

Wishaw and Shotts Home Support Service Housing Support Service

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Type of inspection:
Unannounced

Completed on:
16 January 2026

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

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CS2004071348

About the service

Wishaw and Shotts Home Support Service is provided by North Lanarkshire Council and provides care at home and housing support services for people who live in the Wishaw and Shotts area.

The service base is within Stewarton House, Wishaw and at the time of inspection, the service was supporting 360 people.

The service provides varying packages of care and support to meet people's needs. The range of services include: intensive and reablement care and support post hospital admission, personal care and support and support with domestic tasks.

About the inspection

This was an unannounced inspection which took place on 12 - 15 January 2026 between 10:00 and 17:45. The inspection was carried out by two inspectors and an inspection volunteer 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. In making our evaluations of the service we:

- spent time with 16 people using the service and six of their relatives
- received completed pre-inspection questionnaires (three from people and relatives, 38 from staff and six from visiting professionals)
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

The service had made improvements since last inspection and had met all outstanding areas for improvement.

Most people told us they were very happy with their care and support.

The service had implemented a digital scheduling system which was still being improved upon. This had already reduced the number of missed visits.

Most staff enjoyed working in the service and felt supported.

Management oversight of the service was good. The management team were aware of both strengths and areas needing further 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?	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 the care provided, which supported consistently positive outcomes for people. We therefore evaluated this key question as very good.

We spent time with 16 people and spoke with six relatives, including those contacted by our Inspection Volunteer. Most people were very happy with their care and support describing it as "wonderful", "first class" and "a lifeline". People told us staff were kind, reliable, and often went "above and beyond" to meet their needs.

People felt their health and wellbeing benefitted from the support they received. A few people and their relatives shared examples of staff having identified changes quickly related to their health and wellbeing and promptly shared this information. This helped to ensure that people experienced the right treatments or interventions that were safe and effective.

The service was proactive in engaging with people. Staff had facilitated a few events during 2025 and further opportunities for feedback had been gathered through telephone surveys. People appreciated being involved in service events and said staff had made these activities accessible even for those unable to leave their beds. This had made a positive impact on people's health and wellbeing.

People could be assured they received the right medication at the right time. We discussed with the manager some aspects of the care plan that could be strengthened to ensure clearer information about people's medications and the support staff may need to provide. Despite this, we were satisfied that people were receiving their medication as they should.

Personal plans were reflective of people's needs, wishes, and preferences including for those with long term or life limiting conditions. People told us they were involved in decisions about their care and that changes they requested which were often related to their health and wellbeing, were responded to promptly.

Most people were happy with their care plans and with the discussions held during their recent reviews. Copies of review minutes were being sent to people. The service recognised that some reviews were still outstanding and had a plan in place to complete these. We were confident that this would be actioned and were assured that people were being supported in line with their wishes and preferences.

External professionals spoke positively about their working relationship with the service which ensured that people's health and wellbeing needs, were being met.

How good is our staff team?

5 - Very Good

We found significant strengths in the care provided, which supported consistently positive outcomes for people. We therefore evaluated this key question as very good.

People using the service consistently said staff had the right skills and knowledge to meet their individual needs. One person described their care as "superb", whilst another told us, "I have the best carers you could ask for in your life".

Training records showed strong compliance across the service. Dementia skilled training required

improvement to which the manager had an action plan in place to address this. Most staff told us they felt supported and happy in their roles, though a small number did not feel the same. When visiting and speaking with people, we were assured that staffing arrangements were appropriate to meeting their needs. However, some staff said they felt they did not always have enough time during visits. We discussed this with the management team, who were continuing to monitor, review and amend schedules where needed to ensure this did not impact on people's care.

The digital scheduling tool was easy to follow, and people could also access their support information online. The digital scheduling tool was introduced in May last year and was continuing to be improved upon alongside the developer. The management team had recognised it did not always generate realistic travel or visit times which they were working towards improving. Since the scheduling tool had been in place, missed visits had reduced significantly.

Staff engagement processes were well established. Patch meetings, supervision sessions and observations of practice took place regularly and were tracked effectively. Staff also communicated well through Microsoft Teams. Most staff told us they worked well together and felt confident seeking advice or support. However, some reported delays in out-of-hours support and a few were unaware of the dedicated emergency number. We discussed this with the manager, who confirmed that the emergency protocol would be reiterated to all staff teams. Overall, people could be confident that staff had the support and systems needed to provide a very good quality of care.

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 a culture of continuous improvement, the provider should ensure that all action plans are fit for purpose and SMART (specific, measurable, achievable, realistic and time-bound) focused.

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

'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 24 October 2024.

Action taken since then

Action plans were being developed across all areas of care delivery, including personal support plans and staff supervisions. These action plans linked into the service improvement plan.

Action plans were also created following reviews, patch meetings and supervisions. These were generally SMART-focused. We discussed with the manager some areas where recording could be improved upon, particularly within patch meeting minutes.

People using the service had been contacted by telephone and asked for their feedback which had also generated an action plan. This approach helped ensure people had an active role in the service's ongoing improvement.

This area for improvement has been met.

Previous area for improvement 2

To ensure that people are fully involved in developing and reviewing their care plan, the provider should ensure that review records are shared with them.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 24 October 2024.

Action taken since then

People were involved in their reviews and minutes of these meetings were issued to them afterwards. Most people confirmed they had received the minutes of their review meeting and were satisfied with them.

This area for improvement has 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?	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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