

# Cumbernauld Home Support Service Housing Support Service

Cumbernauld Social Work Locality  
Bron Chambers, Bron Way  
Cumbernauld, North Carbrain Road  
Glasgow  
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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:**  
CS2004071296

## About the service

Cumbernauld Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service to people who reside within Cumbernauld and surrounding areas.

The service base is within Bron Chambers, Cumbernauld and at the time of inspection the service was supporting 437 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, support with domestic tasks.

## About the inspection

This was an unannounced inspection which took place on 10 - 12 February 2026 between 08:00 and 17:45. This inspection was carried out by four 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. To inform our evaluation we:

- spent time with eight people using the service and five of their relatives
- spoke with 17 people using the service by telephone
- received completed pre-inspection questionnaires (19 from people using the service, 24 from their relatives and six from staff)
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

## Key messages

The service had made the necessary improvements to meet their outstanding requirement and areas for improvement.

The service had recognised there had been delays with accessing out-of-hours support and had begun implementing an action plan to ensure improvements were underway.

Most people benefitted from consistent support delivered by skilled staff who they felt treated them with dignity and respect.

People were fully involved in their care. Regular reviews helped to ensure support met their needs.

Staff felt supported and found the management team approachable.

## 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.

People appeared happy with their care and support. Staff were attentive, kind and caring and people were not rushed when receiving the level of assistance needed to meet their health and wellbeing needs. Staff took their time and explained what they were doing. People told us; 'carers do well with my care. I have no complaints' and 'I do feel safe and supported, they tend to know what I need'. A relative also commented, 'The service is invaluable. It's a pleasure when the ladies come in'.

Some people suggested improvements with communication about visit delays and reinstating paper visit schedules. The service had introduced a digital portal where people and families could view staffing schedules and many spoke positively about this. However, a minority were unable to access or use the digital system and because paper schedules were no longer provided, these individuals could not view their upcoming visits (see area for improvement 1).

Staff knew people well and understood the areas of care and support they were due to deliver. The service had made improvements to care plans to ensure people's wishes and preferences were clearly recorded (see outstanding requirements). Staff also recognised changes in people's health needs and shared this information promptly with the appropriate professionals. In addition, a new protocol had been introduced to ensure managers met with people when their support arrangements changed (see outstanding areas for improvement).

### Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that people have access to their visit schedules in a format that is meaningful to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

## 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.

Management oversight had improved and there was clear recording of all significant events, concerns, and complaints. Trackers were in place to ensure that cases were followed up and resolved (see outstanding areas for improvement).

Quality assurance processes were also in place. Regular audits were carried out across all aspects of care delivery with areas for improvement being identified and acted upon. The service was now in a stronger position to address issues highlighted through its own checks, although time was still needed to fully sustain these improvements.

To support people's health and wellbeing 24 hours a day, the service relied on an out-of-hours service. Some staff reported occasional delays when trying to reach this service. Whilst this was not raised by people using the service, there was a potential risk that delays could impact health and wellbeing. Management had recognised this issue and begun to escalate it, although an action plan was not initially available. Following the inspection, the service provided further evidence, including an action plan at service and provider level, setting out how they intended to take steps to improve response times. In view of this, we were assured that work was underway to strengthen out-of-hours support and ensure any delays were monitored and addressed.

### 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.

The service worked hard to ensure the right number of staff with the right skills, were available at the right times to support people's needs. Scheduling had improved following the introduction of a new digital system which helped match people to consistent staff. Missed visits had also reduced since the system was introduced in October 2025.

Staff felt they knew people well and people told us they were treated with dignity and respect. We observed positive relationships between people and staff, which supported people to express their wishes. One person said, 'I feel staff have the right skills and knowledge to provide the care I require', whilst a relative told us, 'The carers are absolutely brilliant. It's good to know someone is coming out'.

Staff received a robust induction, regular supervision, observational practice and relevant training. Training completion rates were good. Staff reported that ongoing supervision, patch meetings and time with peers were beneficial. They also felt the management team was approachable.

### How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several strengths had a positive impact on outcomes for people and clearly outweighed the areas for improvement.

People were fully involved in decisions about their current and future care and support. Where needed, external professionals were involved and families or representatives contributed when people were unable to participate. Care plans were regularly reviewed, evaluated and updated. The service had improved how people's risk assessments aligned with their care plans (see outstanding areas for improvement).

Whilst the review minutes were clear, adding confirmation that previous actions were completed would help ensure actions were not repeated. Schedulers also carried out weekly telephone audits to gather additional feedback. Some people told us they had not received their review minutes; however, it was standard practice for managers to ask whether people wished to receive a copy. We discussed this with the manager, who agreed to continue monitoring this process.

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

### Requirements

#### Requirement 1

By 9 February 2026, the provider must ensure each person receiving care has a personal plan in place which sets out how the person's health, welfare and safety needs are to be met.

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

- a) Each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach.
- b) Personal plans contain accurate and up-to-date information which directs staff on how to meet people's care and support needs.
- c) Personal plans contain accurate and up-to-date risk assessments which direct staff on current/potential risks and risk management strategies to minimise risks identified.
- d) Personal plans are regularly reviewed and updated with involvement from people's chosen representatives, where appropriate.
- e) Regular reviews of personal plans, risk assessments and related recording tools are carried out when there is a change in the health, welfare or safety needs of people experiencing care and updated accordingly. To be completed by: 09 February 2026.

This is in order to comply with: Regulations 5(1) and 5(2)(b)(ii) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SI 2011 / 210).

This is to ensure care and support is consistent with Health and Social Care Standard 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.

**This requirement was made on 8 October 2026.**

### Action taken on previous requirement

People's care plans were person centred and detailed and gave staff clear guidance about the support required. They set out people's preferences, the sequence of support, communication needs and the roles of both staff and family members. Risk assessments informed the care plan and although most included guidance on what to do if a person declined support, this was clearer in some plans than others. Care plans also included relevant information about health professional involvement and who to contact if concerns arose. Families had opportunities to contribute, particularly where people could not do so themselves.

Some reviews were missing home support workers' views, and this had been identified through the service's own audits. As the review paperwork had recently changed, we discussed with the manager the importance of clearly recording where the review took place, who attended and whether all present, agreed with the review action plan.

We were satisfied that the service had made the necessary improvements to meet this requirement. The service now needs time to fully embed these improvements to ensure they are sustained.

### 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 support people's health and wellbeing, the service should ensure risk assessments including medication risk assessment are detailed and aligned with personal plans.

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 22 May 2025.**

#### Action taken since then

People's moving and handling and medication risk assessments were detailed and gave staff clear guidance on equipment, levels of support and required actions to keep people safe. They reflected people's medical history, identified when one or two staff were needed and included falls prevention strategies with further assessments and external professional involvement where appropriate. Medication assessments clearly recorded how medication was accessed or delivered, the level of support required and staff responsibilities, whilst also recognising what people could manage independently. Risk assessments overall informed care plans and helped ensure people received safe and consistent support.

This area for improvement has been met.

## Previous area for improvement 2

To support a culture of continuous improvement, the provider should ensure they have oversight of all concerns and complaints raised, and that these are fully investigated and responded to, in accordance with the provider's complaints policy and procedure.

This is to ensure care and support is consistent with 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

The service had a detailed log of each complaint they had received categorised as either frontline or formal. This included associated evidence, timelines and progress for each case. All complaints had been followed up in line with the service's policy and procedure.

This area for improvement has been met.

## Previous area for improvement 3

To ensure people have access to consistent support, the service should ensure they inform people's representatives, where appropriate, when a service will be withdrawn so alternative support arrangements can be sought.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes' (HSCS 4.12).

**This area for improvement was made on 8 April 2025.**

### Action taken since then

The service had introduced a new protocol to ensure that when support was changing, managers met with people's families and representatives. When services began, people received a welcome letter outlining who to contact about their care. This information was included within care plans.

This area for improvement has been met.

## Previous area for improvement 4

In order to ensure good outcomes for people, the provider should ensure people's assessed needs are identified and support planned effectively. This should include, but is not limited to, recording all assessment information from hospital discharge to ensure their needs are scheduled and met.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

**This area for improvement was made on 12 August 2025.**

### Action taken since then

To keep people safe, the service did not accept hospital discharges unless these had been approved and an appropriate assessment of the person's needs had been completed. Changes in people's needs were

monitored and recorded. The management team oversaw all updates and referrals to ensure people were supported safely.

This area for improvement has been met.

### Previous area for improvement 5

To ensure people's health and wellbeing, the provider should ensure people receive consistent care and support in line with their assessed needs and preferences. This should include, but is not limited to, ensuring there are sufficient staffing levels to meet people's needs and people are informed when changes take place.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

**This area for improvement was made on 8 October 2025.**

#### Action taken since then

The service had implemented a new scheduling tool, which appeared to improve consistency by ensuring staff with the right skills supported people's needs. Most people we spoke to had a stable core group of carers they valued. Changes to schedules were usually only due to sickness or holidays. A few people mentioned that unfamiliar staff or new workers were sometimes sent but they felt any issues were resolved quickly.

This area for improvement has been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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
2.3 Leaders collaborate to support people	6 - Excellent
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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