

NLC Tenancy Support Service - North Housing Support Service

Airdrie Housing Office
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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:
CS2004069010

About the service

NLC - Tenancy Support Service North 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 Airdrie, Cumbernauld, Coatbridge and Moodiesburn areas of North Lanarkshire. People using the service live in a range of accommodation, including accommodation units, dispersed temporary accommodation across the area, with family/friends and in their own accommodation.

About the inspection

This was an unannounced inspection which took place on 17 and 18 March. 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 thirteen people using the service
- spoke with fifteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- People experienced kind and responsive support from staff, who built positive relationships and helped them with practical issues that improved their wellbeing.
- Staff worked well together and supported each other, which helped provide consistent support and a positive experience for people using the service.
- Quality assurance processes were not well established, limiting oversight of practice and opportunities for service improvement.
- Care planning and risk assessments were not consistently completed or used effectively, which meant that support was not always clearly planned, recorded, or outcome-focused.

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, we found a number of strengths in how support was provided each day. People told us they had positive experiences and spoke well of the staff who supported them. One person said that they had 'no complaints, they've been great with me' while another said that staff 'always responded to any questions or issues and provided reassurance.' Another person described their worker as 'nice and kind.' This showed that staff were compassionate, responsive, and motivated to build positive relationships, which helped people feel supported and reassured.

We saw that staff supported people with a range of practical issues that helped improve their wellbeing. This included support with housing, benefits, managing money, and linking with other services. Staff told us they worked with the same people regularly, which helped them build relationships and understand people's needs. We also saw examples of staff adapting their approach, including using translation services to support communication. This meant people received support that was suited to their individual needs and they were supported to access the right services in the community to support their path towards obtaining a tenancy.

However, staff told that they would like more time to undertake support with people. Staff often had to focus on statutory housing duties and manage a high number of referrals, which reduced the time they could spend providing one to one support.

In some care plans, people's needs, such as mental health or substance use, were recorded but not always fully explored or followed up. This meant that while people were receiving helpful support, it was not always clearly planned or reviewed. Improving care planning and giving staff more time for direct support would help make sure people receive consistent, well-planned support that focuses on their desired outcomes.

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 leadership and how well the service was managed, we found some strengths, but these were hampered by a number of weaknesses. The management structure was complex and staff weren't always clear what manager's roles were. However, staff said that senior managers were approachable and available when needed, particularly out of hours, which provided some reassurance that staff were consistently supported.

We found that quality assurance systems were not well developed or consistently applied. Staff told us they were not aware of regular audits of their work, and in the records we reviewed, there was little evidence of a coordinated approach to auditing or oversight across the service.

Although individual incidents were responded to appropriately, including a serious incident where action was taken to keep people safe, there was limited evidence that learning from these events was used to improve practice more widely. This meant that opportunities to identify patterns, address issues early, and improve the quality of the service were missed. We have made this an area for improvement.

(See Area for Improvement 1).

It was positive that the service was aware of the challenges it faced. Team meeting minutes showed that staff had been enabled to raise concerns, particularly about workload pressures and the volume of referrals, and some actions had been identified, such as reviewing clerical support and introducing a rota for shared responsibilities. Training needs had also been identified and were being monitored. However, these actions were not yet fully in place or embedded in practice, and systems for gathering and using information to support improvement were not consistent across the service. This meant that planned improvements had not yet led to clear or sustained change.

We also found that staff supervision was not consistently in place. There was limited evidence of recent formal supervision for many staff, and some told us they had not had supervision for over a year. While some staff described having regular informal one-to-one support, this was not recorded. The lack of consistent supervision reduced the level of structured support available to staff and limited oversight of practice. We have made this an area for improvement.

(See Area for Improvement 2).

Areas for improvement

1.

The provider should strengthen its quality assurance processes to ensure there is a clear and consistent approach to monitoring and improving the service. This should include regular audits of practice, effective oversight by managers, and systems to capture and analyse information such as incidents, feedback, and staff input. The service should use this information to improve the service.

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)

2.

The provider should ensure that all staff receive regular, planned, and recorded supervision in line with best practice. Supervision should provide staff with an opportunity to reflect on their work, discuss any concerns, and identify learning and development needs. Clear records should be maintained to evidence that supervision is taking place and to support oversight by managers.

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) and

'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.' (HSCS 3.14)

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, we found a number of important strengths in how staff worked together to support people. Staff consistently described positive team working and said they supported each other on a day-to-day basis. This was particularly evident in how newer staff were supported. One newer member of staff told us the team was welcoming and helpful, with more experienced colleagues taking on a mentoring role. This demonstrated a strong and supportive team culture, which helped staff feel confident in their roles and contributed to a more consistent experience for people using the service.

Staffing arrangements supported continuity and relationship-building. Staff told us they worked with people throughout their journey towards obtaining a home, which allowed staff to provide more personalised support. This meant that people benefited from consistent and reliable support.

We found positive examples of staff learning and development. Newer staff spoke positively about the mix of training they had received, including online learning, shadowing, and learning from colleagues. Staff told us about a recent development day, which they found helpful as it gave them time to learn alongside peers. This showed that there were opportunities for staff to develop their skills and knowledge, which supported them in their role.

How well is our care and support planned?

3 - Adequate

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

When we looked at how well assessment and care planning reflected people's outcomes and wishes, we found some strengths, but these were outweighed by a number of weaknesses. We saw that initial assessments and associated documents were being completed, and staff demonstrated a reasonable understanding of people's needs. This showed that in practice staff were gathering information and building an understanding of the people they supported. However, this information was not consistently reflected in

care planning documents which reduced their value as a tool to guide support. We have made this an area for improvement.

(See Area for Improvement 1)

Many care plans were incomplete, with key sections such as timescales for actions, outcomes and review information left blank, and a number were not signed, meaning there was limited evidence that people had agreed to their plans. Risk assessments were inconsistent. Some were missing, while others contained limited information and did not clearly describe known risks or how these should be managed. This meant that staff did not always have clear, recorded guidance to support safe and consistent care. We have made this an area for improvement

(See Area for Improvement 2)

We found that plans were largely task-focused and did not always reflect people as individuals. Important information about people's needs, preferences, and risks was often recorded in case notes rather than in care plans. This created a gap between what staff knew and what was recorded in the plans. While staff were able to describe providing person-centred support, the lack of clear and up-to-date care plans meant this was not always clearly planned or reviewed.

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).

2.

The service 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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs and wishes will be met, as well as my wishes and choices.' (HSCS 1.15) and

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities. (HSCS 3.20)

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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