

Trust Community Care Limited Support Service

International House, 3B1
Stanley Boulevard
Blantyre
Lanarkshire
G72 0BN

Telephone: 01698682129

Type of inspection:
Unannounced

Completed on:
3 September 2024

Service provided by:
Trust Community Care Limited

Service provider number:
SP2022000033

Service no:
CS2022000052

About the service

Trust Community Care Limited is a care at home service which is provided to older people over the age of 60 years within their own home and in the community. Support is also provided to four named individuals under the age of 60 years as agreed following a variation granted on 22 July 2024. The provider is Trust Community Care Limited.

The service's office is based in Blantyre, South Lanarkshire. The service is registered to provide support from three staff teams operating within Glasgow and North and South Lanarkshire. At the time of the inspection, support was being provided to 98 people living across South Lanarkshire. The registered manager coordinates the overall running of the service. Team leaders locally help manage the staff teams who provide direct support to people.

The service provides flexible packages of care and support to meet people's needs within their own home. The range of services includes personal care and support, medication support, and support with domestic tasks. Support provision for people ranged from 15 minute visits to a few hours each day, seven days per week.

This was the first inspection of the service since it registered on 28 February 2022.

About the inspection

This was an unannounced inspection which took place on 26, 27, and 28 August 2024 between 09:30 and 17:00 hours. Feedback was provided on 3 September 2024. 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 registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 11 people using the service
- spoke with eight of their friends and family
- received 49 completed questionnaires
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff liaised with relevant professionals to make sure safe and effective care and advice was sought to support people's health needs.
- Staff supported people with genuine warmth and concern.
- People were not fully involved in planning their support.
- Staff recruitment and medication administration required improvement.
- One requirement made following an upheld complaint relating to personal plans remains in place.
- At this inspection we made five requirements and six areas for improvement.
- As part of this inspection, we assessed the service's self evaluation of key areas. We found that the service was not yet undertaking self evaluation. We discussed the benefits of self evaluation and how this approach should be adopted to support improvement in the service.

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?	2 - Weak
How good is our staff team?	2 - Weak
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

We evaluated this key question as adequate, where strengths were just outweighed by weaknesses.

People should be protected from harm and expect any health and wellbeing concerns to be responded to. The service had provided responsive care, support, and treatment where there were changes to people's health and needs. Staff were able to describe their role and the actions they would take when a person became unwell or when their health had deteriorated. We saw examples where information about people's changing health needs had been shared with the right people. This had helped prevent further deterioration in people's health. Relatives told us that staff "have picked up signs of illness and encouraged us to call GP" and "are really good at noticing things. For example, that food is running out, medication needs to be ordered, toenails requiring attention".

Support strategies identified within risk assessments to keep people safe were not always transferred into care plans. This meant there was a risk that not all relevant information was available to staff about how to meet people's needs. A requirement from a complaint we upheld on 10 July 2024 in relation to personal plans has been repeated (see requirement 1 under 'What the service has done to meet any requirements made at or since the last inspection').

Medication administration records did not demonstrate that all prescribed medication had been administered as it was intended. This meant that people were at risk of receiving their medication incorrectly which could have significant adverse effects on their health and wellbeing.

There was also inconsistent recording of medication that was administered only at times when it was required to address people's health needs (PRNs). There were no PRN 'protocol' records in place. These would have provided more information about the circumstances for administering PRN medication. There were also no records to reflect the reason(s) why PRN medications were administered or the outcomes of doing so. This meant that there was a lack of evidence about whether PRN medications were working effectively. Where medications required a minimum time period between doses, records did not demonstrate that this was being followed and/or monitored. This could place people at risk, resulting in serious consequences to their wellbeing (see requirement 1).

Quality assurance systems were lacking, including audits of medication, which could impact negatively on the service responding proactively to keep people safe. Further information related to this can be found under key question 2 ('How good is our leadership?').

Some people described how they had been involved in making decisions about their support and felt listened to. This had helped positively support people's physical and mental health. However, there was a lack of evidence to show that people were aware of or had been involved in agreeing their personal plan. They were also unclear about what support they were meant to receive. This is subject to a repeated requirement from a complaint we upheld on 10 July 2024 (see requirement 1 under 'What the service has done to meet any requirements made at or since the last inspection').

We found that six-monthly care reviews had not involved people and/or their chosen representatives. This meant people could not be assured that reviews had helped to shape their plan of care in a way that was meaningful to them or were outcome-focussed. Further information related to this can be found under key question 5 ('How well is our care and support planned?').

Requirements

1. By 30 November 2024, in order that people can be confident of safe, high quality support to receive their medication, the provider must ensure that medication is administered as prescribed.

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

- a) Ensure staff are trained, knowledgeable, and assessed as competent in medication administration and recording and this is reflective in their practice.
- b) Ensure where staff practice needs to improve, this is identified with clear actions set and timescales for achievement identified.
- c) Ensure there are specific instructions about administering as required (PRN) medications and that this is clearly recorded and followed.

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 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); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The service had a service development plan, however this had been recently compiled and there was a lack of information recorded. The plan identified some service strengths but had little detail or specific actions in relation to service improvement. 'Lessons learned' from significant events and people's feedback were taken into consideration. This could have helped improve staff practices and outcomes for people and help inform the service development plan (see requirement 1).

Service surveys were used to seek views from people and their families. Completed surveys showed that people were positive about the support they received. However, people could not be confident that they benefitted from a culture of continuous improvement. There was a lack of quality assurance processes used to identify improvements and support effective management oversight and governance of the service. These included timing of support visits, medication records, accidents and incidents, and personal plans. It is of concern that the inspection highlighted issues that were not known to the management team. This included the poor completion of medical administration records (MARs), incomplete staff recruitment checks, and concerns raised by staff. The provider requires to demonstrate a proactive and responsive leadership approach to make the improvements required. This will mitigate risk to people and positively impact on the quality of their experiences to have better outcomes (see requirement 2).

There was mixed feedback about the support provided to staff from management in relation to supporting them and addressing concerns. Staff meetings were held regularly and were used as opportunities to share information with staff. However, there was no evidence that all staff had benefitted from attending the

meetings. Additionally, minutes did not demonstrate that staff had contributed to the discussion. This may have helped support staff to raise concerns, such as those raised through the Care Inspectorate surveys. These identified concerns about insufficient time to support people, travel time between service users, and lack of support from management. This meant that people could not be confident that those providing care and support had the right knowledge and skills (see area for improvement 1).

An area for improvement has also been made relating to staff supervision sessions and is reflected under key question 3 ('How good is our staff team?').

The service had policies in place on a range of topics, including operating procedures. However, some parts of the policies and procedures referred to ways of working which were not related to the service. Examples of this included referencing recruitment managers and designated adult support and protection (ASP) lead staff within the organisation. This may have resulted in people being unclear as to how the service operated and/or who to contact (see area for improvement 2).

Practice observations were used to help identify support and training needs for staff and ensure people were kept safe. However, where issues with staff practices were identified, there was no note of any further actions taken to help improve practices. There was also a lack of information about what was observed (see area for improvement 3).

Requirements

1. By 30 November 2024, the provider must ensure that people experience high quality care and support based on relevant evidence, guidance, and best practice.

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

- a) Ensure the service development plan is completed to include, but not be limited to, the outcomes of quality assurance processes and feedback from people, their family, staff, and stakeholders.
- b) Ensure the service development plan is a live document, continually reviewed and updated.
- c) Ensure actions set out in the development plan are specific, measurable, achievable, realistic, and time-bound (SMART).

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 experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11); and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.18).

2. By 30 November 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. The provider must support outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

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

- a) Ensure audits are developed to include, but not be limited to, the quality of medication administration, timing of support visits, significant events, and personal plans.
- b) Ensure quality assurance data is analysed to inform the actions required to support positive outcomes for people experiencing care, staff learning, and the service's improvement plan.
- c) Ensure actions set out reflect SMART (specific, measurable, achievable, realistic, and time-bound) principles.

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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. Minutes of staff meetings should be standardised and demonstrate an accurate record of topics discussed, actions agreed or completed, and attendees. In doing so, these should be shared with all interested parties. This is so that people can benefit from being meaningfully involved in how the service works and develops.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

2. Policies should be updated to make sure they are relevant to the service and make sure procedures outline best practices. This is to make sure there is a consistent approach to how the service operates and ensures better outcomes for people.

This is to ensure that 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).

3. Staff practices should be regularly monitored to ensure people receive support from staff with sufficient skills and knowledge for the work they are to perform. In doing so, there should be clear evidence of any actions taken to address any concerns identified with staff practices.

This is to ensure that 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).

How good is our staff team?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

3.1: Staff have been recruited well

A 'Recruitment and Selection' policy was in place which identified the necessary checks to be undertaken to ensure staff were suitable candidates.

Staff files showed that 'right to work' and criminal conviction checks had been completed. However, the service had failed to fully follow their own policy and had put people at risk, namely:

- The number of references required within the recruitment policy differed from what was indicated in the application forms. This led to confusion about how many suitable references were required before being appointed.
- Some staff had been appointed without any evidence that character or work references had been sought and/or obtained. This meant that candidates' past conduct and suitability had not been assessed in order to safeguard vulnerable people.
- Interview questions and responses were stored in the files. However, these had not been graded to reflect how suitable the candidate was for the role.
- People and/or their family members had not been considered in the recruitment process despite the recruitment policy stating this.

Overall, staff recruitment practice did not follow guidance on 'Safer Recruitment Through Better Recruitment' and did not ensure the safety and wellbeing of vulnerable individuals (see requirement 1).

There were shadowing opportunities for new staff to help support them in their role. This helped provide opportunities for staff to put learning into practice with support from more experienced staff and helped promote the care and safety of people.

3.3: Staffing arrangements are right and staff work well together

There was a steady and reliable staff team working in the service. The service had worked hard to maintain consistent staff groups that provided support to people in areas of the community. This helped build good relationships and trust between staff, supported people, and their families. It also helped staff know supported people well, which meant they could identify and escalate any health changes quickly.

Staff were registered with the Scottish Social Services Council (SSSC) in line with their roles. We suggested the service maintain oversight of staff professional registrations, when these were due for renewal, and where subject to obtaining a qualification. This would ensure that staff could lawfully continue to work in accordance with SSSC registration requirements. It would also help ensure staff were suitably skilled to support and care for people.

People have the right to have their needs met by the right number of staff. The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare, and safety of people using the service.

The duration of people's support visits was inconsistent and personal plans did not reflect how much time people should receive. There was no evidence that the assessment of people's care needs had been used to inform and evaluate staffing levels and arrangements. The service relied on staff regularly working over their contracted hours to meet the hours agreed with the local authority. This meant that there was the potential for poor outcomes which would affect people's health, safety, or wellbeing (see requirement 2).

Staff had not commenced or completed 'The Knowledge and Skills Framework for Health and Care Staffing in Scotland' (KSF). This training is important to ensure that staff are engaged in the process and feel confident in raising any concerns (see area for improvement 1).

Staff supervision sessions had been carried out in line with the frequency identified within the service policy. Supervision sessions are aimed at helping staff develop, personally and professionally, through reflection on their practice. At times, records of supervisions were basic and lacked meaningful discussions. Where staff had raised concerns or made suggestions, there was no record of any action taken to address these. Improved supervision sessions would help assure people that staff supporting them were competent and skilled and being supported in their role (see area for improvement 2).

Requirements

1. By 30 November 2024, the provider must improve staff recruitment processes to safeguard people using the service.

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

- a) Ensure recruitment checks carried out follow 'Safer Recruitment Through Better Recruitment' guidance (2023).
- b) Ensure staff suitability has been fully assessed and well documented, specifically in relation to references.
- b) Ensure the organisational recruitment policy is adhered to, including the use of a recruitment checklist.

This is to comply with Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. By 30 November 2024, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe.

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

- a) Ensure there is regular assessment and review of people's care and support needs.
- b) Be able to demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements.
- c) Ensure quality assurance systems are used to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is to comply with Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

Areas for improvement

1. To ensure that people experience care from a competent, knowledgeable, and skilled workforce, the provider should ensure that staff employed in the provision of care receive training in 'The Knowledge and Skills Framework for Health and Care Staffing in Scotland'. This would support staff in understanding the requirements of workload and workforce planning.

This is to ensure that 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).

2. The service should improve how they support staff with their personal and professional development in accordance with the Scottish Social Services Council (SSSC). To do this, the service should maintain clear records of supervision, including any agreed actions, timescales for completion, and delegated responsibility for each action.

This is to ensure that 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).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While we recognised strengths were having a positive impact on outcomes for people, improvement is required to safeguard people using the service.

People should be confident that their personal plan clearly sets out how their needs will be met and guides staff on how best to support them based on accurate information.

Personal plans were electronic and staff were confident in accessing these and recording daily care notes. Staff told us that they were able to access these prior to the delivery of care and support. This meant they were aware of the documented care and support to be delivered. There was evidence of more detailed daily care notes, including the recording times where staff had informed the office of the need to contact other health professionals.

Risk assessments had been undertaken for some people. However, these did not always inform people's personal plans. This meant we could not be confident that staff were aware of the support required to reduce the risks to people. We also identified some risks which had not been assessed. Further work was required in this area to ensure a consistent and effective approach was being taken to identify the risks for each person.

Some people told us they had been involved in the development and review of their personal plans. Other people told us they had not been involved and had not seen their personal plan. A requirement from a complaint we upheld on 10 July 2024 in relation to personal plans has been repeated (see requirement 1 under 'What the service has done to meet any requirements made at or since the last inspection').

The provider had developed a folder to share service contact details, including out of hours phone numbers, if people wished to speak with the registered manager. People we spoke with were aware of how to contact the service.

Six-monthly care reviews had taken place in line with current legislation. However, minutes showed reviews had not been person-centred and had not always involved people. This meant people could not be assured that reviews had helped to shape their plan of care in a way that was meaningful to them or were outcome-focused (see area for improvement 1).

Areas for improvement

1. To ensure that a collaborative and responsive approach is taken to meet people's changing needs, the service should:

- a) Evidence how people and/or their families have been invited to review meetings.
- b) Work flexibly with people and their families to maximise opportunities to include them in review meetings.
- c) Implement systems to plan for and carry out reviews a minimum of six-monthly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in assessing my emotional, psychological, social, and physical needs at an early stage, regularly, and when my needs change' (HSCS 1.12).

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

Requirements

Requirement 1

By 17 August 2024, the provider must demonstrate that personal plans make proper provision for people's care and support needs and detail how these will be met.

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

- a) Ensure that documentation and records are accurate, sufficiently detailed, and reflect the care planned or provided.
- b) Ensure consultation and involvement with the person experiencing care and/or their representative in the development and review of the care plan.
- c) Ensure that anyone expected to provide support has sufficient time to consider the contents of the care plan and be confident and competent in the associated tasks.
- d) Ensure staff are aware of their responsibility in maintaining accurate records and follow best practice.
- e) Ensure daily care notes are completed at each care and support visit. This should include, but is not

limited to, where support was offered and declined and where support was not able to be provided.

f) Ensure that care and support records, including medication administration records (MARs), are available within the person's home when neither they nor their family can access notes online.

This is to comply with Regulation 5(2)(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 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).

This requirement was made on 10 July 2024.

Action taken on previous requirement

This requirement was made on 10 July 2024 following a visit to the service in relation to a complaint investigation.

The provider submitted an action plan which detailed how the requirement would be met to ensure positive outcomes for people experiencing care.

We found that personal plans still required to be improved. Further information is recorded under key question 5 ('How well is our care and support planned?').

This requirement had not been met and we have agreed an extension until 30 November 2024.

Not met

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.3 Staffing arrangements are right and staff work well together	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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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