Motherwell Home Support Service
Housing Support Service

Dalziel Building
4th Floor
7 Scott Street
Motherwell
ML1 1PN

Telephone: 0300 555 0408

Type of inspection:
Unannounced

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Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

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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 250 people across Motherwell area.

About the inspection

This was an unannounced inspection which took place on 24 - 26 August 2026 between 09:00 and 18:00. The inspection was carried out by three 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:

- visited 21 people using the service, along with 12 of their family. We obtained feedback from a further 69 people and/or their families. This was via pre inspection surveys and telephone calls
- obtained feedback from 26 staff and management
- reviewed documents
- observed practice
- obtained feedback from four health and social care professional.

Key messages

- People being supported and their families were overall happy with the care and support.
- Management knew what was working well and what areas to now develop, which included a review of staffing consistency, timings of visits and medication support for people.
- Out of hours arrangements had improved.
- People using the service and staff benefitted from a warm atmosphere because there were very good working relationships.
- Staff were confident in building positive interactions and relationships with people.
- Care plans had a good level of detail to guide staff on how best to care and support for each person.

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.

Overall, we received positive feedback from people being supported and/or their families about the care and support they received. Comments we received included: "They are like friends coming in, they have a wee blether and I don't know what I'd do without them", "We are supported by skilled and knowledgeable staff, we couldn't do without them, "I feel confident in staff when they support me", "I don't know what I'd do without them" and "I look forward to them coming in".

Feedback was mixed around the consistency of Home Support Workers (HSWs) and the timings of their visits. Comments we received included: "Overall I'm happy, however timings are inconsistent and if call the office to raise this, told they are short staffed", "Cannot fault the care, support and professionalism of staff. However, scheduling not good as timings all over, staff are not consistent and gaps are too short between lunch and dinner" and "2 hrs is not long enough between visits". This meant that people's care and support did not fully meet their preferences and needs. An area for improvement had been previously made and will be repeated. (Please see information under 'Outstanding areas for improvement').

During our home visits we observed some lovely interactions between carers and the people they supported, and they clearly had developed bonds. People shared examples of the good relationships they had formed with carers.

Staff in the service understood their role in supporting people's access to healthcare and recognised changing health needs. They shared this information quickly with their families or with relevant health professionals to ensure that further input was discussed and put in place where needed.

Where support included meal preparation, staff worked with people and their families to ensure that they met their needs and preferences.

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.

We found that since the previous inspection, leaders at all levels had worked extremely hard to make improvements. This had included recent internal support from a 'Core Improvement Team'.

A range of quality assurance, including self-evaluation and improvement plans, were now in place to drive change and improvement where necessary.

The service had improved their systems that were in place to monitor aspects of service delivery. Management knew what worked well and what aspects of the service focus on. They ensured that the outcomes and wishes of people who were using the service were the primary drivers for change.

The service had worked hard to meet the one requirement and nine outstanding areas for improvement made at the previous inspection and following upheld complaints (Please see information under 'Outstanding requirements' and 'Outstanding areas for improvement').

We discussed with the provider the importance of ensuring that these improvements were sustained once the 'Core Improvement Team' moved on from the Motherwell Housing Support Service. This was important to ensure that people continued to experience good outcomes.

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.

We received very positive feedback about staff at all levels. People explained, "Cannot fault the care, support and professionalism of staff", "All the carers are nice", "The carers are brilliant", "The girls are fantastic" and "We have a good relationship with the carers".

Overall, staff were positive about working at the service, they felt supported by both colleagues and the management team. Many staff shared a similar opinion to the people and families around the consistency and timings of visits. They felt they could be improved to ensure that people's preferences were considered and that they knew people well.

The main aspect that staff felt could be improved was the travel time between visits as they felt these were often unrealistic. Management had already recognised this area for development and a working group had started to address this. Their focus was to ensure that whilst travel time could not be real time, it would be a more realistic average time. In particular, we received feedback that the walking runs and runs that included people who lived in the high rise towers had the greatest variances.

Staff treated people with dignity and were respectful when working in their homes.

People being supported and staff benefited from a warm atmosphere because there were good working relationships. There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people.

How well is our care and support planned? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans were in place for people to guide staff on how best to support them. There was a good level of detail within the plans, with some background information to get a sense of the person and who and what were important to them. These were available in each person's house. This ensured that staff had easy access to refer to them during their visits.

We sampled risk assessments for people and found that these mainly focused on moving and handling. Support from occupational therapy has been sought where needed. A pilot was underway with a sister service to look at expanding risk assessments to include other aspects for people. As once completed, this will be rolled out in this service.

The service had a supportive and inclusive approach to involve people and/or their representatives in the planning and delivery of care and support, where this was important to them.

The majority of reviews had been held with people and/or their representatives, with plans in place to complete the small amount that were outstanding. This gave an opportunity to discuss any aspects of care and support that was working well and anything they would like to be done differently.

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

Requirements

Requirement 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).

This requirement was made on 23 January 2025.

Action taken on previous requirement
Following the inspection, an action plan had been devised and worked through.

Improvements had been made, including the recruitment of sessional staff to support the out of hours team. Call monitoring statistics showed an improvement in call answering times. A dedicated emergency number had been circulated to staff. A staff survey had been carried out and feedback showed positive improvements. This mirrored the feedback we received from staff.

The provider was now looking at a short life working group to ensure improvements were maintained.

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
Training had taken place with schedulers, which they spoke positively about. Mentoring and support was in place going forward.

This area for improvement has been met.

Previous area for improvement 2

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
We found a complaints policy in place, with a copy in each person's care plan. A system was in place for recording and investigating complaints in line with this policy. People being supported and/or their families we spoke with, who had raised any concerns, told us they had been responded to and an explanation given where their wishes could not be fully accommodated, but in the main, that improvements had been noted.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 23 January 2025.

Action taken since then

To improve consistency and timings, the provider had recently started a project to look at the geographic alignment of people they support. This was still a work in progress. We received mixed feedback around this during the inspection. Increased staff sickness had been higher recently which has slowed the project down.

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

Previous area for improvement 4

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).

This area for improvement was made on 23 January 2025.

Action taken since then

Training had been provided to staff and work was in progress to observe staff during medication support. However, we found that some improvement was still needed to ensure that people could be confident that they were supported to receive their medications as prescribed.

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

Previous area for improvement 5

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 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).

This area for improvement was made on 23 January 2025.

Action taken since then
Staff had been reminded of what was and was not appropriate use of the online chat. Home Support Team Leaders had oversight of the online chat for their areas and followed up actions as identified. Staff spoke very positively about the benefits of the online chat to aid communication when at work.

This area for improvement has been met.

Previous area for improvement 6

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).

This area for improvement was made on 23 January 2025.

Action taken since then
We reviewed accident and incident management and found that a system was in place to record and investigate these. Any follow up actions were noted. A recent analysis had been carried out to look at trends. Notifications had been submitted to the Care Inspectorate where appropriate.

This area for improvement has been met.

Previous area for improvement 7

To ensure positive outcomes, the service should maintain accurate care plans that fully reflect each person's current needs and include all recent review updates.

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 area for improvement was made on 19 May 2026.

Action taken since then
The service had worked hard to ensure that each person they supported had an up to date care plan in place. Feedback from the majority of people we engaged with and/or their families told us that they felt involved in directing the care being received.

This area for improvement has been met.

Previous area for improvement 8

To ensure positive outcomes, the service should provide consistent care staff so they can build personal knowledge and establish trusting relationships.

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 19 May 2026.

Action taken since then

This area for improvement is no longer in place and has been incorporated into area for improvement 3.

Previous area for improvement 9

To ensure positive outcomes for people, care reviews should take place regularly and in line with best practice. Appropriate records should be kept to detail discussion and actions agreed.

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 area for improvement was made on 11 June 2026.

Action taken since then

The service had worked hard to complete six monthly reviews for people. They now in a good position to complete the remaining few. Records were kept of each review with any agreed actions noted and posted out to the person to ensure they received a copy.

This area for improvement had been met.

Previous area for improvement 10

To support positive outcomes for people, the provider should ensure people receive support with nutrition as agreed in their support plan.

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 area for improvement was made on 11 June 2026.

Action taken since then

This area for improvement had been made following an upheld complaint. Since then, the service had carried out some support sessions with home support workers (HSWs) using best practice guidance from 'Food Train' to support older people to eat well, age well and live well at home. During our home visits with HSWs, we observed them to offer choices during any meal prep, leave snacks and prompt and encourage people where needed. We spoke with the person who had originally made the complaint and they told us that improvements had been made.

This area for improvement has been met.

Previous area for improvement 11

To support positive outcomes for people, the provider should ensure people receive support with hydration as agreed in their support plan. Appropriate records should be kept to evidence support provided.

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 area for improvement was made on 11 June 2026.

Action taken since then

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This area for improvement has been met.

Previous area for improvement 12

To ensure positive outcomes for people the provider should establish a robust system to track missed visits, including reasons and data analysis.

Appropriate records should be kept to detail discussion and actions agreed.

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 area for improvement was made on 11 June 2026.

Action taken since then

We reviewed missed visits. Most had resulted from human error, with others linked to system or out-of-hours communication issues. The service responded appropriately to each incident, identifying learning and implementing actions to reduce the likelihood of recurrence. This supported safer and more reliable care for people.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) 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

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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

0345 600 9527

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