

# Cumbernauld Home Support Service Housing Support Service

Cumbernauld Social Work Locality  
Bron Chambers, Bron Way  
Cumbernauld, North Carbrain Road  
Glasgow  
G67 1DZ

Telephone: 0300 555 0408

**Type of inspection:**  
Unannounced

**Completed on:**  
11 September 2024

**Service provided by:**  
North Lanarkshire Council

**Service provider number:**  
SP2003000237

**Service no:**  
CS2004071296

## About the service

Cumbernauld Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service to people who reside within Cumbernauld and surrounding areas.

The service base is within Bron Chambers, Cumbernauld and at the time of inspection the service was supporting 474 people.

The service provides varying packages of care and support to meet people's needs. The range of services include: intensive and reablement care and support post hospital admission, personal care and support, support with domestic tasks.

## About the inspection

This was an unannounced inspection which took place between 2 to 11 September 2024 between 8:00 and 18:00. The inspection was carried out by three inspectors from the Care Inspectorate. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service and their families and gather their views.

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:

- visited 12 people and four relatives within their own homes
- spoke with four people using the service and six of their relatives by telephone
- emailed one relative
- spoke with 11 staff and management
- gathered feedback from pre-inspection surveys (24 responses were received by staff and 11 responses received from external professionals)
- observed practice and daily life
- reviewed documents
- spoke with one visiting professionals and received email feedback from four visiting professionals.

## Key messages

The majority of people and their relatives were happy with the care and support received.

The service had worked hard to make improvements. They had made the improvements to meet two out of three requirements and one area for improvement. As a result, the service has been revaluated from weak to adequate.

Support for staff had improved. The service had a plan in place to make further improvements as team meetings were not always happening.

Care plans were in place and being reviewed six monthly. However, there was still improvements required to ensure that care experienced by people was in line with their wishes and preferences.

The majority of staff felt happy, supported and well trained to do their job.

Auditing needed to improve to ensure that the service were continually monitoring and reviewing how well they were doing with aspects of service delivery such as care planning and support for staff.

As part of this inspection, we assessed the service's self-evaluation of key areas.

We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

## How well do we support people's wellbeing?

3 - Adequate

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

The majority of people felt confident in their care. Most people knew who would be coming to provide their care and support, and when to expect them. However, there were still occasions where people were unsure and did not know what to expect from their support. Some people's care experience was not in line with their preferences and wishes such as staff arriving too early or late. This was shared with the management team who assured us they would immediately look into and resolve.

Some people told us, "I couldn't ask for better care", "everyone is lovely" and "staff are pretty regular". Relatives said, "Yeah, very happy and my relative really trusts their carers" and "Oh yes, more than happy and my relative is always happy".

Some people highlighted areas they would like to see the service improve upon. These areas included more training with supporting people living with Parkinsons' Disease and catheter bag changing. This was shared with the management team who put a plan in place to make these improvements.

People were enabled to have control of their own health and wellbeing. The provider supported access to necessary technology and other specialist equipment where appropriate. People we visited had the equipment they needed to assist with daily living.

The service, where appropriate, involved external professionals to ensure people were receiving the right care and support. External professionals spoke positively about the relationships they had with the service. A few did make comment that they felt that some people could do with more time during allocated visits. This was shared with the management team who assured us they will continue to monitor and review people's planned care to ensure it is right for them.

## How good is our leadership?

3 - Adequate

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

There had been changes to the management team since the last inspection. The new manager had engaged meaningfully with staff, people who were using the service, their families and the wider community. They had made improvements to how the leadership team functioned to ensure they were delivering services that met people's needs. Leaders were in the process of embedding collaborative approaches to planning and delivering care and support. This means that leaders at all levels were becoming skilled at identifying and delivering the appropriate type and level of resources needed to provide people with the right care and support.

There was still areas of quality assurance that needed to be improved upon as care plan and supervision audits had not happened. This meant that the service were not picking up on areas within these records that required attention which could negatively impact on people's care experience. The service acknowledged that these audits were not happening and had a plan in place to reinstate and improve upon this activity.

(See area for improvement in section 'How good is our staffing?' and also the extended requirement in section 'How well is our care and support planned?').

Communication and direction was improving. The service was in the process of digital transformation (moving away from paperwork to electronic systems) and the leadership team were supporting staff to understand the rationale for this change and how this will improve people's experiences. Leaders had engaged with staff to ensure they knew their roles and responsibilities whilst change was happening.

## How good is our staff team?

### 3 - Adequate

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

The majority of staff were now up-to-date with their training. Staff competence was also assessed to ensure that learning and development supported better outcomes for people. This meant that people were being supported by staff who understood and were sensitive to their needs and wishes because a range of learning and support measures were now in place.

People spoke highly of staff and told us, "they are more than capable", "they have good skills" and "all staff are very competent".

Supervision happened annually and most staff had received a supervision. We asked the service to consider what other opportunities staff had to discuss their practice due to the infrequency of the planned supervision and signposted them to the SSSC (Scottish Social Services Council) guidance on supervision which highlights the importance of regular supervision for staff. There was some conflicting information regarding how often supervisions happened as the service had updated their policy. The updates to policy had not been fully implemented or embedded. To ensure that staff continue to learn and develop, the service needs to ensure that actions generated from supervisions are continuous. This would ensure that staff have the opportunity to reflect on skills, knowledge and learning. Where learning needs are identified, the systems for ensuring that these are met, needs to be robust or there is a risk that staff will have gaps in their knowledge (**see area for improvement 1**).

Communication and team building had suffered in some areas due to lack of time. As a result, important information was not always shared or passed on accurately, leading to a negative impact on people. The service had a plan in place to improve team meetings over the next quarter.

The service were doing their best to ensure that the right number of staff with the right skills were working at the right times to support people's outcomes. Some staff disagreed that they had enough time to provide care and support with compassion and engage in meaningful conversations and interactions with people. The service acknowledged this and were working to improve visit times.

## Areas for improvement

1. To ensure people are being supported by a competent workforce, the provider should ensure action plans generated from supervisions are completed and supervision records are regularly audited.

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 organisations codes' (HSCS 3.14).

## How well is our care and support planned?

3 - Adequate

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

Care reviews were now taking place in line with legislation. The service had worked hard since the last inspection to meet and review people's care to ensure it continued to meet their needs. The service had started to review people's care plans at the same time which would ensure any changes can be reflected in a timely manner.

The service had involved people in their care and support planning and review process. However, some people did not recall when their review had taken place. This was discussed with the management team who have agreed that they will look into their process of conducting reviews to ensure that people have understood when their review has happened. Review records had also been sampled and audited ensuring that information recorded was clear and concise.

The service had made improvements to ensure that people had care plans in place. However, some care plans did not always reflect the care and support experienced by people who used the service. Vital information such as DNACPR, which highlights people's wishes at the end of life, was not noted. This meant that people may receive emergency treatment when this was not what they wanted. There was limited evidence that staff had read over and understood risk assessments. Auditing of care plans had not happened which meant that if there was incorrect or missing information which required action, this was not being picked up on. Although some progress had been made, the service still has further work to do to ensure all care plans are fully reflective of people's care and support needs. Therefore, the outstanding requirement regarding care plans from our previous inspection had not yet been met. We have extended the time scale to allow the service more time to make the improvements. **(See section 'What the service has done to meet any requirements made at or since the last inspection'.)**

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

### Requirements

#### Requirement 1

By 30 June 2023, the provider must have in place arrangements for the support and development of care staff.

These arrangements must include:

#### 1. Training

- a) Introduction of a robust, reliable and regularly updated system providing an overview of mandatory, essential and other training. This should include training completed for each staff member, planned future dates including refresher training where appropriate.
- b) For relevant training, including but not limited to moving people safely, medication support and infection control, the service should implement a system of direct observations of staff.

This should confirm competence in the area looked at and identify further support required, when appropriate.

## 2. Supervision

- a) Implementation of the service's existing policy on staff supervision.
- b) Production of plan to ensure each staff member receives supervision appropriate to their role.
- c) Introduction of audits to ensure supervision takes place including sampling of records to ensure good practice.

This is in order to comply with: Regulation 13 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 Health and Social Care Standards (HSCS) which state that:

'Staff have the right knowledge, competence and development to care for and support people. (HSCS 3.2).

**This requirement was made on 27 January 2023.**

### Action taken on previous requirement

Please see information under key question 3, 'how good is our staff team?'

### Met - outwith timescales

## Requirement 2

By 30 June 2023, the provider must ensure service users experience care and support which is consistent, safe, and meets their needs.

To do this the provider must, at a minimum, ensure that service users' personal support plans are:

- a) Up-to-date, accurate, reflect good practice in being person-centred and outcome focussed
- b) Detailed enough to provide guidance to staff on how to support people, including risk assessments.
- c) Regularly audited to ensure consistency and quality.

This is to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

**This requirement was made on 27 January 2023.**

## Action taken on previous requirement

Please see information under key question 5, 'How well is our care and support planned?'

Although progress had been made, there was not enough evidence to meet this requirement. To allow further time for improvements to be made and evaluated, a decision has been made to extend the requirement until 20 January 2025.

## Not met

### Requirement 3

By 30 June 2023, to ensure people receive appropriate supports to maintain and enhance their well-being and achieve their outcomes, the provider must:

- a) Have system in place to ensure reviews take place not less than six-monthly
- b) Ensure that care plans are reviewed more regularly when a person's needs change.
- c) Audit the quality of reviews to ensure consistency and quality.

This is in order to comply with Regulation 5(1) 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 Health and Social Care Standard (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices. (HSCS 1.15).

**This requirement was made on 27 January 2023.**

## Action taken on previous requirement

Please see information under key question 5, 'How well is our care and support planned?'

## Met - outwith 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

The service should review its approach to infection prevention and control training for staff. This should include ensuring training is up to date and staff are supported in achieving good standards of practice. This should include regular, recorded observations of staff practice.



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 organisations codes' (HSCS 3.14).

**This area for improvement was made on 27 January 2023.**

#### **Action taken since then**

The majority of staff team were up-to-date with infection prevention and control training which was in-line with best practice. Observations of practice had taken place which meant that people were being kept safe from any risks of infection.

**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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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