

# Coatbridge Home Support Service Housing Support Service

Coatbridge Locality Support Service  
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**Type of inspection:**  
Unannounced

**Completed on:**  
20 October 2025

**Service provided by:**  
North Lanarkshire Council

**Service provider number:**  
SP2003000237

**Service no:**  
CS2004071283

## About the service

Coatbridge Home Support Service is provided by North Lanarkshire council. It provides care and support to people living in their own homes in the Coatbridge area and surrounding villages.

The service has three parts. Mainstream supports the largest number of people who are likely to require assistance longer-term. Reablement provides support to people following ill-health or hospital stays. It works closely with health professionals to help people regain independence, where possible. The intensive part provides mainly end of life care, working with health professionals.

At the time of our inspection, 273 people were supported by the service.

## About the inspection

This was an unannounced inspection which took place on 15, 16 and 17 October 2025, with feedback given to the provider on 20 October 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and ten family members
- spoke with 17 staff and management
- received 38 completed questionnaires from people and their relatives using the service
- observed practice and daily life
- reviewed documents.

## Key messages

- Most people were satisfied with the care and support they received.
- A number were unhappy with lack of consistent staff and visit times.
- Frontline care staff were committed to helping people achieve good outcomes.
- The quality of support plans and undertaking reviews required improvement.

## 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?	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?

## 3 - Adequate

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

People supported by the service had varying views about the care and support they received. Most people supported by the service were very positive about the staff who supported them. They told us they felt staff were good at their job and supported them with respect and patience. Families said the service was reliable and consistent.

Comments we received included:

"All my carers are exceptionally kind and considerate. I am very happy."

"The carers I get are very polite, respect me as a person, very knowledgeable about my needs, very honest, trustworthy and the care I receive is excellent."

"Looks forward to them coming. Everything always 100% with them, no issues."

A smaller number of people and families were less positive. They told us visits could be changed at very short notice with no explanation. For some there was too short a gap between visits. They gave us examples of only a few hours between being supported with lunch before staff returned to help them with dinner. Others raised concerns of getting assisted to bed very early in the evening despite them preferring to stay up later. Improvements were needed to ensure that visits were planned and delivered at times that supports people's health and wellbeing. The provider had implemented a new system to support this which was being rolled out in the area.

Following a complaint investigation earlier this year, we made a requirement requiring the provider to make improvements in relation to how people were supported with medication. The provider had introduced a system to support people needing staff to administer medication however, this was not fully embedded and did not follow best practice guidance. Please refer to the section headed 'What the service has done to meet any requirements made at or since the last inspection'.

At complaint investigations we made two areas for improvement. The first aimed to keep people requiring specialised diets, like fortified or textured foods safe and well by ensuring appropriate staff training. The second focussed on reducing the risk of people choking on food by ensuring assessments were in place to provide staff guidance. The service had not taken action to make improvements in these areas and these will be repeated. Please refer to the section headed 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

## How good is our leadership?

## 3 - Adequate

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

The service had undergone a recent change of manager at the time of our inspection. This has already resulted in changes to help management begin to have oversight of how the service was performing to support positive outcomes for people. This approach was not yet fully embedded and we will monitor its impact in future inspections.

The provider was not able to provide us with the range of evidence which we needed to see to be assured of management oversight. We did see evidence of people's support plans being audited by management with feedback given to staff who had undertaken audits. This feedback included acknowledgement of good practice as well as any areas for attention with clear timescales for completion. Overall, the provider needs to improve management oversight and quality assurance of its key operations. See area for improvement one.

The service's system for recording of accidents and incidents were completed to a good standard. However, registered care services are obliged to notify the Care Inspectorate of certain occurrences and this was not always taking place. See area for improvement two.

### Areas for improvement

1. To support positive outcomes for people the provider should ensure the approach to quality assurance, including audits and observations, is reviewed and improved. This must include the development of clear action plans, detailing the actions required, staff responsible and with appropriate timescales.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.19).

2. To support positive outcomes for people the provider should ensure that the Care Inspectorate is provided with formal notifications as outlined in 'Adult Care Services: Guidance on records you must keep and notifications you must make' (March 2025).

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

### 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 in the service enjoyed their work and felt well supported by management. Frontline staff who tended to work on their own indicated they felt part of a broader team. They were knowledgeable about the people they regularly supported and their support needs and the role they played in helping them get the best out of life.

Staff benefitted from a comprehensive training programme. This included dementia awareness, moving people safely and supporting people with medication. They told us the training was useful and relevant in their day-to-day work. In our interviews with staff, we discussed their responsibility for reporting concerns about people's safety and wellbeing. We also discussed the importance of protecting people from infection and cross infection by following good practice in infection control. We were satisfied that staff were knowledgeable in these areas, confident in reporting concerns and committed to reducing infection risks through proper handwashing and use of personal protective equipment (PPE).

Direct observations or 'spot checks' took place to ensure staff were carrying out their work as planned. These included how staff communicated with people and supported them with personal care and medication. Staff told us they valued this because they received feedback from management. This included

positive comments as well as any areas for attention, such as additional training.

Supervision took place with frontline care staff on an annual basis. We have previously expressed reservations on this frequency for staff who, by the nature of their work may not be in regular contact with management. Staff did tell us they found supervision useful and relevant.

Team or 'patch' meetings were happening but not on a regular basis for all staff. We spoke to the management team about the importance of these to provide opportunities for staff to discuss matters and reflect on practice.

A new workload management system had recently been introduced by the provider. Some staff felt this had resulted in reduced times for visits to people. This continued to be embedded by the service.

## 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 did not always provide the correct information on how people were to be supported. This meant staff did not always have the required information on how to support people safely. For instance, in some personal plans there was no explanation of how the people's health conditions impacted them or their support. Some lacked sufficient information to guide care staff in safe moving and handling. Some lacked up to date information on people's declining health. See requirement one.

Care plans should be reviewed no less than six-monthly to ensure that the care provided is appropriate and beneficial. Reviews were not completed as we would expect. For those that were completed staff did not always update personal plans to ensure they contained up-to-date information. At previous inspections we issued a requirement related to reviews, with a timescale of 30 November 2023. We visited the service in December 2024 and January 2025 where this requirement was met. Based on the findings from the current inspection a requirement related to care planning and reviews will be issued. See requirement one.

## Requirements

1. By 31 March 2026, the provider must ensure each person has a personal plan in place which sets out how their health, welfare and safety needs are to be met. To do this the provider must, at a minimum, ensure personal plans:

- a) are current, accurate, reflect good practice in being person-centred and outcome focussed
- b) have sufficient detail in them to ensure people's individualised support needs and outcomes are met
- c) are reviewed at least six monthly or as people's needs changes, with any actions identified implemented
- d) are subject to regular evaluation and audit to monitor quality and effectiveness.

This is to comply with Regulation 5(1) and (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: '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 requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 30 September 2025, the provider must ensure people are supported safely with their medication to support their health and wellbeing. To do this, the provider must, at a minimum, ensure:

- a) Personal plans and risk assessments contain detailed information on how a person is to be supported with their medication.
- b) People are supported in line with their assessed needs, with records kept to detail the support provided.
- c) Medication administration records accurately detail all prescribed medication, doses and times of administration in line with the prescriber's instructions.
- d) Staff receive medication training and ongoing refresher training in line with their roles and responsibilities.
- e) Staff competency in the administration of medication must be regularly assessed and reviewed to ensure they can support people safely.
- f) Implement quality assurance systems based on best practice guidance to effectively monitor compliance and identify areas for improvements. Actions identified must be implemented.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'Any treatment or intervention that I experience is safe and effective.' (HSCS1.24).

**This requirement was made on 24 July 2025.**

## Action taken on previous requirement

This requirement was made following a complaint investigation. The provider submitted an action plan to detail actions required.

The service was working with the pharmacy team and made attempts to improve record keeping to ensure appropriate medication records were in place. However, these records did not follow best practice guidance and we could not be assured this was supporting people safely with their medication.

Staff training had taken place, but staff were not always updated on the interim guidance related to changes in medication practice. This meant we could not be assured that staff always understood how people were to be supported with medication. Observations of staff practice had not been fully implemented in line with the changes to the medication processes.

Medication audits had not been fully implemented therefore it was not possible to determine if any improvements were required.

To allow time for further improvement we have extended the timescale to 31 March 2026.

## Not met

## 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 personal plans contain up-to-date information detailing people's choices and wishes and outline how people are to be supported. This should include, but is not limited to, ensuring effective systems are in place to review and update personal plans, staff have access to personal plans and staff deliver the support outlined in personal plans with effective records kept to detail support provided.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 24 July 2025.**

### Action taken since then

Personal plans did not always contain up-to-date and clear information on people's needs. Reviews were not always completed in the appropriate timescales and this prevented the updating of personal plans.

**This area for improvement is longer in place and has been incorporated into a new requirement under key question 'How well is our care and support planned?'**



### Previous area for improvement 2

To support people to eat and drink well, the provider should ensure staff have received appropriate training when people have been assessed as requiring textured and modified diets.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 8 August 2025.**

#### Action taken since then

The service had not taken any steps to consider the training requirements of staff to support people with textured and modified diets. We spoke to the management team about the need to consider how best to support the staff to have the appropriate knowledge and skills.

**This area for improvement has not been met.**

### Previous area for improvement 3

To support positive outcomes for people, the provider should ensure when a risk of choking is identified, there is a risk assessment undertaken and all control actions are documented. This should also include, but is not limited to, documenting any emergency and immediate first aid actions, to provide guidance to staff on what actions to take in the event of a choking incident.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

**This area for improvement was made on 8 August 2025.**

#### Action taken since then

The service had not taken any action to identify people who may be at risk of choking to ensure appropriate risk assessments were in place. Personal plans did not outline risks of choking and actions required to reduce risk or guidance to staff in the event of an emergency.

**This area for improvement has not been met.**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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
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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