

Motherwell Home Support Service Housing Support Service

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Unannounced

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Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2004071347

About the service

Motherwell Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service, for people who live in the Motherwell area.

There has been a steady increase of people with complex health and care needs who are choosing to remain in their own homes. North Lanarkshire Council recognises the changing needs of individuals in their community and the need to adapt to these changing needs, by offering a flexible needs led service, which will enable people to remain in their own homes and prevent admission to hospital or 24 hour care environments.

There are three teams of home support consisting of an intensive team, reablement team and a mainstream team. The service aims to improve health and wellbeing outcomes, experienced by service users and their carers by providing the 'right support, right time, right place'.

About the inspection

This was a follow up inspection which took place on 25 and 26 March 2025. The purpose of this follow up visit was to look at progress of three requirements and an area for improvement made at the last inspection in August 2024. The inspection was carried out by two inspectors 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 seven staff and management
- reviewed documents.

Key messages

- The service had worked hard to make the improvements necessary to meet the three requirements. As a result the three requirements were met. However we made two areas for improvements at this inspection to ensure improvements continued.
- The area for improvement made at the previous inspection was met.

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?	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 good is our leadership?

3 - Adequate

In recognition of the teams hard work in making the required improvements we have re-graded this Key Question from 2 (weak) to 3 (adequate).

Please see 'What the service has done to meet any requirements made at or since the last inspection' for more detail.

How good is our staff team?

3 - Adequate

The requirement made at the last inspection was around safer staffing which included staff receiving appropriate training and support.

Whilst we could see training had improved in general there was a need to increase training and support for schedulers. Training and mentoring for current schedulers and new schedulers was not at the expected level and this was acknowledged by the senior management team as an area currently being looked at. There was a new post of scheduler supervisor and it was hoped this would help increase the overall support and development of schedulers moving forward.

(See Area for Improvement 1)

Levels of completed supervisions, direct observations of staff and team meetings varied for each team leader. The evidence provided was confusing and did not clearly show what had actually taken place and what was overdue. As a result the service could not fully evidence staff had received the support they should receive.

We had discussions with the manager around ways to ensure the figures were 'live' and up-to-date. **(See Area for Improvement 2)**

In recognition of the teams hard work in making the required improvements we have re-graded this Key Question from 2 (weak) to 3 (adequate).

Please see 'what the service has done to meet any requirements made at or since the last inspection' for more details.

Areas for improvement

1. To ensure a confident well trained staff team the service should ensure schedulers have the training, mentoring and support they need.

This is to comply with the Scottish Social Services Council (SSSC) Code for Employers of Social Care Workers 3- As an employer I will-provide learning and development opportunities to enable workers to strengthen and maintain their skills, knowledge and practice

2. To ensure there is clear evidence staff support is taking place the service should develop a robust monitoring system.

This is to ensure that 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)

How well is our care and support planned?**3 - Adequate**

In recognition of the teams hard work in making the required improvements we have re-graded this Key Question from 2 (weak) to 3 (adequate).

Please see 'what the service has done to meet any requirements made at or since the last inspection' for more details.

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

Requirements

Requirement 1

By 31 December 2024, the provider must provide the service in a manner which promotes quality and safety and respects the independence of service users and affords them the choice in the way in which the service is provided to them.

To do this the provider must, at a minimum:

- implement a SMART short focused improvement plan which is updated regularly by service
- record and monitor visits completed by family members as part of their contingency planning
- ensure people receive their assessed time at each visit.

This is to comply with Regulation 3 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 am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

This requirement was made on 15 August 2024.

Action taken on previous requirement

A short term focused improvement plan had been developed and submitted to the lead inspector. This detailed actions to be taken to make the relevant improvements for each of the three requirements. It was regularly updated to show improvements being made with progress monitored by the service manager and senior management team.

We were pleased to see a vast improvement in the number of visits returned to family members with only one recorded incident as a result of red weather warnings.

We were assured people received their assessed time at each visit.
This requirement has been Met.

Met - within timescales

Requirement 2

By 31 December 2024, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe. To do this, the provider must, at a minimum:

- regularly assess and review people's care and support needs clear systems that identify the current support needs for people experiencing care
 - relevant training is provided to all staff to ensure their competency in all aspects of their role which must include direct observations
 - provide regular support for staff which includes supervision and appraisal
- develop a long term strategy for recruitment, retention and wellbeing of staff.

This is in order to comply with section 7(1)(a) (b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state: '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 15 August 2024.

Action taken on previous requirement

There had been an increase in training and it was good to hear sessions had been held around continence care, stoma care and dementia. There were still some staff to attend these but there was a plan in place to ensure all staff had completed these sessions.

Current schedulers and also new schedulers had not received the training and mentoring to ensure they felt confident in their role and were working to their full potential. Whilst the management team had already picked up on this and had filled a new post of scheduler supervisor they acknowledged there was work to do to ensure all schedulers were fully trained and supported.

We have made an area for improvement to ensure this work continues.

Recruitment was currently underway with some interviews already taken place and more planned over the next few weeks.

It was difficult to see how many staff had received supervision, direct observations of their practice and had the opportunity to attend a 'patch' meeting. The current system of recording these meant the numbers showed they were overdue when we were informed they had taken place but not yet recorded. However, some team leaders recordings showed high levels of outstanding and overdue supervisions, direct observations and patch meetings which meant we could not be confident some staff were receiving the support they should expect.

A clear system that records staff support as it happens would be easier to monitor to ensure all staff are receiving appropriate support.

We have made an area for improvement.

This requirement has been Met, however we have made two areas for improvement. Please see 'how good is our staff team' for additional information.

Met - within timescales

Requirement 3

By 10 October 2023 extended to 12 February 2024 further extended to 31 December 2024, 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 plans:

- are current, accurate, reflect good practice in being person-centred and outcome focused.
- are reviewed at least six-monthly, measuring the impact of support given, involve the relevant people, and detail changes to improve outcomes
- have sufficient detail in them to ensure people's individualised support needs and outcomes are met
- summary personal plans are completed for all service users
- are subject to regular evaluation and audit to monitor quality and effectiveness.

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).

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: '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 10 October 2023.

Action taken on previous requirement

Personal plans were in place. The level of information in these had improved since the previous inspections.

We could see evidence of the service user and their family being involved in the content of the plan which made it person centred to meet the individual's support needs.

There were risk assessments in place if appropriate and we could see these were reviewed and updated to ensure they remained relevant.

There were a small number of reviews out of date. We were assured that with reviews taking place through both home visits and telephone calls this number would continue to reduce.

We looked at recently reviewed plans and these had been updated to ensure people's changing needs continued to be met.

A new condensed care plan was about to be rolled out which should be beneficial as current plan is bulky and repetitive. Staff training in writing and auditing these new plans will be needed to ensure a smooth transition to the new plans.

This requirement has been Met.

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

To ensure notifiable events are reported to the Care Inspectorate in a timely manner the service should comply with the Care Inspectorate guidance for notification reporting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

This area for improvement was made on 15 August 2024.

Action taken since then

We were provided with evidence that showed notifiable events were now submitted in appropriate timescales.

This 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?	3 - Adequate
2.2 Quality assurance and improvement is 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
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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