

Airdrie Home Support Service Housing Support Service

Airdrie Social Work Locality
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Telephone: 0300 555 0408

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Unannounced

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North Lanarkshire Council

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About the service

Airdrie Home Support Service provides care and support to people living in their own homes in Airdrie and surrounding communities.

The service has three components. The mainstream part provides ongoing, long-term support to people. The reablement aspect works mainly with people returning home from hospital to help them regain their independence, where possible. People requiring end-of-life care are supported by the intensive service.

About the inspection

This was an unannounced inspection which took place on 8, 9, 10, 11 July 2025. 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 10 people using the service and two of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Feedback from people using the service was mainly very positive.
- Mentoring for quality assurance processes had begun.
- New systems were being implemented to support the smooth running of the service.
- A restructuring of the staff teams had taken place.
- We followed up on up on four areas for improvement. Two were met and a new area for improvement was made.
- Some people continued to feel the timings of support visits did not suit them.

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

Quality indicator 1.3: People's health and wellbeing benefits from their care and support.

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

People's health care needs were mostly met by the support they received. Staff were confident and responsive to seek assessments from other professionals, such as occupational health, general practitioner, oral hygienist, and district nurse. This meant people would mostly receive the right support at the right time.

Some people reported that their outcomes were met and met very well, a few disagreed. People told us how fond they were of the staff and were treated with dignity and respect. Some quotes were as follows:

"They aren't carer's, they are my angels."

"I can't fault them, they are amazing."

"They go above and beyond."

"Managers don't listen."

"We keep getting told over and over that decisions are still with the managers."

"Seniors say the same thing over and over such as a new system will sort it but that's been said for years."

"After I complained, it changed for a while but went back to the same again."

"Think with my dad's needs increasing his support length timings need increased. This is to allow the carers to have enough time to get everything done without rushing themselves."

"Carers are excellent at their jobs but do not have enough time."

"My only criticism would be the timings that are given to a user for example breakfast at 11:45 then dinner at 3:30pm!"

"The service does not have the staff to cover the work. They have no continuity with the times of visits. You cannot plan to take your loved ones out for a day because you may miss a carer for the main mealtimes which varies day to day."

The service acknowledged the above concerns and hoped the new restructure and scheduling system would go some way to improve people's outcomes and experiences.

Medication practices were at times inconsistent and should be improved. We were not confident people always received their medication at the right time. Visiting times should be fully planned to ensure medications are administered effectively as prescribed. Where 'as required' (PRN) medication was administered, we found that PRN protocols were not always completed to describe the impact on the person

(see area for improvement 1).

Guardianships and Powers of Attorney were in place for people where necessary and observed in people's care plans. We were confident that staff knew the powers these documents held and what it meant for people's choices and rights.

Staff demonstrated an understanding of when and how they should use Personal Protective Equipment (PPE). This helped reduce the risk of cross-infection for people and staff.

Quality indicator 1.4: People are getting the right service for them.

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

Most people we spoke to experienced individualised care and support within the time allocated to them. People knew and were familiar with their staff team. However, some people advised that they had been asking for extra time or different times of visits to meet their outcomes, with no response from the management team. We saw evidence of this, with one person in particular waiting six months. This meant that people felt unheard with their needs not being reviewed or met. We shared these examples with the service manager who addressed the issues timeously during the inspection.

A recent restructuring of staff had taken place which had caused some upset and anxieties for people. This exercise should have been communicated to people with a more person-centred approach and face to face. This may have alleviated some people's concerns. The provider acknowledged this and advised they would improve on this moving forward.

Communication from office staff was an issue for some people. Some examples were of staff turning up late or too early to support them. A few staff did not stay for the agreed time or were rushed to visit the next person. Additionally, a few staff did not have their travel time built into their rota. This meant that for some people they did not receive their meals or their personal care when they wanted or as agreed. As a result, people felt frustrated and disempowered regarding their choices and rights (see area for improvement 2).

People were supported to maintain their independence as much as possible and within the timeframe of support. Others were supported with rehabilitation to regain their physical health and wellbeing outcomes.

Areas for improvement

1. The provider should ensure that medication is managed in a manner that protects the health and wellbeing of service users. To do this, the provider must at a minimum:

- a) ensure accurate and up-to-date records of all medications administered
- b) ensure visit times are carefully planned to ensure people receive their medication at the right time, to manage their pain effectively
- c) ensure 'as required' protocols are in place, where required and purpose of medication, impact and any side effect are clearly documented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meet my needs and is right for me' (HSCS 1.19).

2. To ensure people experience safe and responsive care that meets their health, safety and wellbeing needs and preferences, the provider should:

- a) ensure sufficient staff are available to respond to people promptly
- b) ensure staff are deployed appropriately to enable them to respond flexibly when people's needs fluctuate
- c) ensure effective and meaningful communication when informing people of significant changes.

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).

How good is our leadership?

3 - Adequate

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

Audits were being completed on various aspects of the service such as care plans, reviews, and staff practice. However, quality assurance and leadership oversight should improve. Whilst some quality assurance processes were in place, missed entries were not identified. This included staff leaving times, and medication administration signatures.

We were assured that extra development and mentoring had been introduced to the team leaders to improve their skills and knowledge in this area. This would ensure that quality assurance was meaningful and led to improvements.

Staff supervision should result in better outcomes for people experiencing care. It should demonstrate a sense of planning and progression as well as meaningful reflection on practice.

Some people were not confident that if they gave their views that leaders would listen. Team leaders should be more visible to people and to staff on a regular basis. This would demonstrate credibility in the leaders and show support for both parties. The manager was aware of this and addressing the issue, so no area for improvement was made; however, will be followed up at the next inspection.

Complaints were handled in line with the service policy. When people were dissatisfied with the service, complaints were well documented, making it easy to track both the investigation process and outcome. This process supported people to feel heard and supported. All people we spoke to were confident to whom to complain.

Records of incidents and accidents demonstrated that staff had taken the right steps to keep people safe and learn from events. This supported outcomes for people and reduced the likelihood of repeat occurrence. We found the right people had been informed about significant events which included families, guardians, and the Care Inspectorate.

Missed visits were logged and remedial action taken. Apology letters were sent and actions taken, such as ensuring workers have a paper copy of the schedule and following up in supervision meetings.

Team meetings took place to allow staff to be updated on the service priorities and any other information. They covered specific themes and more generalised agendas with associated action columns.

We received positive feedback from both staff and people experiencing care that the manager was effective and improvements had been made since she was in post. The team had worked hard since the previous inspection and continue on their improvement journey.

How good is our staff team?

3 - Adequate

Quality indicator 3.2: Staff have the right knowledge, competence and development to care for and support people.

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

Staff benefitted from face-to-face training on topics that were relevant to their roles as well as a wide range of online learning. Some examples of training subjects were Adult Support and Protection, Safer Handling, and Infection Prevention and Control. Staff felt they received a good training package that was the right balance between online and face to face. Training and development were ongoing, targeted and planned which was in line with supporting people's outcomes.

Checks were in place to monitor compliance with training to prevent any becoming overdue which can compromise staff practice.

Although there was still some training to be completed, the dates were in place for these. Staff's competency and understanding of each training session should be assessed and discussed at staff supervision. This would measure how learning impacts on staff practice and people's outcomes.

Competency checks had been undertaken and this offered learning opportunities for staff, where good practice and areas for improvement could be acknowledged and further reflected on during supervision meetings.

We concluded that staff were professional, skilled and motivated to deliver positive outcomes and experiences for the people they supported.

Quality indicator 3.3: Staffing arrangements are right and staff work well together.

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

Staff worked well together in most aspects of the service, such as within their staff teams. Most staff felt there had been positive changes since the new manager had taken up post, feeling supported and listened to. Team managers and schedulers were working more productively together which helped towards the smooth running of the service.

A few staff continued to be dissatisfied with the way they were spoken to by office staff when on the phone. They did not feel listened to regarding the travelling times between support visits to people. Furthermore, staff advised there were significant delays in being able to speak to an on-call team leader. This caused a few staff to feel under pressure unsupported. Listening sessions arranged so staff had the opportunity to share their views (see area for improvement 1).

The provider advised that they were aware of the issues stated above and were working towards

improvement in these areas. The current restructuring of the staff teams was part of the service's long-term plan to improve the service delivery and the current issues people were experiencing.

Areas for improvement

1. In order for people's outcomes to be supported effectively and timeously, the provider should ensure communication between all staff should, at a minimum:

- a) be up-to-date and accurate information is consistently shared and accessed through handovers, care records and communication tools, so that staff are well-informed and able to deliver coordinated care
- b) staff communicate clearly, respectfully and professionally with each other, with management and with people using the service
- d) establish systems that enable staff to escalate concerns and receive timely responses from management, with clear lines of accountability
- e) embed a culture of openness where concerns, observations and feedback are listened to, recorded and acted upon to improve care and strengthen trust.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); and 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

How well is our care and support planned?

3 - Adequate

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

Care plans continued to be progressed and transferred over to a new system. While we appreciated that this had been an area of ongoing work, it is important that writers give an accurate step-by-step directive of the support to be provided. This will minimise the risk of inconsistencies in support.

One area that was identified in particular was recording people's communication needs. There should be clear documentation of how the person prefers to communicate and what that communication means. This would ensure people have the best opportunity of being understood and respected.

We saw evidence of the digital copy care plans matching with the care plan in people's homes; albeit, some more detail is needed in some. This allowed staff to offer consistent support with information that was up to date.

Reviews of personal plans were being completed for most people; however, there remained a number still outstanding. We could see that there was discussion at reviews about people's satisfaction with the service; however, they were not recorded with much detail. This was a missed opportunity to gather feedback on the service being provided, and any changes required for support to continue to meet people's needs. The quality of reviews needs to improve to be productive, person-centred and meaningful to people (see area for improvement 1).

Areas for improvement

1. To ensure people experience care and support that is right for them, personal plans should remain accurate and up to date. Reviews should be undertaken as and when there is a change in people's circumstances, and within six months. Furthermore, all reviews should:

- a) be person-centred and evidence the person's involvement and views
- b) reflect the progress the person has achieved under each outcome and have sufficient, clear narrative to demonstrate these achievements
- c) record what the person's goals and outcomes will be for the next six months.

This is to ensure that care and support is consistent with the 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).

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 support positive outcomes for people, the provider should ensure there is continuity in who provides their care to enable people to feel at ease and build trusting relationships with their carers.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 23 May 2023.

Action taken since then

Some people told us that they met with the staff who supported them; however, this was due to the fact that they did not have any changes in staff following the restructure. Others felt their staff team was changed without proper notice.

Therefore, this area for improvement was not met. This area for improvement will be repeated.

Previous area for improvement 2

To promote positive outcomes for people, the provider should ensure support visits take place, as far as possible, at the agreed time and for the agreed length of time.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 23 May 2023.

Action taken since then

Although some people reported that their support visits were working others continued to experience times that were not suitable to their lifestyle or agreements.

Therefore, this area for improvement was not met. This area for improvement will be repeated.

Previous area for improvement 3

To support positive outcomes for people the provider should allow sufficient time between each support visit so meals are provided evenly throughout the day and to promote optimum nutrition

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 23 May 2023.

Action taken since then

For most people we spoke to they got their meals on time; however, a few did advise that this had not been resolved for them. At the time of inspection, the director ensured contact was made with the few and compromise achieved.

This area for improvement was met.

Previous area for improvement 4

To promote positive outcomes for people, the provider should ensure they adhere to their organisational complaints procedures and regularly evaluate and audit care to monitor quality effectiveness.

This is to ensure that care and support is consistent with 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 area for improvement was made on 23 May 2025.

Action taken since then

Complaints appear to be handled in line with policy. Two Care Inspectorate complaints are under review currently. Complaint documents and follow processes were clearly evidenced to ensure investigations were followed through and improvements made.

This area for improvement was met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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
1.4 People are getting the right service for them	3 - Adequate
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	4 - Good
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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