

TLC (Scotland) Housing Support Service

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Type of inspection:
Unannounced

Completed on:
16 April 2024

Service provided by:
TLC (Scotland) Ltd

Service provider number:
SP2019013389

Service no:
CS2019378106

About the service

TLC (Scotland) is registered to provide a service to adults and people with assessed support needs living in their own homes and the community. The provider is TLC (Scotland) Ltd.

TLC (Scotland) operates from an office base in Prestwick. Services are available on a private basis, through direct payments and by contractual arrangement with South Ayrshire Council.

At the time of this inspection the service was supporting approximately 100 people in the community in South Ayrshire.

About the inspection

This was an unannounced follow up inspection which took place on 10 - 16 April 2024, between the hours of 09:00 and 16:00. 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 15 people using the service and 15 of their family/friends/representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- We saw improvements in support plan documents and involvement from people being supported and their families.
- The service improvement plan and quality audits were more robust and management had an overview of the service.
- We found improved medication practices.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

3 - Adequate

During an inspection on 24 January 2024, we made one requirement under this key question. This was about the need for the provider to manage medication systems safely and reduce risk to people they support. The timescale for completion was 11 March 2024.

During an inspection on 12 March 2024, the provider could not be confident that they had met this requirement. We extended the requirement to 8 April 2024.

During an inspection on 10 April 2024, we were able to see improvements made to medication systems which provided staff with better information and reduced risk to people receiving care.

This requirement was met. Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

We re-evaluated this key question from weak to adequate as a result.

How good is our leadership?

3 - Adequate

During an inspection on 24 January 2024, we made two requirements under this key question.

One requirement was that the provider must ensure that service users' experience a service which is well led and managed. The timescale for completion was 11 March 2024.

During an inspection on 12 March 2024, the provider could not be confident that they had met this requirement. We extended the requirement to 8 April 2024.

One requirement was about the need for the provider to ensure that improvement and quality assurance for the service was responsive and carried out effectively to show good governance. The timescale for completion was 8 April 2024.

During an inspection on 10 April 2024, we were able to see that the provider had made improvements to the management of the service, including its structure. The provider had made improvements to their quality assurance systems which informed their improvement plan.

Both requirements were met. Details of these can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

We re-evaluated this key question from weak to adequate as a result.

How well is our care and support planned?

3 - Adequate

During an inspection on 24 January 2024, we made one requirement under this key question. This was about the need for the provider to ensure support plans had enough information in them to provide safe support and to ensure that risk assessments and reviews were accurate and up-to-date. The timescale for completion was 11 March 2024.

During an inspection on 12 March 2024, the provider could not be confident that they had met this requirement. We extended the requirement to 8 April 2024.

During an inspection on 10 April 2024, we could see improvements in the quality of support plans and that these were easily accessible to people being supported and their representatives. Risk assessment and reviews were up-to-date and reflected people's needs.

This requirement was met. Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

We re-evaluated this key question from weak to adequate as a result.

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

Requirements

Requirement 1

Extended to 8 April 2024 from 11 March 2024, the provider must protect people from risk of harm by ensuring medication is managed safely.

To do this, the provider must at a minimum:

- a) ensure staff have access to information which informs and directs them on how to safely support people with their medication regimes
- b) ensure medication administration records detail dates and times that medications should be administered
- c) ensure where staff administer medication, personal plans inform them of what the medication they are administering is for
- d) ensure protocols are in place for 'as required' medications to advise staff when, why and how often these medications can be given
- e) ensure where staff are responsible for ordering and collecting people's medications, this is documented clearly to inform all staff providing the support
- f) ensure people are receiving the right level of support for them
- g) ensure staff provide the right level of support and raise concerns if the level of support assessed no longer meets the needs of the person.

This is to comply with Regulation 4 (1) (a) (Welfare of users) 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 state that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This requirement was made on 24 January 2024.

Action taken on previous requirement

We were able to see that medication administration records (MARs), Medication information records (MIRs), and protocols were all in place and held within people's home in their paper file as well as on staff hand held devices. These gave staff clear instruction on how to safely support with medication regimes.

MARs had more information to direct staff on when medication should be administered. Information was also detailed on the front of people's support plans. One MAR in particular could have been clearer and the service contacted the pharmacy to rectify.

Information for this was contained within the medication information record which could be found in people's home.

PRN protocols were introduced containing the required information to safely direct staff on when as required medications can be given. These also direct staff on when to seek advice from the GP if medication needs reviewed. These could be further improved by adding information to seek GP advice if medication has not worked. For example, salbutamol inhaler.

The service had documentation in place for recording when medication is ordered and collected and staff have been reminded of this process. Staff are e-mailed each Friday to remind them of who needs medication ordered or collected and co-ordinators have oversight.

Information received from referral paperwork is put onto support plans, detailing the level of support someone requires. There are plans to introduce a risk assessment and agreement form for those on level 3 medication and we suggest that this is used for all levels where staff highlight concerns around someone's ability to administer their own medication.

Staff observations of practice are completed and would highlight any concerns around the staff member's ability to provide the right level of support. The risk assessment and agreement form will also determine if people are receiving the correct support.

Met - outwith timescales

Requirement 2

Extended to 8 April 2024 from 11 March 2024, the provider must ensure that service users' experience a service which is well led and managed.

To do this the provider must:

- a) review the current leadership and management structure and review the effectiveness of the team
- b) ensure the registered manager is fully involved in the oversight of the service
- c) ensure all staff in a supervisory role are registered with the SSSC.

This is to comply with Regulation 9 (2) (b) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I use a service that is well led and managed" (HSCS 4.23).

This requirement was made on 24 January 2024.

Action taken on previous requirement

We were able to see a clear leadership and management structure in place. The registered manager was fully involved in the inspection process. We could see that she had oversight of the service through monthly meetings and quality assurance processes.

Training had been delivered to staff to support them in their role and we were able to see reflective discussions during this process.

The registered manager will be supervising office staff going forward.

Met - outwith timescales**Requirement 3**

Extended to 8 April 2024 from 11 March 2024, the provider must protect the health, welfare, and safety of those who use the service. In particular, the provider must ensure the completion of personal plans, risk assessments and up-to-date reviews.

To do this, the provider must at a minimum:

- a) accurately reflect the assessed current health and care needs of people using the service
- b) include person-centred information, outlining needs, abilities and the support required to meet people's needs
- c) demonstrate meaningful involvement and consultation with the person who uses the service and/or their representative
- d) accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks
- e) ensure they are accessible to people supported, their representatives and staff providing the support
- f) ensure that those staff allocated to undertake the above assessments and reviews have the skills, knowledge and experience necessary to do so.

This is in order to comply with Regulation 3, 4(1)(a) & (d), 5(1), 5(2)(a), 5 (2)(b) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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).

This requirement was made on 24 January 2024.

Action taken on previous requirement

All support plans that we sampled had a section that detailed people's health and wellbeing needs, this can also be found on the care planner system and electronic application which staff access on their hand held devices. The service had oversight of people's diagnosed health conditions and staff were e-mailed with the relevant information they required to provide support to people.

Support plans that we sampled had person centred information. We could see some level of people's abilities held within these and there were good directions for staff on how to support people. These could be more person centred with people's abilities captured, highlighting what people can do for themselves rather than plans being task focused. Support plans could be more outcomes focused.

We were able to see that reviews of support plans had been completed in consultation with the person and their relatives where appropriate. Discussions with relatives could be more detailed and where attempts have been made to contact relatives, this should be recorded. The service should look at having more information about power of attorney/guardianship and if the person has capacity in order to make sure the correct people are consulted. The service should know if the person has capacity to make decisions about their own wellbeing. We recognised that at times this information is not being received as part of the referral process and limited information is provided. We heard about the vast knowledge a compliance officer had about people's lives, through one-to-one discussions with them, it would be beneficial to use this invaluable information in people's support plan.

Each person had a risk assessment in place which appeared fully completed with measures in place to mitigate risk for people.

All people we visited had copies of support plans in their homes which they, their representatives and staff could access. Staff were also able to access these on their electronic application. We were able to see audits in place to ensure all support plans were in people's homes.

We were able to see that training had been delivered to staff to support them their role and we could see reflective discussions during this process.

Met - outwith timescales

Requirement 4

By the 8 April 2024, the provider must ensure that improvement and quality assurance for the service is responsive and is carried out effectively to show good governance that contributes to high quality care.

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

- a) have an improvement plan that enables the service to evaluate its quality and performance based on evidence
- b) ensure that quality audits are kept up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without unnecessary delay.

This is to comply with Regulation 4 (1) (a) (Welfare of users) 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 state that: "I use a service that is well led and managed" (HSCS 4.23).

This requirement was made on 24 January 2024.

Action taken on previous requirement

We were able to see that an improvement plan was in place which had been informed by quality audits and monthly trackers. We were able to see progress that was being made when this was audited with areas of responsibility delegated and actions highlighted.

Quality audits were comprehensive, they detailed actions that were required through analysis and self evaluation. There were tracking systems in place which provided accurate data to ensure daily and weekly tasks were completed and informed quality audits. These also gave management good oversight of the service. The improvement plan was then updated to reflect these findings.

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

In order for people to be involved and experience consistency and continuity in their care and support. The service should ensure that:

- People know who to expect to support them in their home and when
- When there are changes to who will be providing the support people are updated
- When supports are delayed, people are informed.

This is to ensure that care and support is consistent with the 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); and 'If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative' (HSCS 4.22).

This area for improvement was made on 24 January 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 2

To enable the provider to be confident that staff understand and apply training undertaken and follow best practice guidance in their day-to-day practices, staff should take part in reflective discussions and complete reflective accounts.

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

This area for improvement was made on 24 January 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 3

People should receive care and support that meet their needs. The provider should carry out a training needs analysis which identifies people's specific conditions and ensure that people are cared for by staff who are equipped with the required knowledge and skills to do so.

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

This area for improvement was made on 24 January 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 4

The manager should ensure:

- staff are aware of, and follow, best practice guidance regarding infection prevention and control
- where necessary, staff should receive refresher training.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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.'

This area for improvement was made on 12 October 2023.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 5

The manager should ensure:

- staff are aware of, and follow, best practice guidance regarding moving and handling
- where necessary, staff should receive refresher training.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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.'

This area for improvement was made on 12 October 2023.

Action taken since then

This area for improvement was not assessed at this inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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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