Kirkhaven Support Services
Housing Support Service

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Type of inspection:
Unannounced

Completed on:
2 September 2025

Service provided by:
Church of Scotland Trading as Crossreach

Service provider number:
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Service no:
CS2024000314

About the service

Kirkhaven Support Services is a combined housing support and care at home service provided to 14 people over the age of 18 who are experiencing homelessness and present with multiple and complex health and social care needs. The provider is Church of Scotland trading as Crossreach.

The service is working in partnership with Glasgow City Health and Social Care Partnership Complex Needs service to deliver a highly personalised service for individuals presenting with multiple and complex health and social care needs who are not able to engage with mainstream services in Glasgow. This partnership arrangement is a pilot project.

Support is combined with accommodation which is located in the Dalmarnock area of Glasgow. There were 10 people using the service at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 27, 28 and 29 August and 2 September 2025 between the hours of 9.30am and 6.30pm. 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 five people using the service
- reviewed six questionnaires from people using the service
- spoke with 11 staff and management
- reviewed two questionnaires from staff
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals from the Complex Needs service
- spoke with the current and previous commissioners for the service

Key messages

- People receive support from staff who demonstrate care, compassion and empathy.
- Staff are skilled at fostering supportive and productive relationships with people.
- People benefit from effective partnership working arrangements between the service and the Complex Needs service helping to deliver positive outcomes.
- Some quality assurance systems could be improved to promote participation and drive continuous improvement.

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?	4 - 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.

Support from staff who demonstrated commitment, empathy, and professionalism in their roles fostered trust, contributed to increased engagement and retention within the service. Staff were observed to engage with people in a natural, warm, and respectful manner. Interactions appeared genuine and relaxed.

People consistently told us they felt safe within the service and spoke warmly about their relationships with their keyworker, the wider staff team, and the service manager. These positive connections helped contribute to a strong sense of trust and wellbeing. This feedback reflected a culture of person led care, where individuals feel valued, respected, and listened to.

A harm reduction model was effectively implemented at the service, enabling support across a spectrum of substance use, from safer use practices to abstinence. This inclusive strategy enhanced engagement, particularly among individuals who traditionally faced barriers to accessing services.

Integrated health services, delivered through partnerships arrangements, resulted in reduced health inequalities and improved access to physical and mental health care with timely interventions helping to mitigate negative health consequences including those in relation to substance use.

Staff training in supporting people who have experienced trauma and those with complex needs enabled effective support for individuals with diverse backgrounds and varied support needs promoting a recovery focused approach.

Accommodation was provided as part of a structured resettlement pathway. Partnership arrangements were aimed at facilitating quicker transitions to suitable accommodation for those individuals who were working with the Complex Needs service. For people not linked with the Complex Needs service we heard that delays occurred in progressing assessments to help identify people's support needs and move on options. The service recognised the potential impact on recovery and maintained a person centred approach to mitigate risks.

Daily meal provision ensured consistent access to nutrition supporting overall health, particularly for individuals whose immediate priorities may not have included sourcing food. People we spoke with expressed satisfaction with the meals provided.

The service prioritised meaningful activities to help promote routine, social connection, and wellbeing and additional staffing was allocated for this. Extra staff resources may be needed to embed these activities into the daily routine in the service and this should be considered by the management team when reviewing staffing arrangements.

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.

The service had undergone a period of transition marked by strengthened partnership working and clearer role definitions, which had contributed to improving outcomes for people being supported by the service. It was evident from discussions with staff and key partners that cross team collaboration had become more embedded.

The initial use of the Care Inspectorate's quality improvement self assessment template had supported early reflection on service strengths, but the process would benefit from broader participation. Involving residents and other key stakeholders will help provide a more comprehensive and inclusive view of service performance.

While a service improvement plan was in place, it lacked a SMART structure and was not visible or actively referenced in resident meeting minutes to demonstrate engagement. To maximise its effectiveness, the plan should be revised to include specific, measurable objectives. It should also be clearly integrated into routine discussions to track progress and ensure it drives continuous improvement.

Communication in relation to the service improvement plan within staff and senior team meetings was helping support improvement planning, but resident meetings were not yet fully engaged in these discussions. Embedding service planning and self assessment into resident forums would enhance transparency and promote co production.

Some audit processes lacked the robust follow through necessary to be effective quality assurance tools. The manager acknowledged the need to introduce clearer tools that encompass compliance checks along with qualitative assessments of service quality. The manager was receptive to our suggestion that audits should include documented follow up actions with defined timelines.

The manager and Senior staff continued to be accessible to residents and staff contributing to a supportive and responsive environment.

Regular staff supervision sessions and staff meetings were conducted. These forums provided staff with structured opportunities to reflect on their practice, receive feedback, and raise concerns. This contributed to a culture of continuous improvement, professional accountability, and responsive care delivery throughout the service.

Medication management policies were in place and provided a framework for supporting individuals with their prescribed treatments. However, a review of these policies is recommended to ensure that the level of support provided has been appropriately assessed and aligned with current best practice guidance to promote independence. This review should also consider staff roles and responsibilities, with the aim of clarifying expectations and promoting consistency in practice. (See area for improvement 1).

Areas for improvement

1. To promote people's independence, the manager should review medication policies and procedures to ensure the support provided is proportionate to individual needs and abilities and clearly informs staff practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be'. (HSCS 2.2) 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? 4 - Good

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

Staff across the service consistently spoke positively about the support they receive from their colleagues, highlighting a strong sense of teamwork and mutual respect. Winning the provider's 'Team of the Year' award was a valued recognition of the staff's dedication, collaboration, and commitment to delivering high quality, person centred care. This accolade reflects the positive culture within the service and the collective efforts of the team in achieving meaningful outcomes for the people they support.

The workforce reflects a healthy mix of long serving staff and newer recruits, and there is clear evidence of a career progression pathway, contributing to internal leadership growth.

In line with legislation, the responsibility for ensuring safe and effective staffing lies with the provider. While there is no formal methodology currently in place to determine whether staffing levels are consistently sufficient, it was encouraging to hear that the service is able to scale up support responsively, for example, when additional staffing is required to meet the needs of an individual. However, a more proactive approach to workforce planning would better support the delivery of service aims, particularly in relation to resettlement support. (See area for improvement 1).

There is already evidence of additional staffing hours being allocated to support in developing meaningful activities. The management team should continue to review this and consider if further investment in staffing could enhance outcomes for people.

Admissions are being thoughtfully considered in relation to house dynamics, interpersonal relationships, and risk, which reflects a person centred approach to maintaining a safe and stable environment.

Evidence suggests a strong relationship between staff wellbeing and the overall quality of care provided. The introduction of a wellbeing champion has made a meaningful contribution to fostering a culture that prioritises psychological support for staff. This role has helped promote open dialogue, emotional resilience, and peer support across the team.

Training opportunities within the service have been instrumental in supporting staff competence and resilience. Regular access to learning and development ensures that staff are equipped with the knowledge and skills required to deliver safe, person centred care.

Whilst it was evident that training delivered both by the provider and through the Complex Needs service was supporting staff to build confidence and deliver a consistent approach, this should be kept under review to ensure that training is meeting staff expectations and needs.

The introduction of champion roles has further promoted leadership and accountability within the team, helping to embed good practice and drive continuous improvement. Staff also benefit from access to specialist expertise from the Complex Needs service, which has strengthened the service's ability to respond to complex presentations.

Areas for improvement

1. To ensure staffing levels support service goals, individual needs, and resettlement objectives, the manager should implement a responsive, outcome focused system that clearly demonstrates staffing levels are effectively meeting these needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people'. (HSCS 3.15) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

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.

The service effectively used an outcome focused tool to support individuals in identifying and working towards personal goals. People's involvement in the planning process was actively encouraged and clearly reflected in their personal plans. This approach ensured that care delivery was tailored to measurable outcomes, promoting autonomy, wellbeing, and meaningful progress.

Risk assessments were in place to identify potential hazards and establish management plans to mitigate them. However, auditing processes could be strengthened to ensure risk assessments and management plans are updated promptly in response to any new risks.

Regular meetings took place between individuals and their keyworkers, providing valuable opportunities for engagement in personal planning and reflection on personal progress. However, documentation of this was inconsistent and meant that opportunities to capture key outcomes, concerns, or newly identified goals may be being missed.

The manager acknowledged the need for a more standardised recording approach in relation to key working meetings and agreed to review current practices to support clearer tracking of progress and greater responsiveness to changing needs. It was suggested that the views of people using the service be canvassed to help develop a format that works best for them, encourages meaningful involvement and more accurately reflects individual outcomes.

We highlighted that documentation across the proformas that formed personal plans would benefit from being better aligned to ensure consistency and accuracy of information. The manager advised that they were also exploring ways to align with the paperwork used by the complex needs team, with the aim of establishing a more streamlined system and promoting a cohesive and integrated approach to record keeping.

Areas for improvement identified during the review of personal plans could be readily addressed through more robust auditing processes. Overall, the quality of information within the plans was very good. Input from the Complex Needs service further enhanced the content, contributing to more detailed, person centred planning and clearer identification of risks, corresponding management strategies, and individual goals.

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?	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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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