

NLC - Tenancy Support Service South Housing Support Service

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Unannounced

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Service provided by:
North Lanarkshire Council

Service provider number:
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Service no:
CS2004069020

About the service

NLC - Tenancy Support Service South is provided by North Lanarkshire Council. The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The aim of the service is 'to provide support to people who are homeless or who may become homeless by focusing on the person's housing support needs and their ability to keep their tenancy'.

The service is provided in the Motherwell, Belshill, Wishaw and Shotts area of North Lanarkshire. People using the service live in a range of accommodation, including two accommodation units, dispersed temporary accommodation across the area, with family/friends and in their own accommodation.

About the inspection

This was an unannounced which took place on 3, 4 and 5 February 2026. The inspection was carried out by two inspectors 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.

In making our evaluations of the service we:

- spoke with 20 people using the service
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- reviewed survey results from eight people using the service, five staff members and 14 external professionals.

Key messages

- People using the service experienced supportive, respectful and responsive help during periods of housing instability and crisis.
- Staff worked well with people and partner agencies, and frontline practice was a clear strength of the service.
- Staffing arrangements were effective, with manageable caseloads and good teamwork supporting continuity and flexible support.
- Quality assurance arrangements were in place, but these were not consistently applied or used at a service-wide level to support improvement.
- Assessment, care planning and risk assessment were variable, meaning plans did not always clearly reflect people's outcomes, wishes or changing needs.

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?	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?

4 - Good

We evaluated this key question as good, as we found a number of strengths in this area which outweighed areas for improvement.

When we looked at how well the service supported people's health and wellbeing, this was a strong area of practice. People were generally supported in ways that helped them stabilise their situation and manage during periods of housing instability and crisis. Evidence from conversations with people using the service, discussions with staff and observations of practice showed that support was focused on people's immediate needs, which helped reduce stress and supported wellbeing.

People using the service spoke positively about their relationships with workers. They described staff as approachable, respectful and supportive, and valued having a named worker who understood their circumstances and provided continuity. Records reviewed and discussions with staff showed that workers supported people with practical issues that directly affected wellbeing, such as securing and sustaining accommodation, accessing benefits, managing finances and linking with other services that supported tenancies. This helped people feel more settled and better able to manage their day-to-day lives.

Staff worked effectively with other agencies, including third-sector and statutory services, to support people with more complex needs. This joint working helped people access appropriate support and reduced the risk of tenancies breaking down. Staff were observed to work calmly and flexibly, using their judgement to respond to individual circumstances without being overly restrictive.

Some people said contact was not always as regular as they would have preferred, and a small number were unclear about their support plans or the worker's role. These issues did not place people at risk but should be reviewed by the service to improve the experience of people being supported.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, as we found that strengths only just outweighed weaknesses.

When we looked at how quality assurance and improvement were led within the service, we found a mixed picture. There was evidence of commitment and understanding at management level, but arrangements were not strong enough to consistently support service-wide improvement. This meant that, while quality was being checked in places, opportunities to strengthen and improve practice across the whole service were not always fully realised.

Managers and coordinators carried out quality checks at a local level. This included reviewing individual care and support plans and monitoring staff training and supervision. We saw evidence of file checks taking place and good levels of training completion. Senior managers were open about the challenges the service faced and showed awareness of where quality assurance arrangements needed to improve. We were told about planned developments, including the introduction of continuous improvement groups, which showed a willingness to strengthen practice.

However, at the time of inspection, quality assurance activity was not consistently brought together or analysed across the service. Information from audits, incidents and feedback from people using the service

was not routinely reviewed for themes or used to plan improvements. We have made an area for improvement to strengthen feedback from people using the service (see area for improvement 1).

We were also unable to see a service development plan, either at service-wide or local level, which made it difficult to understand how learning was being turned into clear actions. As a result, quality assurance arrangements were only partially effective. While there was evidence of insight and planned improvement, systems were not yet fully developed or embedded to support continuous improvement.

The area for improvement made to address the need for improvement in quality assurance processes at the previous inspection will be repeated (see previous areas for improvement).

Areas for improvement

1. The service should strengthen how it gathers, analyses and uses feedback from people using the service, and clearly demonstrate how this information informs service development and improvement.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7); and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

When we looked at staffing arrangements and how well staff worked together, this was a positive area of practice. Although we did not see a formal process for reviewing staffing levels over time, the evidence showed that current arrangements were effective and supported positive outcomes for people. Staff caseloads were small, which allowed workers to spend meaningful time with people and build relationships that supported engagement and wellbeing.

Staffing arrangements supported a relationship-based approach rather than task-focused support. Workers had sufficient time to meet with people, respond flexibly to need and provide practical and emotional support. There was no evidence that staffing levels limited staff's ability to carry out their role, and feedback from people using the service and our observations of practice were generally positive.

Staff worked well together and supported each other across the service. This included staff covering visits across offices when required, which helped maintain continuity of support. Staff were flexible in arranging visits, responding appropriately when plans changed, and people had some choice over who provided their support. While some people said they would have liked more regular contact, this did not appear to undermine outcomes.

Overall, staffing arrangements were effective and teamwork, flexibility and manageable caseloads contributed positively to people's experiences.

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

When we looked at assessment and personal planning, this was a mixed area of practice. There was evidence that people were involved in decisions about the support they received, and staff worked in ways that respected people's choices and preferences. We did not see evidence of overly risk-averse practice, and staff showed a willingness to support people to work towards greater independence at their own pace. This helped people feel listened to and respected in their day-to-day support.

However, care and support plans were not consistently being used as effective tools to guide care and support. Plans and associated paperwork were often lengthy and complex, and in many cases sections, including risk assessments, were incomplete because information had not been gathered at the time of assessment. This was frequently linked to assessments being carried out during periods of crisis, when people were not always able to fully engage. The area for improvement around risk assessment made at the last inspection has been repeated (see previous areas for improvement and area for improvement 1).

While staff had good knowledge of people's circumstances, much of this information was recorded in case notes and not consistently reflected in care and support plans. As a result, plans did not always clearly show how support was tailored to people's changing needs and outcomes.

Some people were unsure whether they had a current care and support plan, were unclear about the role of the worker, or did not fully understand the support available to them. Care plans did not always reflect joint working with other agencies, even where this was evident in case notes, and follow-up actions in response to issues such as substance use were not always clearly documented.

We also noted some deficit-focused language within plans, rather than a strengths-based approach. While staff practice was generally respectful and person-centred, these inconsistencies meant that assessment and personal planning did not fully reflect people's outcomes and wishes. We have made an area for improvement around assessment and care planning (see area for improvement 1).

Areas for improvement

1. The service should improve the quality, consistency and use of assessment and personal planning, to ensure that care and support plans clearly reflect people's outcomes, wishes and changing needs, and are used as effective tools to guide care and support.

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

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

The provider should ensure that individual risk assessments that are in place for people using the service are robust and effective. They should be reviewed in line with the provider's policy as soon as it is a change to the person's needs. The risk assessment should detail control measures that are to be put in place in order to remove or reduce the risk.

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

- 1: I experience high quality care and support that is right for me
- 1.12 I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- 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.
- 1.23 My needs ,as agreed in my personal plan, are fully met, and my wishes and choices are respected.
- 2: I am fully involved in all decisions about my care and support.
- 2.24 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.
- 2.25 I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.
- 4: I have confidence in the organisation providing my care and support.
- 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 16 January 2019.

Action taken since then

The service had risk assessment documentation in place and, where completed, this included sections for identifying risks, analysing risk and outlining management strategies. However, completion and quality were inconsistent across the service. In a number of cases, risk assessments had not been completed at all. Where risk assessments were in place, they did not consistently identify clear triggers, early warning signs, or specific control measures to reduce or manage risk.

There were examples where people had identified concerns about substance use or where statutory and multi-agency involvement was evident in case notes, including children and families social work or mental health services. This information was not always reflected within risk assessments, and we did not consistently see evidence that risk assessments were reviewed as people's circumstances changed.

As a result, while documentation and processes for risk assessment existed, they were not being used consistently or effectively as working tools to support staff practice. The service had therefore not yet demonstrated that individual risk assessments were robust, regularly reviewed or clearly set out the measures required to reduce or manage risk.

This area for improvement has not been met and will be repeated.

Previous area for improvement 2

The provider should develop and implement a robust and effective quality assurance system, to ensure that management have effective oversight of quality within the service. In particular, this should relate to content of support plans risk assessments, records and reviews.

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

4: I have confidence in the organisation providing my care and support

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

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

This area for improvement was made on 16 January 2019.

Action taken since then

Managers and coordinators were undertaking quality assurance activity at a local level, including reviewing individual case files and monitoring staff training and supervision, and we saw evidence of individual audits and checks taking place. However, these activities were not consistently coordinated, analysed or reviewed at a service-wide level.

There was limited evidence that findings from audits of support plans, risk assessments or records were brought together to identify themes, shared across teams, or used systematically to inform service improvement. We also did not see evidence of a clear quality assurance cycle linking audits, incidents, feedback and reviews to service development activity, and at the time of inspection, we were unable to evidence a service development plan.

As a result, while some quality assurance activity was taking place, arrangements were not sufficiently robust or embedded to provide effective management oversight of quality across the service.

This area for improvement has not been met and will be repeated.

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 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?	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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