

ION Care and Support Services (Housing Support) (Lanarkshire) Housing Support Service

Unit 6
Heritage Way
Coatbridge
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Telephone: 01506 896 610

Type of inspection:
Unannounced

Completed on:
16 July 2025

Service provided by:
ION Care and Support Services Limited

Service provider number:
SP2016012737

Service no:
CS2019375988

About the service

ION Care and Support Services (Lanarkshire) supports people living in the Lanark, Carluke, Biggar, Larkhall, Blantyre and East Kilbride areas and operates from an office base in Coatbridge.

The service is registered with the Care Inspectorate to provide a service to adults, including older people, in their own homes and in the community of South Lanarkshire, North Lanarkshire and Renfrewshire.

At the time of the inspection, the service was being delivered to 126 service users.

About the inspection

This was an unannounced inspection which took place over three days between 09:30 and 16:00 on the 8 to 16 July 2025. 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.

To inform our evaluations of the service we:

- Visited five people being supported to speak to them at home.
- Reviewed online questionnaires with responses from seven staff, 24 people supported and seven external professionals.
- Spoke with further staff and management.
- Reviewed documents.

Key messages

- People were supported to have high quality, positive experiences and outcomes.
- People were supported by familiar, mainly consistent, well-trained staff team.
- The service should improve how it records medicines support.
- Care reviews should happen as needs change, on request or a minimum of six-monthly.
- Communications should be improved when agreed support timings are subject to change.

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

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.

The service clearly had a very good knowledge of people's needs and knew how best to support them. When carrying out visits during the inspection it was evident that people supported had very good relationships with staff. The support provided by the service was person-centred and in line with people's preferences and wishes. Staff ensured people attended appointments appropriately and received the support as needed from other external professionals. The responses in our questionnaires issued to people supported and external professionals were mostly positive; any negative comments or themes were shared with the management team.

Comments made by people supported included: 'The carers themselves are kind, helpful and caring. I've provided an excellent service for my mum.' 'I can contact them with any concerns and these are dealt with.' 'The carers take good care of mum and fit in with her dementia.' 'I've been provided excellent care and service in the past year. Really appreciate the effort staff put into helping me out.' 'All in all, I'm very happy with the overall service I receive.'

External professionals' comments included: 'I have never had any bad feedback when carrying out home visits about the quality of care provided by ION carers.' 'The feedback overall has been very positive.' 'Care plans sent to myself are easy to follow and are a true reflection of the service users' needs.' 'Service users that I visit have positive feedback about the level of care they receive.' This positive feedback from people supported and external professionals supported the assessment of people's care as very good.

Staff had access to task details and complete care plan information, supporting informed and consistent care delivery. However, intermittent signal issues in certain areas impacted the ability to complete online notes in real time, limiting documentation until connectivity was restored. Medication Administration Record (MAR) sheets completed in individuals' homes showed gaps, despite electronic records remaining accurate and complete. This discrepancy highlighted the need for a unified recording approach. To ensure service-wide consistency and data reliability, all staff should use a single, dependable method of recording medication administration to ensure people's needs in this regard are fully met. **(See Area for Improvement 1).**

Areas for improvement

1. To ensure medication recordings are accurate only one record should be made of this in each person's home so that this record can be relied upon in meeting people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I receive is safe and effective' (HSCS 1.24).

How good is our leadership?

4 - Good

We evaluated this key question as good as there were a number of strengths in the leadership team which outweighed areas for improvement.

The service had formal audit tools in place to ensure that all key aspects of the service were regularly monitored. Spot checks on staff practice were carried out regularly and care planning audits were carried out albeit the number was limited and infrequent. Although we had met a previous area for improvement in this regard the frequency of care plan audits was discussed, and the management undertook to complete these audits more frequently. It was noted that part of the audit process should include identifying if any information had been duplicated in care plans. Succinct and detailed care plans ensure staff have access to relevant information when they need it. This comprehensiveness and access to relevant information should ensure that people are receiving the best possible level of care and support.

Regarding the quality of management, we found the management team to be motivated and person-centred in their approach. People supported spoke of the manager positively, stating: 'The manager is brilliant at communicating with the family and very approachable.' External professionals also felt the leadership within the service was good, although one commented 'I have always found the leadership very responsive, however, some agreed upon actions fail to take place at the carer level.' This was relayed to the service management team for consideration at the inspection feedback meeting.

Residents and their representatives took part regularly in service care reviews. It was noted that at the time of inspection some reviews were overdue. These reviews should be carried out timeously and management oversight of when these are planned should be accurate and readily to hand. It was impressed upon the service management that full formal reviews should take place on request, as needs change, or at a minimum of six-monthly, involving a wide range of input. These should happen even if people were absent, or social work colleagues were unable to attend. In these cases, the review attendance could be revised. Reviews may be revisited with absentees later so that this legal requirement is always met. This ensures people's care and support suits them and always meets their needs **(See Area for Improvement 1)**.

Areas for improvement

1. In meeting people's needs the service should ensure that in-house reviews take place on request, as needs change and as a minimum on a six-monthly basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

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 presented as happy working in the service and demonstrated a good knowledge of people's needs and how these could best be met. They gave an overall impression of a good team of staff who worked well together so that people experienced a good level of care. Reports from the people we visited and associated records were of a competent staff team who were mostly consistent in attendance. There were some people who felt staff were sometimes late but not significantly so. In our questionnaires a significant number of people felt that there weren't always informed if staff were going to be late. There were also some comments made that indicated staff approach in a few cases could be better, comments from external professionals included: 'There are inconsistencies in the standard of care provided by carers. Some carers appear to not have an awareness of the service-user's needs and associated tasks. However, other carers go above and beyond during their visits.'

It is important that competent staff attend in line with agreed timings and that any changes are communicated promptly to ensure people's needs are met in a timely manner. **(See Area for Improvement 1).**

A full training package was available to staff. These findings were supported by some positive comments made about staff knowledge and quality of care when talking to people supported and a relative. Most staff felt that there was good communication with management and found them approachable and supportive. Others felt that communication to staff could be better. The management maintained a training tracker document which was regularly checked to ensure staff training was up-to-date. It is important in providing a high-quality service striving to keep people healthy and well that staff feel they are well supported, regularly communicated with and receive appropriate training.

Areas for improvement

1. The service should ensure that people supported receive care from competent staff who attend in line with agreed timings. Any changes of timings should be communicated promptly to people supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (4.14).

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 improvement plan should be fully developed to help demonstrate how the service aims to maintain and improve key areas. In doing so, the plan should reflect timescales for completion and responsible people for the actions identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 1.15).

This area for improvement was made on 7 April 2023.

Action taken since then

It was noted on review that a competent service improvement plan was in place. This could be further improved in line with guidance provided by the Care Inspectorate. This guidance was shared with the management team during the inspection period.

This Area for Improvement had been Met.

Previous area for improvement 2

To ensure that people can be confident that staff supporting them are competent and skilled, the provider should continue to prioritise and deliver effective systems of supporting and developing staff. This should include, but not be limited to, staff training, staff supervisions, and team meetings.

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 area for improvement was made on 7 April 2023.

Action taken since then

It was clear when talking to staff and reviewing records that staff were subject to a full training package of face-to-face and online training. Staff took part in regular supervision meetings with seniors, and they could attend team meetings, albeit some told us these had reduced recently in frequency. Staff appeared competent and received mainly positive feedback from people we visited and in the questionnaire responses we received.

This Area for Improvement had been Met.

Previous area for improvement 3

The service should make sure information within care plans and associated records is consistent and accurate. In doing so, there should be regular care plan audits completed to make sure information is accurate.

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).

This area for improvement was made on 7 April 2023.

Action taken since then

It was evident that some care plan audits had been carried out since the last inspection. However, these were not fully in line with the action plan that was shared with the Care Inspectorate after the previous inspection. This was discussed with the management, and it was clarified that the number of audits, and their regularity would need to increase over the following months. This will be a focus area for the next inspection.

This Area for Improvement had 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 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

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