

Mears Supported Living - North Lanarkshire Housing Support Service

Unit 2
Wishaw Business Centre
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Telephone: 01698 486 664

Type of inspection:
Unannounced

Completed on:
2 October 2025

Service provided by:
Mears Supported Living Limited

Service provider number:
SP2020013554

Service no:
CS2020380495

About the service

Mears Supported Living - North Lanarkshire provides support to people living in their own homes across North Lanarkshire. The branch office is in Wishaw and at the time of inspection, the service was supporting 90 people.

The service provides flexible packages of care and support to meet people's needs. The range of services include personal care and support, support to access and utilise community facilities, support with domestic tasks and shopping.

About the inspection

This was an unannounced inspection which took place on 30 September, and 1, 2 and 3 October 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 six people using the service
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Continuity of care and consistent staff team helps to generate trusting and supportive relationships.
- Care staff were motivated and passionate about supporting people to have the best quality care.
- Care staff knew people and their individual support needs very well and have many years experience working in social care.
- Staff work well together, and management had very good oversight and, importantly, insight and knowledge in this field of care provision.
- Extra vigilance was needed by staff and seniors to ensure all medication is signed for and accounted daily.

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 staff team?	5 - Very 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.

Support plans were comprehensive, regularly reviewed, and co-produced with individuals; however, a few survey responses indicated limited awareness or involvement in the process. Plans reflected personal preferences and effectively guided staff in promoting health outcomes. A few improvements were needed in some aspects of the language used to describe behaviours. This would ensure all documents were recorded in a dignified and respectful manner.

Staff demonstrated the ability to recognise early changes in individuals' health and behaviour, enabling timely and appropriate interventions. This was supported by their training, experience, and the positive relationships they had developed with those they supported.

Collaborative working with external professionals, including GPs, nurses, dietitians, and physiotherapists, was well established and generally promoted a holistic approach to care. However, some delays in approving additional support hours by the Health and Social Care Partnership, occasionally impacted service delivery. These delays highlighted the need for more responsive commissioning processes to maintain continuity and person-centred care.

Individuals were supported to lead healthy lifestyles through physical activity, balanced diets, and meaningful routines. Nutrition and hydration were professionally managed, with tailored meal planning and support in areas, such as diabetes care and meal preparation, which individuals valued.

The provider conducted regular surveys, with the majority of respondents rating the service as 'very good' or 'excellent'. While overall feedback was positive, a minority of participants identified areas for improvement, particularly in relation to communication. This had been taken on board by the manager and addressed.

Medication management systems were largely effective, with regular audits ensuring compliance and follow-up on identified actions. However, inconsistencies were noted in 'as required' medication recording and medication administration chart completion. Extra vigilance was needed in the timely identification and reporting of omitted staff signatures to ensure prompt corrective action.

Financial transactions were subject to regular audits, providing assurance of appropriate oversight. Staff fostered warm and trusting relationships, promoting choice, engagement, and self-expression. Positive Behaviour Support was embedded in practice, ensuring appropriate and effective responses to distress.

There were highly effective and established systems in place that facilitated the timely reporting of incidents and accidents, ensuring that relevant authorities and agencies are appropriately notified in accordance with regulatory and procedural requirements.

How good is our staff team?

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.

Staffing was well managed, ensuring individuals received the right support at the right time. Rotas were flexible and tailored to meet personal routines and preferences. Coordinators worked proactively to maintain consistency in staffing, recognising the importance of familiar staff in promoting safety and trust. This was supported by internal review and oversight.

Staff demonstrated high levels of motivation and commitment to supporting individuals to lead fulfilling lives. Interviews reflected a strong values-based approach, with staff expressing pride in their roles and a clear understanding of their responsibilities.

Training provision was robust and ongoing, covering both core competencies and specialist areas such as adult support and protection, moving and handling, and mental health. Staff reported feeling well-equipped and confident in applying their learning, demonstrating compassion and skill in their daily practice.

Support structures were well established, including regular supervision, team meetings, and reflective sessions. These contributed to a positive working environment where staff felt valued and supported. Leadership was described as open and approachable, with clear communication and a shared commitment to high-quality care. Teamwork was evident, fostering a collaborative and caring culture.

Contingency planning was in place to manage staff absences and respond to changing needs, ensuring continuity of care. The induction process was generally effective, with staff reporting that they understood their roles, received appropriate training, and felt confident to work independently.

To maintain high standards of infection prevention and control, and to ensure the safety and wellbeing of people supported, staff should keep their nails short and clean. The use of false nails, gel polish, or acrylics should not be used as these can harbour bacteria and present risk of infection or potential harm to individuals during personal care.

Communication practices were mostly effective; however, some inconsistencies were reported by staff. At times, the messaging of information was unclear; however, recent improvements were acknowledged. Managers demonstrated awareness of these issues and had taken steps to address them.

Notably, a new training initiative, 'Communications', led by a senior staff member, was introduced to reinforce the importance of effective communication and clarify expectations around information sharing and escalation processes.

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 that people's medication is right for them, the provider should record reasons and outcomes when administering 'as required' medication.

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

This area for improvement was made on 30 August 2025.

Action taken since then

Records are generally well maintained and up to date in service users' homes, reflecting good practice. We found one 'as required medication' (PRN) administration sheet which had not been completed; however, others sampled did.

Where PRN is administered daily, further advice should be sought from people's GP. This would ensure people are assessed appropriately to receive the relevant medication on an ongoing basis.

On the balance of proportionality, **this area for improvement was met.**

Previous area for improvement 2

To ensure people experiencing care receive their allocated support hours, the provider should ensure that staff accurately record their visit times. This should include, but is not limited to, ensuring that staff provide an explanation should they need to cut a visit short. Management should provide oversight of support schedules for quality assurance purposes.

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 meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 19 August 2024.

Action taken since then

Templates and systems were in place and subject to regular review, overseen by the manager and head office to ensure consistency and compliance. Scheduling systems support the identification of changes in staffing hours, whether reduced or increased. Responsibility for this process will transition to the newly appointed senior staff member."

This area for improvement was met.

Previous area for improvement 3

To ensure people receive the right information at the right time, if a person, or their representative raise any concerns or dissatisfaction with the service, the provider should ensure that staff are open, honest and transparent. This should include, but is not limited to, maintaining an accurate record of when communication takes place regarding a concern raised with staff, and by following the provider complaints policy and protocol.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

This area for improvement was made on 19 August 2024.

Action taken since then

Complaint system in place was utilised as per policy (although policy should include Care Inspectorate complaint contact details).

The complaint was addressed and responded to within the timeframe instructed in the complaints procedure. This meant people could be assured their concerns were dealt with in a timely and professional manner.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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