

North Lanarkshire Support Service Housing Support Service

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Type of inspection:
Unannounced

Completed on:
10 November 2025

Service provided by:
Turning Point Scotland

Service provider number:
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Service no:
CS2013316200

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 24 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 follow up inspection which took place on 10 November 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 evaluation:

- spoke with the management team
- reviewed documents.

Key messages

The service completed six-monthly reviews for people they support and had generated agreed action plans from these.

People's wishes and preferences about accessing their care plan and in what format, had been discussed and recorded.

Quality assurance audits were happening regularly and supported the service to identify areas for improvement more effectively.

The service required more time to finalise generated action plans and to ensure timescales were evident within these. This will become an area for improvement.

To reflect the significant improvements made, we have re-evaluated Key Question 2 and Key Question 5 from adequate to good.

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 good is our leadership?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

4 - Good

We re-evaluated this key question from adequate to good as several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We made a requirement in August 2025 to ensure that quality assurance systems across the service were effective (refer to section "What the service has done to meet any requirements made at or since the last inspection"). The service had met this requirement related to improving their quality assurance processes across the service. The service were in a much better position to identify issues that required actioning around people's care and support which is why we have re-evaluated this key question to good. Further improvements were required to ensure action plans from quality assurance activities were fully implemented (see area for improvement 1).

Areas for improvement

1. To support people's health and wellbeing, the provider should track progress on all planned improvements within agreed timescales to ensure that these have been completed and were effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

How well is our care and support planned?

4 - Good

We re-evaluated this key question from adequate to good as several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We made a requirement in August 2025 for the service to ensure that people were involved in developing and reviewing their personal plan six-monthly (refer to section "What the service has done to meet any requirements made at or since the last inspection"). The service had made good progress with this requirement and we have re-evaluated this key question to good.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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).

This requirement was made on 14 August 2025.

Action taken on previous requirement

The service had implemented robust quality control systems. Audits covering all aspects of care were now being carried out on a weekly, monthly and quarterly basis to identify any issues that could impact people's health and wellbeing. Quality assurance activities were generating action plans which were passed to the service manager for sign-off. All managers had quality assurance trackers in place and these were being monitored and reviewed in line with agreed due dates. Not all action plans included timescales however, this was discussed with the manager, who agreed to address promptly.

All planned improvements were now documented within the service improvement plan. The service was now in the process of actively working through generated action plans which meant there was limited evidence of completed actions. The service required time to finalise these action plans to demonstrate that the improvements they had made, were effective. We have issued an area for improvement, please refer to section "How good is our leadership".

Met - within timescales

Requirement 2

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).

This requirement was made on 14 August 2025.

Action taken on previous requirement

The service had involved people in planning and reviewing their care and support. This included asking about their wishes and preferences for accessing their information and in the format they would prefer. Six-monthly reviews had been completed for everyone and agreed actions from these, were clearly recorded. However, timescales for the completion of these actions were missing. We discussed this with management, who immediately agreed to resolve. We have issued an area for improvement, please refer to section "How good is our leadership?".

The service needed time to fully embed their quality assurance processes which would evidence that all actions from reviews were being monitored, reviewed and completed.

Met - within timescales

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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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