

Invercare Services - North Lanarkshire & Glasgow Branch Housing Support Service

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Type of inspection:
Unannounced

Completed on:
12 December 2025

Service provided by:
Invercare Services Ltd

Service provider number:
SP2014012360

Service no:
CS2024000203

About the service

Invercare Services - North Lanarkshire & Glasgow Branch provides care at home and housing support services to people living within North and South Lanarkshire.

The branch office is in Airdrie and at the time of inspection were supporting 74 people.

The service provides varying packages of care and support to meet people's needs. The range of services include: support to access community resources, personal care and support and support with domestic tasks.

About the inspection

This was an unannounced inspection which took place on 9 - 11 December 2025. The inspection was carried out by two inspectors and two inspection volunteers from the Care Inspectorate. Our inspection volunteers are members of the public who have relevant lived experience of care either themselves or as a family carer. They speak to and spend time with people and families during inspections to ensure their views and experiences are reflected accurately in the inspection.

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 we:

- spent time with nine people using the service and six of their relatives
- received completed pre-inspection questionnaires (16 from people and relatives, 11 from staff and one from visiting professional)
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

The service continued to progress on its improvement journey and now had a stable management structure.

People and their families spoke positively about the service.

Running notes about people's care and support needed more detail, and the service was working to improve this.

The development plan and generated action plans from audits needed to remain a focus at team meetings to avoid being overlooked.

To improve communication and staff wellbeing, the service created a staff focus group.

Records of complaints and adult support and protection referrals needed to improve.

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?	4 - Good
How good is our staff team?	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 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.

Most people were happy with their care and support. People knew their staff and spoke positively about their care experience. Comments from people included; "Don't want to lose them - gold star," "They're all good", "Absolutely delighted with care and attention" and "Go above and beyond". Some people and their families suggested changes to further improve their care experience, such as later visit times and ensuring staff were familiar with household tasks.

People were enabled as much as they could be to have control of their own health and wellbeing through access to necessary technology and other specialist equipment. Health and risk assessments were in place for people. Some attention to detail was needed to ensure that information about people's needs was clear throughout their care plans.

People had as much control as possible over their medication and benefitted from a robust medication management system that adhered to good practice guidance. We did share aspects of medication management that could be further improved upon as some people had paper and written records which may cause confusion for newer staff.

People benefitted from staff support to access urgent healthcare and treatment from trained practitioners. Staff knew what to do if someone was unwell. However, running logs about people's health and wellbeing needed to improve. This was an area for improvement that the service were already working towards.

People felt communication with the service was good and they had clear points of contact. Quarterly newsletters were now being distributed, sharing positive stories about people's health and wellbeing journeys, staff achievements and important service milestones.

How good is our leadership?

4 - Good

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

There were systems in place to monitor all aspects of service delivery. Quality assurance processes generated action plans which gave the management team better oversight of what needed to improve. However, following up and completing action plans could have been better, particularly for adult support and protection concerns and complaints. We gave feedback on how these areas could be strengthened (see outstanding areas for improvement).

Stability within the service was evident, and the current management structure improved how the service operated. Systems were being embedded and the management team were working to further refine these. With this in mind, the service needed to ensure that they did not lose sight of this and continue to drive forward with their continuous improvement journey.

Meetings took place across the service, however, action plans from quality assurance were not being

including within meeting agendas. This meant that there was limited evidence that managers were keeping service improvements active (see outstanding areas for improvement).

Notifications were made correctly however, information regarding significant events could be more detailed. Adult protection concerns and referrals were made and notified appropriately. We discussed with the management team how reporting could be further improved.

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.

Most staff were happy, although a few felt further improvements were needed. The management team worked to improve communication and wellbeing by creating a staff focus group where staff could raise topics they wanted to see progressed. This group was in its early stages and needed time to become established.

The management team did their best to ensure the right number of staff with the right skills were available to support people's outcomes (see outstanding areas for improvement). Recruitment and retention remained challenging. To counteract this, the service had sponsored several staff from overseas to maintain their standards of care. We suggested adding information about Scottish culture and customs to the induction process. Additional information would further support overseas staff with embedding the necessary skills and knowledge needed to meet people's health and wellbeing needs.

People using the service and staff benefitted from a warm atmosphere because of good working relationships. The service focused on the wellbeing of staff and aimed to provide a good work-life balance by considering staff availability when planning rotas. They also celebrated staff achievements through initiatives such as an employee of the month award.

How well is our care and support planned?

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 benefited from care plans that were regularly reviewed. These digital care plans reflected people's health and wellbeing needs, wishes, and preferences. People were involved in their six-monthly reviews and could access their care plans if they wished.

Risk assessments and safety plans were used to enable people rather than restrict their actions or activities. Where restrictions were necessary, people were supported to understand the reasons and how to comply with relevant conditions.

The service were working to improve the standard of in-house report writing and had shared an exemplar with their staff team about the standard they expected. Some running notes were brief and needed more detail to provide a clearer picture of people's care experience. Despite brief notes, we were assured that people were receiving care and support in alignment with their health and wellbeing needs.

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 people's health and wellbeing, the service should continually monitor and review action plans they have generated from their quality assurance audits specific to health and wellbeing, such as, medication audits.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 5 March 2025.

Action taken since then

The service now had a clear schedule for quality checks and guidance on when these audits would take place. Audits were generating action plans however, it was not always clear when these plans were being followed up and completed. The service were working to improve this process.

This area for improvement has been met.

Previous area for improvement 2

To promote positive outcomes for people using the service, the provider should improve the service improvement plan by including action plans they have generated from quality assurance audits.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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 area for improvement was made on 5 March 2025.

Action taken since then

The service had implemented a development plan and it had been reviewed. However, it was not a regular item on the branch meeting agenda and it did not appear to have been updated since July. This meant that there was limited evidence that generated action plans from quality assurance activities were being included or discussed alongside the service development plan.

This area for improvement has not been met.

Previous area for improvement 3

From upheld complaint: The service must work to improve consistency in staffing to ensure individuals are supported by a stable core team. This will help promote continuity of care and support the development of trusting relationships between staff and service users.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well.

This area for improvement was made on 4 July 2025.

Action taken since then

Most people were supported by a core team of staff they knew well. New staff were only introduced once the management team were confident they had the right skills and knowledge. The service was recruiting more staff and had faced challenges with recruitment and retention. To strengthen this, the service had designed a new 12-week pathway to clearly evidence staff skills and competence which is in the process of being implemented.

This area for improvement has been met.

Previous area for improvement 4

From upheld complaint: The service must ensure that all staff supporting individuals with complex needs receive specific, person-centred training and preparation prior to providing care.

Consistency in staffing would also allow staff to build confidence, competence, and a deeper understanding of the individual's needs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 4 July 2025.

Action taken since then

Staff received the necessary training before supporting people. New staff did not work with individuals until they had completed their essential training and were signed off as competent to do so by managers. Managers also ensured that people were supported by consistent staff with the right skills and experience.

This area for improvement has been met.

Previous area for improvement 5

From upheld complaint: The service must ensure that all staff supporting individuals with specific moving and handling needs, are assessed as competent and confident in using the required equipment before providing care. This includes maintaining clear records of competency assessments and ensuring staff receive individualised instruction where needed.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This area for improvement was made on 4 July 2025.

Action taken since then

People's care plans contained detailed information about their specific moving and handling needs. Staff were observed in practice and there was evidence that they had received training and had been assessed whilst carrying out these tasks.

This area for improvement has been met.

Previous area for improvement 6

From upheld complaint: The investigation highlighted the need for improved documentation of how the service responds to concerns raised by service users and their families. In particular, the service must strengthen its communication processes and demonstrate a clearer, more proactive approach to addressing and resolving issues raised.

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 4 July 2025.

Action taken since then

The manager was now completing a monthly complaint analysis that included all details about how complaints were being handled. However, improvements were still needed in how complaints were recorded, as it was not always clear that all actions had been completed and resolved. The management team had made changes to how they managed complaints which was in the process of being implemented.

This area for improvement has not been 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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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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