

Bellshill Home Support Service Housing Support Service

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Telephone: 01698 346 666

Type of inspection:

Unannounced

Completed on:

16 September 2025

Service provided by:

North Lanarkshire Council

Service provider number:

SP2003000237

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Inspection report

About the service

North Lanarkshire Council provides Bellshill Home Support Service - Home Support and Housing Support. The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate in April 2011.

Home care is delivered by three teams; intensive, reablement and mainstream. The intensive team focus on providing flexible, intensive home support for a limited period of time, for instance, providing end of life care. The reablement team provide a rehabilitation programme which focuses on maximising people's independence, normally following an illness or stay in hospital. Whilst the 'wellbeing at home' team delivered the vast majority of home support.

At the time of the inspection, the service provided support to 229 people.

The aim of the service is to 'provide a support service to older people and younger adults in their own homes' as stated by the provider.

About the inspection

This was an unannounced inspection which took place on 9, 10, 11 and 16 September 2025. The inspection was carried out by three 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 people using the service
- spoke with 16 staff and management
- · observed practice and daily life
- · reviewed documents
- spoke with visiting professionals.

Key messages

- Staff demonstrated a caring, engaging, and respectful approach in their interactions with individuals.
- Most people were supported by a small, consistent team of staff, which fostered the development of meaningful relationships.
- Medication policies and practices were well-managed, promoting confidence in the service's ability to support individuals' health and wellbeing.
- Management showed a strong commitment to ensuring high standards of care.
- Robust quality assurance systems were in place to effectively evaluate and improve the service provided.
- Individuals received care and support from well-trained staff who possessed a thorough understanding of their needs.
- Support plans reviewed contained detailed information about each person's health and wellbeing outcomes, reflecting a person-centred approach to care.
- Improvement in progress with new systems in place and effective communication.

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 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?

4 - Good

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

Individuals receiving care consistently reported feeling safe, respected, and well-supported. One person shared, "I feel I'm treated with dignity and respect? The carers do a really good job. We have a good laugh, and I feel safe and well looked after." Such feedback reflects the positive relationships built between staff and those they support.

The majority of individuals were cared for by a small, consistent team of staff, which facilitated the development of meaningful and trusting relationships. This continuity of care was highly valued and contributed to a sense of security and familiarity. One person remarked, "Staff know my health needs better than me," while another noted, "I usually get consistent staff at a consistent time." A further example highlighted the attentiveness of staff: "I was admitted to hospital because a worker noticed something on my leg? They notice everything."

Staff demonstrated a clear understanding of their roles and responsibilities in meeting individual care needs. People expressed confidence in the training and knowledge of staff, which was evident in the quality of care provided.

People benefitted from access to health and social care, such as social workers and district nurses, who offered input when necessary.

Flexibility and responsiveness to personal preferences were also observed. One individual shared a positive experience where the timing of support visits was adjusted to allow attendance at church, enabling them to participate without feeling rushed. This proactive approach to care planning reflected the service's commitment to person-centred support and its ability to adapt routines in ways that respect and promoted individuals' lifestyles, choices, and wellbeing. However, it is important to note that not all individuals felt their preferences regarding visit times were consistently accommodated. However, this appeared to be in the minority and should be addressed.

Care plans were person-centred and outcome-focused, accurately reflecting individual care and support needs. These plans provided clear guidance to staff, promoting and contributing to very good health outcomes. While most care plan reviews were completed within expected timescales, some older lacked depth and did not capture progress or achievements, instead repeating care plan content. Encouragingly, a new format was being introduced, which showed significant improvement in capturing outcomes and personal histories.

Medication management was underpinned by a clear policy and procedure designed to safeguard individuals' health and wellbeing. Observations and documentation indicated that medication was administered safely and in line with best practice standards. However, some issues were noted around the administration of 'as required' medication, which should be monitored to ensure consistency and safety.

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.

Regular team meetings provided valuable opportunities for staff to share insights, raise concerns, and actively contribute to service development. These sessions fostered a collaborative environment with clearly defined actions and timelines. This supported accountability and ensured effective follow-through.

Staff communication across the services was mostly effective to ensure people received the right care at the right time. However, communication across some parts of the service was identified as an area needing improvement. Staff reported that essential information was not always received in a timely manner, which could affect their ability to support individuals safely and effectively. The manager was aware of this and addressing it.

Staff records were completed well such as communication logs, care plans and reviews. This allowed for the smooth passing of information sharing. Staff should be reminded of the importance of using professional and respectful language when interacting with individuals receiving care and when recording information. Phrases such as "kicking off" or "going off on one" are not appropriate descriptors of behaviour and lack the clarity and professionalism expected in care settings. Promoting the use of respectful language is essential to maintaining people's dignity.

Scheduling of support visits was well-managed. The shift co-ordinators and the senior played a key role in maintaining consistency and reliability, with most individuals receiving support at appropriate times. Improving the responsiveness during out-of-hours periods was an opportunity to further strengthen service delivery and staff confidence.

Senior staff regularly conducted observation spot checks to assess practice and engagement. These checks provided a structured approach to monitoring performance, celebrating good practice, and identifying areas for growth. As a result, this supported a culture of accountability, reflective practice, and continuous professional development.

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 improve staff support. the provider should ensure their policy regarding patch meetings is followed.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'You can be confident that all the staff use methods that reflect up to date knowledge and best practice guidance, and that the management is continuously striving to improve practice' (HSCS 3.14).

This area for improvement was made on 18 April 2024.

Action taken since then

Patch/team meetings were taking place on a regular basis across the service in different teams. Minutes of meetings were relevant and meaningful contributing to improvement.

Staff valued these meetings as a source of connecting with colleagues, learning from others and sharing important information.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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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