

North Lanarkshire Support Service Housing Support Service

Unit 71 - 73
Fountain Business Centre
Ellis Street
Coatbridge
ML5 3AA

Telephone: 01236 426 807

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Unannounced

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Service provided by:
Turning Point Scotland

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About the service

North Lanarkshire Support Service provides Care at Home and Housing Support to individuals living in North Lanarkshire. They are part of the national registered charity, Turning Point Scotland.

Support is delivered through flexible, person-centred packages designed to meet individual needs. The service works with people who have complex needs which include learning disabilities, mental health conditions, substance use issues and forensic support. At the time of inspection, the service was supporting 20 people.

The range of services includes personal care and support, help with domestic tasks, support in managing tenancies and guidance in accessing and using community facilities.

About the inspection

This was an unannounced inspection which took place on 11 - 13 August 25. 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.

In making our evaluations of the service we:

- gathered feedback from pre-inspection questionnaires (five responses were received from external professionals and 11 responses received from staff)
- visited five people in their homes and spoke with one person in the service office base
- spoke with four relatives by telephone
- spoke with five staff and management
- reviewed documents
- gained feedback from visiting professionals by email.

Key messages

- People received personalised, respectful care that supported their health and wellbeing.
- People and their relatives were happy with the care and support provided.
- Quality assurance processes were ineffective and had not identified areas that needed improvement.
- Staff were skilled, well-supported, and had built positive relationships with people.
- Personal plans were detailed and supportive of people's needs. However, it was unclear if they were accessible or tailored to individual preferences.
- Six-monthly reviews had taken place however, they had not involved people or their families in this process. The service was now taking steps to improve this.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
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?

4 - Good

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

People received care and support that suited their needs. Staff were respectful, and people appeared happy and relaxed around them. Feedback from individuals was positive, with one person saying, 'They've made a big change in my life' and another sharing, 'If I have any problems, I speak with staff and I get my problem resolved'. Relatives also spoke highly of the service, with one commenting, 'If they can help you, they will'.

Staff understood their role in helping people access healthcare. They noticed changes in health and passed on information quickly to the right professionals. People were supported to understand treatment options which helped to ensure care was safe and effective. The service worked closely with external professionals, who also gave positive comments such as, 'They work well with risk and complexity' and 'Staff know the service user and understand their care needs'.

People's health and wellbeing needs were being reviewed, however formal six-monthly reviews were not taking place as they should be. People were not sure when their last review had happened which meant they had not been fully involved in this process (**see requirement 1 within Key Question 5: How well is our care and support planned?**).

People received the right medication or treatment at the right time. The service had a robust medication system which was used in line with good practice guidance.

How good is our leadership?

3 - Adequate

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

There were quality systems in place to support improvement, and despite recent changes in the management team, leaders knew the service well. Regular audits were conducted across the service however, the follow-up on action plans was not always evident. Managers assured me that action plans were completed but there was no evidence to say when this had happened. The service needed to improve how they were monitoring, reviewing and completing action plans.

A service improvement plan was in place however it did not clearly show progress or outcomes. As a result, it was difficult to see what was working well and what the service was aiming to improve. Quality assurance processes were not fully effective. For example, the service had not identified that six-monthly reviews were being completed but had not included input from people or that the six-monthly service audit had only been partially completed. Overall, quality assurance and improvement activities needed to improve to ensure care and support aligned with people's health and wellbeing needs (**see requirement 1**).

We discussed this with the management team who immediately responded and created an action plan of how they intended to make the necessary improvements.

Requirements

1. By 31 October 2025, the provider must ensure the service is well led and managed and people receive care and support that is safe and meets their needs through robust quality assurance.

To do this, the provider must, as a minimum:

- a) monitor and review quality assurance systems that effectively identify issues which may impact on the health, welfare and safety of people supported
- b) create clear action plans with timescales when problems or areas for improvement are found
- c) track progress on all planned improvements to make sure that these have been completed and were effective.

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 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 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 felt supported in their roles and enjoyed their work. People spoke positively about staff, with comments like 'the staff are good just now' and 'I think staff have the right training'. Relatives also gave positive feedback, one commented, 'staff were well trained' and another commented 'they know my family member well'.

Staff were confident in building positive relationships. Inductions helped staff to gain the right skills and knowledge. The management team ensured that staff were supported to get to know people at a pace that suited each individual. It was not evident if people were involved in the recruitment process however, this was something that the manager disclosed had happened in the past.

Supervisions and team meetings were happening regularly. Staff could also source support out with these times as managers were accessible and visible within the service. Most staff were up to date with training. However, some training records needed updating, and this had not been picked up through quality assurance checks. The manager confirmed this would be addressed (see requirement 1 under Key Question 2: How good is our staff team?).

The service had the right number of skilled staff working at the right times to support people's outcomes. People and their families received rotas in advance and were usually informed if changes were being made with staffing. However, staffing arrangements had not been discussed with people as part of their six-monthly review to gather their feedback. This meant that it was not evident that people's views had been taken into consideration when rotas were being planned (**see requirement 1 within Key Question 5: How well is our care and support planned?**).

How well is our care and support planned?

3 - Adequate

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

Personal plans were in paper format and included a good level of detail. Risk assessments and safety plans were focused on enabling individuals rather than restricting them. Where legal restrictions were in place, people were supported to understand and comply with them. Safety plans were written in formats that were meaningful to the individuals using them. However, there was no evidence of people's preferences regarding the format or accessibility of their personal plans. This was discussed with management, who agreed to incorporate questions about people's preferences into their six-monthly review process.

Six-monthly reviews were taking place but did not involve input from individuals or their relatives. This meant people were not actively engaged in developing or reviewing their personal plans (**see requirement 1**). The management team acknowledged this oversight when it was raised and responded by creating an action plan to address this.

Requirements

1. By 31 October 2025, the provider must ensure that people and their relatives have been involved in developing and reviewing their personal plan every six months. This includes ensuring that action plans from reviews are detailed giving clear timescales for completion which are shared with people and their relatives.

This is to comply with Regulation 5 (1) and (2) (b) (ii) (Personal Plans) 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:

'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).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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