

Trust Community Care Limited Support Service

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

Telephone: 01698682129

Type of inspection:
Unannounced

Completed on:
3 December 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 86 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.

About the inspection

This was an unannounced follow up inspection which took place on 2 and 3 December 2024 between 09:30 and 16:00. Feedback was provided at the end of the inspection. 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:

- spoke with five people using the service
- spoke with five of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service had met all of the six requirements and five areas for improvement.
- All six requirements made at the previous inspection had been met. These related to medication administration records, development plan, quality assurance, staff recruitment, care and support needs, and personal plans.
- Five of the six areas for improvement made at the previous inspection had been met. These were in relation to staff meetings, staff competencies and development, and six-monthly care reviews.
- One area for improvement was repeated in relation to organisational policies and one was made relating to action timescales.
- The management team within the service had made good progress in relation to the day-to-day running and oversight of the service. The management team were focussed on how they wanted the service to develop and how they planned to achieve this.
- The service had made significant progress since the previous inspection. As a result, we increased the grades of key questions two and three from 'weak' to 'adequate'.

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

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

How good is our leadership?

3 - Adequate

Given the improvements made by the service in relation to the standard of the leadership, we have increased the grade for quality indicator 2.2 ('Quality assurance and improvement is led well') from 'weak' to 'adequate'.

Quality assurance procedures had been developed to support positive outcomes through a culture of continuous improvement. Some audit records lacked information about what was audited and the timescales for when the required actions should be completed. The service development plan also lacked detailed timescales when actions should be completed/reviewed (see area for improvement 1).

Areas for improvement

1. The service provider should continue to develop quality assurance systems to include more detailed information on the audit findings and appropriate action timescales. The service development plan should also be developed to clearly identify timelines for actions to be completed.

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).

How good is our staff team?

3 - Adequate

Given the improvements made by the service in relation to the standard of staff recruitment, we have increased the grade for quality indicator 3.1 ('Staff have been recruited well') from 'weak' to 'adequate'.

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

Requirements

Requirement 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).

This requirement was made on 3 September 2024.

Action taken on previous requirement

Medication administration records showed that all prescribed medication had been administered as prescribed and provided at a time that suited people. Regular medication audits helped make sure errors would be picked up quickly and acted upon.

Staff had received refresher medication training to make sure they had the correct skills to support people with their medication. The service checked that staff were putting skills learned through training sessions into practice. This helped give assurances to people that they were being supported by a competent and skilled workforce who demonstrated safe practice.

There was consistent recording of medication that was administered at times when it was required to address people's health needs (PRNs). There were records completed to reflect the reason(s) why PRN medications were administered and the outcomes of doing so. This provided information about the circumstances for administering PRN medication and whether they were working effectively. This was all in line with a service PRN protocol that had been developed.

Met - within timescales

Requirement 2

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).

This requirement was made on 3 September 2024.

Action taken on previous requirement

The service development plan included the outcomes of quality assurance processes and feedback from people receiving the service and/or their relatives and staff. The development plan had been reviewed and updated regularly and included actions the provider intended to take to improve practices and outcomes further.

Although start dates were indicated for identified actions, timescales for completion of these were indicated as 'ongoing' with no end date. This meant it was difficult to fully measure how effective the actions were.

Although sufficient progress had been made to meet the requirement, an area for improvement has been made relating to clearer recording of action timescales (see area for improvement 1, key question 2 'How good is our leadership?').

Met - within timescales

Requirement 3

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).

This requirement was made on 3 September 2024.

Action taken on previous requirement

A range of quality assurance systems had been developed to help monitor and evaluate the service and ensure a quality service was being delivered. However, some audit records lacked detailed information about what was audited and timescales were unclear as to when the actions would be achieved.

Although sufficient progress had been made to meet the requirement, an area for improvement has been made relating to clearer recording of action timescales (see area for improvement 1, key question 2 'How good is our leadership?').

Met - within timescales**Requirement 4**

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.
- c) 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).

This requirement was made on 3 September 2024.

Action taken on previous requirement

Recruitment files complied with checks required within the service recruitment policy and were in line with 'Safer Recruitment Through Better Recruitment' best practice. This included references, appropriate background checks, and eligibility to work status.

A recruitment checklist was being introduced to make sure candidates were safe to work. This helped keep people safe from harm by making sure potential staff were suitably assessed.

Met - within timescales**Requirement 5**

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).

This requirement was made on 3 September 2024.

Action taken on previous requirement

People's views were sought on their satisfaction with the service they/their loved one received, including whether staff had time to attend to their needs. This was used as a way of assessing whether care and support needs were being met. People responded positively about receiving the right level of care and support to meet their needs. Staff had the opportunity to discuss staffing arrangements through regular supervision sessions and meetings.

There were examples where the assessment and oversight of people's health had led to support arrangements being increased. The service had requested increased hours to support people from the local authority commissioning team, where required.

The service overview showed the number of support hours assessed as required for people had been fulfilled by the correct number of staff. This meant that staffing arrangements were effective in providing responsive, person-centred support.

Met - within timescales

Requirement 6

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 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).

This requirement was made on 10 July 2024.

Action taken on previous requirement

We sampled personal plans and found they contained accurate information and guidance that staff required to provide safe and consistent care and support. The quality and content of the daily care notes was also found to be of a satisfactory standard.

Ongoing reassessments helped make sure people's needs were reviewed and provided assurances that the care and support being provided continued to be appropriate.

People that spoke with us told us that they had been involved in and could access a copy of their personal plan and their medication records.

Staff told us they had been reminded about their responsibilities to complete accurate records and that they had sufficient time to read personal plan contents. This meant staff had the correct information to support people safely and in line with their preferences.

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

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).

This area for improvement was made on 3 September 2024.

Action taken since then

Minutes of staff meetings were generally standardised and demonstrated full discussions that had taken place on a range of topics by attendees. Where required, actions had been completed or agreed with clear timescales for completion. Minutes were available for people who had been unable to attend.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 3 September 2024.

Action taken since then

The service had implemented a range of policies, however not all of these had issue and/or review dates recorded. This meant it would be difficult to determine whether information contained within the policies was in date and reflected current best practice.

We also found terminology had been used within some of the policies which was not aligned to Scottish legislation or relevant Scottish stakeholders.

This area for improvement has not been met and will be repeated.

Previous area for improvement 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).

This area for improvement was made on 3 September 2024.

Action taken since then

Staff practices were regularly monitored to ensure people received support from staff with sufficient skills and knowledge for the work they were to perform. This was completed for staff in relation to specific tasks, as well as general spot checks. Regular staff supervisions and performance reviews also helped monitor staff training and competence.

This area for improvement has been met.

Previous area for improvement 4

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).

This area for improvement was made on 3 September 2024.

Action taken since then

There was evidence that showed staff had completed learning on the 'The Knowledge and Skills Framework for Health and Care Staffing in Scotland'.

Staff completed a questionnaire on the framework to demonstrate their understanding of the framework after the learning session.

This area for improvement has been met.

Previous area for improvement 5

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).

This area for improvement was made on 3 September 2024.

Action taken since then

We found records of supervision had been completed with a good level of information, including review dates agreed between the supervisor and supervisee.

Completed records showed how staff had been encouraged to take responsibility for identifying any training needs they had.

This area for improvement has been met.

Previous area for improvement 6

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).

This area for improvement was made on 3 September 2024.

Action taken since then

The service care plan policy identified how people would be involved in decisions about their care and support, including care reviews minimally within a six-month period.

From sampling care review records, we found that people and/or designated individuals had been invited to, and attended, the care review meetings. These had taken place at times that had been agreed with people to maximise opportunities to include them in the meetings. The management had a clear oversight of people's care review meetings to make sure they were completed within the required timescale.

This area for improvement has 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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	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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