

Motherwell Home Support Service Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2004071347

About the service

Motherwell Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service, for people who live in the Motherwell area.

There are three teams of home support consisting of an intensive team, reablement team and a mainstream team.

The service provides care at home to people in their own homes.

The service were currently supporting approximately 300 people across Motherwell area.

About the inspection

This was an unannounced inspection which took place on 16 - 23 January 2026 between 09:15 and 18:15. The inspection was carried out by two inspectors from the Care Inspectorate. A third inspector supported the inspection by making telephone calls to people and their families.

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:

- obtained feedback from 65 people using the service and/or their family
- obtained feedback from 11 staff and management, along with feedback via a pre-inspection survey from 29 staff
- reviewed documents
- observed practice
- obtained feedback from one health and social care professional.

Key messages

- Overall, people being supported and their families were happy with the care and support, however, several people felt that consistency of staff, timings of visits and communication could be improved.
- Improvement was needed to ensure that people could be confident that they were supported to receive their prescribed medications.
- People were very positive about the home support workers.
- Quality assurance systems were in place, however, the pace of change was slow and not driving all improvements necessary.
- Accident and incidents were not being managed consistently.
- Personal plans did not always accurately reflect people's current care and support needs.
- Improvement was required to ensure that out of hours support meets the needs of people they support, their families and staff.

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?	3 - Adequate
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 quality indicator 1.3 as adequate, where although there were some strengths, these only just outweighed weaknesses.

People experienced warmth, kindness and compassion in how they were supported and cared for by the home support workers. Overall, people were happy with the care and support they received, with comments like, "everything works well", "they do everything, I'm quite delighted", "No problem with service", and "I think the care I get is wonderful".

Similarly, families were overall happy with the care and support their loved one received. One family explained "The service is life changing for me as a carer ", whilst another felt "Everything gets done that my relative needs" another told us, "When it's the regular workers, there's no issues at all".

A significant number of people spoke about aspects around the timings of visits not being consistent and at times too close together, with some being less than two hours between breakfast and lunch or lunch and dinner. Others who were confined to bed, could have more than twelve hours between their last visit at night and first visit of the following day. Many felt this had become worse since the introduction of the new scheduling system last year. Similarly, for some people staff could be inconsistent, depending on the area you lived. We received the following comments: "very irregular calls between 9.00 and 12.30", "8.45 one morning 7.15 or 10.30 other mornings", " Timings all over the place", "I'm not ready for my dinner at 4pm" and "I don't want to go to bed that early" (see area for improvement 1).

Staff consistency varied widely across the service, with some areas providing more stable support than others. Despite this, people consistently reported that workers were caring and helpful. However, the inconsistency in staffing reduced opportunities for individuals to build trusting and meaningful relationships, particularly where support needs were intimate or more complex. Where changes were made, people do not normally get informed. People explained: "I see who's coming on computer but that changes - it's horrible", "I see it change and know not enough time between my medication, or going to be a male and I have to call the office to change it", "I now just call every morning, although even then someone different turns up" and "different people every day" (see area for improvement 1).

The standard of care and support planning was inconsistent and did not always accurately reflect people's current care and support needs. This meant that staff did not always have the correct information to follow. See area for improvement under key question 5 "How well is our care and support planned?".

We sampled medication management for those that needed home support workers to administer this for them. Medication Administration Records (MARs) were used, however in some houses workers were also using 'rainbow sheets' which should only be used where medication is prompted. This caused confusion and gaps in MARs. For others we sampled, there was the odd gap in the MARs, therefore we could not be assured that the person had received their medication at that time (see area for improvement 2).

Areas for improvement

1. To support positive outcomes, the provider should ensure people experience continuity and stability in who delivers their support, with visit timings planned to reflect individuals' needs and minimise inappropriate

gaps. People should also be informed promptly of any significant changes to their previously agreed support arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity' (HSCS 4.17).

2. To support positive outcomes for people, the provider must ensure that people receive their medications as prescribed. To do this the provider must, as a minimum, ensure that:

- a) Staff have the knowledge and skills to use the Medication Administration Records (MARs).
- b) Systems are put in place to ensure that medications have been administered and where not given, a reason noted.
- c) There are robust audit trails to ensure that these systems are being adhered to.
- d) There is a clear note of actions taken following any anomalies.

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).

How good is our leadership?

3 - Adequate

We evaluated quality indicator 2.2 as adequate, where although there were some strengths, these only just outweighed weaknesses.

Since the last inspection, the manager had experienced a significant period of time without a full complement of office staff, which affected their capacity to oversee the service effectively. During this time, the provider did not put additional support in place, which limited opportunities to maintain consistent oversight and positive outcomes for people.

We found that this had prohibited all leaders in the service to be able to fully carry out their job role as the main focus was prioritised on scheduling visits to people.

Schedulers had received training on the new system, however, there were key aspects we identified during the inspection that they needed further training on (see repeated area for improvement 1 under 'Outstanding areas for improvement').

Very recently, office staff had returned from absences and the service had begun to fill vacancies, and the provider had put an additional staff member in place to offer further support. This had enabled the manager to resume self-evaluation activities and implement action plans to bring areas that had fallen behind back up to date, supporting improved outcomes for people.

However, the leaders at office level, now needed the support of North Lanarkshire Council senior management to ensure that there was time and support to work through the devised action plans to make them meaningful and drive improvements. To date, the pace of change had been slow because leaders focused on responding to day-to-day issues.

Whilst people and their families felt confident giving feedback and raising concerns, they did not always feel that this was welcomed and responded to in a spirit of partnership. This was because they felt they did not get addressed, their calls did not get returned and issues raised re-occurred. This was exacerbated when raised out of office hours. Following the inspection, the provider audited their out of hours response rates for November and December 2025. Whilst we acknowledged this, the feedback we received during the inspection from people and their families told us: "Getting through, especially at the weekend can be over 45 mins", "at times it goes to answering machine, you leave a message, but no one calls back", "What's the point calling the office - organisation of service is going downhill", "out of hours is shambolic and inconsistent - not risk assessed" and "I call and I'm assured that someone will call back, but no one does" (see requirement 1).

Staff continued to experience significant barriers to delivering safe and timely care out of hours due to the lack of a dedicated staff contact number. The provider stated that they do provide an emergency mobile number for staff, however, the majority of staff told us that they were unaware of this. As a result, they frequently could spend a significant period of time on hold, delaying essential communication about people's health concerns, medication queries, or changes needed in daily schedules. These delays directly impacted the quality and dignity of care, with staff having to deliver support while on speakerphone and subsequently running late for the remainder of their visits. This not only reduced the responsiveness of the service but also placed additional stress on staff, who were left repeatedly apologising to people for delays, ultimately compromising people's overall experience and confidence in the service (see requirement 1).

We received feedback from home support workers that communication could be improved. Staff spoke of using their service online chat to communicate with each other and the office. Whilst this worked for passing information with their peers, when used to log information that needed action by office staff, then this was inadequately logged, actioned and no feedback to staff. Many of the aspects would be more appropriate by making a call to office staff, however, the previously mentioned issues around out of hours access hindered this (see area for improvement 1).

People could not be assured that accidents and incidents were being reported and recorded following the providers policy and procedure. We had concerns that there was no consistent recording method in place. We could not be confident that all accidents and incidents had been recorded to allow management overview and follow up. This also meant that the Care Inspectorate notification guidance for reportable events had not been adhered to (see area for improvement 2).

Requirements

1. By 31 May 2026, the provider must ensure that they make proper provision for the health, welfare and safety of service users by ensuring that out of hours support for service users, their representatives and staff is robust and accessible within a timely manner.

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 / 210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

Areas for improvement

1. To ensure that information about the service people receive reaches the correct person and is recorded and stored correctly, the provider should implement a system that logs the use of the service online chat, noting any actions taken to ensure that information logged by staff is appropriate and actioned.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

2. To support positive outcomes for people, the provider must ensure people are kept safe by ensuring that all accidents and incidents are properly managed. To do this the provider must, as a minimum, ensure that:

a) A system is implemented to ensure that all unplanned events are recorded, investigated, analysed for trends and notified to other bodies, where they are legally obliged to do so.

b) They adhere to the Care Inspectorate notification guidance for reportable events.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

How good is our staff team?

3 - Adequate

We evaluated two quality indicators under this key question. We evaluated quality indicator 3.2 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. We evaluated quality indicators 3.3 as adequate, where although there were some strengths, these only just outweighed weaknesses.

We received positive feedback about the staff from people they supported and/or their representatives. Comments included: "The lassies and men are all good", "I'd give them 11/10", "Staff are always very polite and we feel very well trained", "I'm treated nicely by all staff and we have good relationships" and "Staff are brilliant, they keep me going".

Staff treated people with dignity, and were respectful when working in their homes. People using the service benefited from a warm atmosphere because there were good working relationships between peers.

The provider had a mandatory training programme in place for staff which included relevant training to support staff to carry out their job roles competently. Alongside this they arranged bespoke training in response to aspects of the service that could be improved. People they supported had confidence in staff's abilities and spoke positively about this. The service was in a good position to build on training by looking at health condition specific training to specific staff groups.

Staff feedback, at all levels, overwhelmingly spoke of the current stress and pressure they felt under to ensure they delivered positive outcomes for the people they supported. This was due to a number of factors including high absence levels, lack of provision to backfill such staff and the introduction of the new scheduling system. This meant that they were not able to demonstrate they adhere to the principles of the Health and Care (Staffing) (Scotland Act 2019 which includes staff wellbeing. Aspects identified for improvement under key question are also relevant here.

How well is our care and support planned?

3 - Adequate

We evaluated quality indicator 5.1 as adequate, where although there were some strengths, these only just outweighed weaknesses.

We sampled care plans and found these to be inconsistently completed and reviewed. Information to guide staff, when we sampled these, we found that care plans were inconsistent and had not always been updated within the last six months and/or did not reflect the current support needs for people.

Improvement was needed to ensure personal plans were consistently up to date and accurately reflected each person's assessed care and support needs, enabling staff to deliver safe and appropriate care. The lack of current plans increased the risk to people, particularly given the frequent redeployment of permanent staff across the service, meaning that staff may not have been to that person previously or for a long time. (See repeated area for improvement 1 under 'Outstanding Areas for Improvement' section).

Care plans must be reviewed in line with legislation, which is at least every six months, or when there is a significant change in care needs. These had not taken place consistently for people, with many overdue. Reviews give people and their families an opportunity to give feedback about being supported by Motherwell Housing Support Service and discuss any suggestions or concerns that they may have. (See area for improvement 1).

The service had an overview of these gaps in care plans and reviews for people and had an action plan in place to bring them up to date.

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

Requirements

Requirement 1

By 31 December 2025, the provider must ensure that they make proper provision for the health, welfare and safety of service users.

To do this the provider must, as a minimum, ensure that:

- a) Prior to agreeing to deliver a package of care, they have assured themselves that they can fully meet the person's care and support needs.
- b) Support staff have adequate information to guide them on how best to provide the person's agreed care and support needs during the first 28-day assessment period.
- c) When the service is provided for the first time, people are confident that all the necessary information has been shared to enable this to start successfully.

This is in order to comply with: Regulation 5(1) 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 states that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 8 October 2025.

Action taken on previous requirement

Staff review all new referrals weekly at locality enabling hubs to ensure they are appropriate for the service, enabling timely and accurate decision-making. They use the capacity checker to schedule effectively and share relevant information with the appropriate staff to support coordinated and efficient service delivery.

Met - within timescales

Requirement 2

By 31 December 2025, the provider must ensure people are confident they will receive safe, high quality medication support that is provided in line with each person's assessed level of need and that staff adhere to best practice guidance.

To do this, the provider must, at a minimum:

- a) Prior to agreeing to deliver a package of care, they have assured themselves that they can fully meet the person's medication support needs.
- b) Ensure there is clear and consistent information about people's assessed support needs in terms of medication throughout all relevant documentation, including care plans, risk assessments and medication administration records
- c) Ensure that staff follow the provider's medication management policy; including that medication administered by support staff is accurately detailed and recorded on a MARs.

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 / 210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 8 October 2025.

Action taken on previous requirement

Staff review all new referrals weekly at locality enabling hubs to ensure they are appropriate for the service, enabling timely and accurate decision-making. They use the capacity checker to schedule effectively and share relevant information, including around any medication support, with the appropriate staff to support coordinated and efficient service delivery. Medication administered by support staff was recorded on a Medication Administration Recording (MAR) chart. However, the completion of MAR charts did not give assurance that medication was consistently administered as prescribed at all times (see area for improvement 2 under key question 1).

Met - within timescales

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 a confident well trained staff team the provider should ensure schedulers have the training, mentoring and support they need.

This is to comply with the Scottish Social Services Council (SSSC) Code for Employers of Social Care Workers 3- As an employer I will-provide learning and development opportunities to enable workers to strengthen and maintain their skills, knowledge and practice

This area for improvement was made on 26 March 2025.

Action taken since then

The service had implemented a new scheduling system and trained schedulers to use it, but staff absence had limited support and resulted in parts of the system being used incorrectly, which contributed to inconsistent travel times and scheduling for some people. The provider committed to sourcing further training and support for schedulers to ensure the system was used effectively and delivered more consistent and reliable outcomes for people.

This area for improvement has not been met and is repeated.

This was made on 26 March 2025.

Previous area for improvement 2

To ensure there is clear evidence staff support is taking place the provider should develop a robust monitoring system.

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 area for improvement was made on 26 March 2025.

Action taken since then

A system was now in place to give a clear overview. Some aspects were overdue, however, an action plan was in place that was now being worked through.

This area for improvement had been met.

Previous area for improvement 3

To support positive outcomes for people who are nearing the end of their life, the provider should ensure people are able to feel at ease because they receive care from a consistent team who is known to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 8 October 2025.

Action taken since then

The service had carried out a review to ensure that people at end life would be supported under the 'Intense Care Team' to ensure a consistent team at a difficult time.

This area for improvement has been met.

Previous area for improvement 4

To support positive outcomes for people the provider should ensure that concerns are responded to promptly and in accordance with the organisational complaints policy.

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

This area for improvement was made on 8 October 2025.

Action taken since then

The service had a system in place for managing concerns and had issued a central point of contact to people, their families, and staff, in addition to the general complaints telephone number, email address, and postal address. Staff with responsibilities for concerns management had received or were booked on additional training. However, when we followed up several concerns raised during the inspection, people could not be assured that these had been managed in line with the provider's procedures, which reduced confidence in the consistency and effectiveness of the concerns-handling process.

This area for improvement has not been met and is repeated.

This was made on 8 October 2025.

Previous area for improvement 5

To support positive outcomes for people, the provider should ensure the agreed care times are documented within the personal support plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 8 October 2025.

Action taken since then

We found that people were informed at the start of the service of the time bandings for service delivery. It stated that whilst they would try and accommodate any preferences, this may not always be possible. Where a more set time was needed for a specific health reason, then this was noted for schedulers to work to.

This area for improvement has been met.

Previous area for improvement 6

To support positive outcomes for people, the provider should ensure people experience stability in who provides their support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8).

This area for improvement was made on 8 October 2025.

Action taken since then

This area for improvement is no longer in place and has been incorporated into a new area for improvement under key question 1.

Previous area for improvement 7

People should be informed if there are any changes to the scheduled visit times. The provider should review its communication systems, which would improve communication between the service and people experiencing care and/or their relatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 3 September 2025.

Action taken since then

This area for improvement is no longer in place and has been incorporated into a new area for improvement under key question 1.

Previous area for improvement 8

To support positive outcomes for people experiencing care, the provider should ensure that communication is open, honest and clear. Where delays are unavoidable, proactive updates should be provided to maintain transparency and reassurance.

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

This area for improvement was made on 11 November 2025.

Action taken since then

This area for improvement is no longer in place and has been incorporated into a new area for improvement under key question 1.

Previous area for improvement 9

The service provider must ensure when unforeseen circumstances prevent planned care from being provided, it is essential that those affected are informed as early as possible. The provider should strengthen systems to ensure timely and proactive communication in such instances.

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

states that: 'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity' (HSCS 4.17).

This area for improvement was made on 11 November 2025.

Action taken since then

This area for improvement is no longer in place and has been incorporated into a new area for improvement under key question 1.

Previous area for improvement 10

The provider should ensure that all people have a personal care plan available to them that accurately reflects their current needs and preferences. Care plans must be accessible to both the person receiving care and the staff delivering it, to support safe, consistent, and person-centred care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 area for improvement was made on 11 November 2025.

Action taken since then

Please see information under key question 5.

This area for improvement has not been met and is repeated.

This was made on 11 November 2025.

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?	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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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