

# The Arch Resettlement Centre Housing Support Service

The Arch  
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**Type of inspection:**  
Unannounced

**Completed on:**  
13 December 2023

**Service provided by:**  
Scottish Christian Alliance Limited

**Service provider number:**  
SP2004006749

**Service no:**  
CS2004074984

## About the service

The Arch Resettlement Centre is registered to provide a housing support service. The service can support up to twelve people in flats that are part of the centre and up to eleven people in flats in the surrounding area. The service is open only to men who have a history of homelessness and may have mental health and drug/alcohol related issues. The service is provided by The Scottish Christian Alliance Limited with a head office in Glasgow.

The Arch Resettlement Centre's Mission Statement aims, 'To establish a network of residential accommodation, appropriate for resettling men working to improve their lifestyles. Where relevant, supporting people as they overcome social and personal problems in a safe and caring environment'.

The main service operates from a purpose-built building in the East End of Glasgow and is abstinence based.

At the time of inspection 21 people were accessing the service.

## About the inspection

This was an unannounced inspection which took place on 13 December 2023. This was a follow up inspection to review progress made towards requirements from a previous inspection and 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, 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents evidencing management oversight and assurance processes.

## Key messages

- The service had worked hard to meet the requirement.
- Training was being evaluated to ensure people's needs were met.
- Opportunities for staff reflection/development had improved.
- Quality assurance and management oversight had been progressed.

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

### Requirements

#### Requirement 1

By 4 December 2023, the provider must ensure that people are supported by a staff group fully trained to meet their assessed needs.

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

- a) they produce a training needs analysis and staff induction/development plan that reflects the training the staff group require
- b) staff have access to training to meet the needs of people being supported. This must include but is not limited to, adult support and protection, and infection prevention and control (IPC)
- c) that there is an effective system in place to evaluate the effectiveness of training and its impact upon staff practice through support and supervision opportunities and group reflections.

This is to comply with Regulation 15 (b) (i) 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 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).

**This requirement was made on 25 September 2023.**

#### Action taken on previous requirement

The management team had developed the service quality assurance process. This included greater oversight of staff training, matching this with identified current needs of people using the service. A robust review of staff induction and adult support and protection training had taken place. The manager planned

to include infection prevention and control (IPC) training as part of reviewed induction. This will underpin the positive IPC practices evident within the service and the improvements in cleanliness. This helps to keep people safe.

Greater consultation with staff through improved support/supervision sessions ensured staff were fully involved in identifying their own learning needs. Individual development plans were in place and the management team planned to use this information to inform a service wide approach. This would ensure meeting the future needs of people as it would reflect developments within the wider homeless communities.

These sessions gave staff further opportunities to reflect upon how training impacts positively on how they support people to achieve their outcomes. Regular team meetings and an open-door policy offered further opportunities which staff utilised to share ideas/concerns and reflect on what works well for people and how support could be improved.

Staff confirmed a commitment to developing their practice and were proactive in identifying training opportunities. The provider considered individual requests favourably when it had a positive impact on the experiences of people accessing the service. This ensured staff felt valued.

## Met - within timescales

### Requirement 2

By 4 December 2023, the provider must ensure that people benefit fully from their support. To do this a robust quality assurance system should be implemented, and the provider must, at a minimum, ensure:

- a) quality assurance activities/audits are reviewed and developed to cover all key areas of service delivery. These should include, but are not limited to, accidents, incidents, and complaints
- b) the development of an overall service improvement plan that is informed by audit findings and service user's feedback and experiences.

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 that care and support is consistent with 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 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 25 September 2023.**

### Action taken on previous requirement

The quality assurance system had been developed to ensure regular monitoring was in place for key areas of service delivery. Audits were developed as part of improving the monitoring of the delivery and impact of key areas such as support planning, gathering people's views and experiences and cleanliness of the service. Accidents, incidents and complaints were recorded, and the manager planned to add these to

regular management meetings as fixed agenda items. This would ensure these were evaluated and any areas for action/improvement were identified. This will help the service develop a lesson learned approach to service improvement.

Audit findings would be used to inform the service improvement plan. This will help improve outcomes and experiences for people accessing the service.

Service user experience and opinions are regularly gathered via weekly Monday Matters meetings as well as through regular review of support planning. The management team plan to develop this further by improving formal feedback tools in consultation with people who access the service. This will be used to inform an accessible service improvement plan.

**Met - within timescales**

## 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).

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