed well, with appropriate actions taken to protect people and minimise risk. This reflected a planned and safe approach to care and support, including in response to emergencies or unexpected events.

This area for improvement has been met.

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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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