

The Richmond Fellowship Scotland - North Lanarkshire Housing Support Service

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Type of inspection:
Unannounced

Completed on:
26 June 2025

Service provided by:
The Richmond Fellowship Scotland
Limited

Service provider number:
SP2004006282

Service no:
CS2004061321

About the service

This Richmond Fellowship Scotland North Lanarkshire Service provides a care at home and housing support service. Some people receive support 24 hours a day with staff members working in small teams and staying overnight in people's homes. The service is based in Wishaw and provides support to people with a variety of needs and health conditions who live across both North and South Lanarkshire Council areas.

Each person supported has an individually tailored support plan designed to meet their specific needs. The service believes that "Everyone is unique. Through our work, we give the people we support the opportunity to express their unique strengths, qualities, talents and abilities."

At the time of inspection the service provided supported 109 people.

About the inspection

This was an unannounced inspection which took place between 09:30 and 16:00 on the 24 to 26 June 2025. 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.

To inform our evaluations of the service we:

- Visited eight people being supported to speak to them at home.
- Reviewed online questionnaires with responses from 36 staff, six people supported and 12 external professionals.
- Spoke with staff and management.
- Reviewed documents.

Key messages

- People were supported to have high quality, positive experiences and outcomes.
- People were supported by familiar, consistent, well-trained, high-quality staff.
- There was very good communication between external professionals and the service.
- The service had met a previous area for improvement to ensure protocols are in place and recordings are made appropriately for all 'as required' medication supports but had some further work to do.
- The service should improve its risk assessment process to ensure these are robust and individualised.

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?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

The service clearly had a very good knowledge of people's needs and knew how best to support them. When carrying out visits during the inspection it was evident that people supported had very good relationships with staff. The support provided by the service was person-centred and in line with people's preferences and wishes. Staff ensured people attended appointments appropriately and received the support as needed from other external professionals. The responses in our questionnaires issued to people supported and external professionals were mostly positive, any negative comments or themes were shared with the management team. Comments made by people supported included: 'I cannot thank all Richmond staff as they were really good when [relatives of person supported] passed away within [some] months of each other.' 'As a service user for 5 years I have found them to be great support workers and staff, I am very happy with them.' External professionals comments included: 'The staff within The Richmond Fellowship have the service users needs and wellbeing at the forefront and communicate extremely well with myself.' 'The Richmond Fellowship support people in the community very well with well trained workers who are matched up to service users to meet their assessed needs and interests.' 'The support my patient receives has [had] a significant impact on the recovery of [their] mental health and stability since discharge from hospital.' 'I feel that [the service] put wellbeing at the top of their priorities for a Service User and improving/promoting these outcomes.'

Since the previous inspection, in line with an area for improvement made at it, the standard of recordings of 'as required' medicines had improved and protocols were available to staff or those that needed access to them to provide this type of medication appropriately. The service needed to carry out some further improvements to the recording of effectiveness of 'as required' medicines. This was discussed with the management team and it was suggested this should be recorded in one place within the medication folders in each person's service. We were satisfied that an improvement had been made in this regard and deemed the area for improvement as being met.

Support planning documentation contained a very good level of information necessary to provide for people's needs whilst supported by staff. The care planning documentation provided detail about the person being supported, their preferences and wishes and information to reduce any risks that may present themselves whilst people were being cared for and supported. The process of risk assessment, however, could be more specific to the individual. It is important that risks identified are assessed appropriately in a person-specific document to allow for effective, ongoing monitoring. The mitigations and actions to reduce risk identified in this process should then be transferred into staff facing care planning documentation. To keep people safe the live, person-specific risk assessment should then be subject to regular review in line with the severity of risk identified (**see area for improvement 1**).

Areas for improvement

1. To keep people safe the service should produce and regularly review person-specific risk assessments for all of the people it supports in line with risks they present.

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 staff team?

5 - Very Good

We evaluated this key question as very good because strengths under this key question significantly outweighed any areas for improvement.

Staff presented as happy working in the service and demonstrated a good knowledge of people's needs and how these could best be met. They gave an overall impression of a close team of staff who worked well together so that people experienced a very good level of care.

We could see, on checking training records, that staff were subject to a range of mandatory training packages. Staff had completed their training in key areas where training was offered both online and face to face. We were told by staff that they had also received specialist training for people who had complex needs. This ensured all people supported received care and support from a competent staff team.

Staffing levels and mix of staff were sufficiently in place to meet people's needs. People visited during the inspection all had consistent staff teams, which meant staff knew people and their needs very well. Staff confirmed this in conversations. All key comments made in our questionnaire responses and staff interviews were shared with the service management team for their consideration. Comments from staff included: 'I feel fully supported by my senior and management.' 'Time constraints, seniors out on shift, sickness and holidays make it quite difficult for supervisions to be done regularly but they get done.' 'I have tremendous job satisfaction and I feel supported and appreciated in all I do.' 'I feel unappreciated.' 'Good staff support. Listens to supported people and staff.' 'We work well as a team to ensure the supported individual is supported to the best of our ability that suits their needs.' Responses to what the service could do better included: 'More staff to cover when regular staff are attending training or team meetings.' 'Have the staff in place before taking on new services.' 'Communication, confidentiality, positive praise.' These responses and those of staff we interviewed indicated that most staff were happy with the service and felt well supported in their role. Staff appeared to work very well together to meet people's needs.

Staff took part regularly in supervision meetings with a senior member of staff. This is time staff have with their supervisor to discuss practice, development and raise any personal issues that may impact on work. Staff felt these were useful meetings that were not only about service provision but an opportunity to discuss their needs and issues. These regular meetings are important tools to monitor staff wellbeing and practice. They also ensure people supported, experienced a very good quality of care and support from a competent, well-supported workforce.

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

In supporting people to receive medication support safely and as needed the service should ensure that all 'as required' medications have a clear protocol and record effectiveness to inform the medicines review process.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'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 23 April 2024.

Action taken since then

The standard of recordings had improved and protocols were available to staff or those that needed access to them to provide 'as required' medication appropriately. The service needed to carry out some further improvements to the recording of effectiveness of 'as required' medicines. This was discussed with the management team and it was suggested this should be recorded in one place within the medication folders in each person's service.

This area for improvement had been met.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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