Trust Housing Association Ltd - Branch 1
Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
17 March 2025

Service provided by:
Trust Housing Association Ltd

Service provider number:
SP2003000174

Service no:
CS2004056339

About the service

Trust Housing Association Ltd - Branch 1 was registered with the Care Inspectorate on 01 April 2011 to provide a housing support service for older people. The service registered a care at home service in August 2013 and is now providing a combined housing support and care at home service.

The service is provided by Trust Housing Association, a registered social landlord.

The branch includes sheltered housing developments across the Scottish Borders, North East Scotland and the Highlands and the Borders.

A range of support options are provided in line with HSCP's contracts dependent on people's needs.

The mission statement for the organisation states that they 'provide quality homes and services that promote independent living' and their key goals include: 'Customers First, Prepared for Change and Ready for Opportunities.'

About the inspection

This was a full inspection which took place between 5-17 March 2025. The inspection was carried out by one inspector 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 12 people using the service and seven of their family/representatives. We also took into account feed back from questionnaires issued to staff and family prior to inspection.

We spoke with with ten staff and management, observed practice, reviewed documents.

We also spoke with two visiting professionals

Key messages

People who experienced care and their representatives were generally very pleased with the quality of their support.

Staff were consistently described as being kind, insightful, respectful and caring.

Management were viewed as being visible, approachable and responsive.

Training was well provisioned, with some scope for further development and tailoring to suit individuals needs and circumstances.

Quality assurance was well established in the service. Aspects of audit in respect of medication administration needed some development.

People were supported to remain safe and at home to a very good standard.

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 leadership?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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 evaluated this Key Question as very good. This applies to performance that demonstrates major strengths in supporting positive outcomes for people. There were few areas for improvement. Those that do exist had minimal impact on people's experiences and outcomes.

People experiencing care clearly knew staff well. They consistently told us they were treated with kindness, respect and compassion " they (staff) are good, they know me well, listen to me and are always very polite and respectful". Another person said "they work hard for us, I appreciate all their efforts".

People and their family representatives consistently highlighted effective relationship building as a key element in the provision of very good care. It was clear this focus encouraged positive engagement, helping people achieve positive outcomes and get the most from their support.

There was a clear emphasis on partnership working between staff and the people they supported. We were advised that care was delivered at a pace that suited the supported individual, " I never feel rushed, they are patient, listen to me and encourage me to do what I can do myself. It helps me retain my independence and self-esteem".

Visiting professionals from health and social care agencies advised the service was pro-active at making referrals when additional care or assessment was required. We heard the service was able to implement and adhere to complex care guidance. This was a key area of strength, helping ensure positive well-being outcomes for people.

Pro-active responses inspired confidence family members, some of whom lived far from their loved ones " I know the service are very good at supporting XXXX, their responsiveness and effective communication offers great reassurance when I'm so far away.

There was a focus on healthy eating and encouraging adequate nutritional intake through the provision of cooked meals. This helped ensure people had the support required to meet a fundamental care need.

Opportunities to partake of meals in communal dining areas offered people the chance to mingle with their peers, enabling good social and recreational outcomes. There were organised events which enhanced social contacts for those who enjoyed group activities.

How good is our leadership? 4 - Good

We evaluated this Key Question as good. This applies to performance that demonstrates significant strengths in supporting positive outcomes for people. There were some areas for improvement.

People and family described management positively in the services we visited " we know the manager, they are approachable and willing to listen". Another person said " the manager is a breath of fresh air, very positive and keen to listen".

Staff told us they had confident in their management team, feeling valued and telling us they were well led.

Management undertook wide ranging audits of work carried out in the service. This ensured they had an effective quality overview across all aspects of care and support.

We considered how these audits applied to medication administration. Whilst medication was generally administered effectively and in line with the prescribers instruction. There was room for development with regard to missing signatures on medication administration records.

Audits should clearly address this, clearly indicating whether gaps in recording were the result of a signature error or a missed medication event. The audit should also indicate any actions arising from this scrutiny. (see area for improvement 1).

Management undertook regular quality based discussion with people experiencing care. This involved visits to services and engaging directly with people across a wide range of service issues. There were forum events facilitated which also provided opportunities for people to engage in quality assurance and service development discussion.

Feed back from the varied types of consultation fed into the Provider's development planning. We felt there was scope to tailor these inputs into a more local strategy for Trust Housing Branch 1.

Some family members told us they would like these forums to meet more often and that they would welcome the opportunity to contribute, emphasising that forums should be facilitated at times which encouraged participation.

There was scope to progress the involvement of people experiencing care involvement in aspects of staff recruitment. Some people said that they would be willing to help with setting questions for interview, designing person specifications or to play some direct part in the interview process. This type of involvement would enhance participation and involvement approaches.

Staff were provided with regular support and supervision. The supervision process was well facilitated, with staff advising that they could speak reflectively about practice during these sessions. Staff told us team meetings also provided a platform through which they could share their views on service development.

Management undertook observations of staff practice as part of the wider quality assurance processes in the service. The scope of these observation could be widened, ensuring they captured all significant elements involved in care delivery, including; the likes of moving and handling and quality of the interactions between staff and people experiencing care.

Observations of practice could be integrated into new staff induction, with a focus on establishing competency and evidencing the views of people experiencing care. This would help evidence management oversight around the practice of any new worker.

Areas for improvement

1. Medication audits should be developed, ensuring that they clearly establish the efficacy of medication administration practice, as well as outlining any actions taken associated with issues identified during audits of medication administration records.

1.24-Any treatment or intervention that I experience is safe and effective' (HSCS 1.24

4.11 -I experience high quality care and support based on relevant evidence, guidance and best practice.

Health and Social Care Standards-My support, my life.

How good is our staff team? 5 - Very Good

We evaluated this Key Question as very good. This applies to performance that demonstrates major strengths in supporting positive outcomes for people. There were few areas for improvement. Those that do exist had minimal impact on people's experiences and outcomes.

We undertook checks around safe recruitment and new workers employed in the service. All staff were recruited in line with best practice guidance. This meant new staff were considered suitable to work with the people experiencing care.

Staff spoke positively about their work, consistently identifying core values which reflected the providers aims and objectives as well key principles found in the Health and Social Care Standards. Staff were good at outlining how they put these principles into practice in their work with people.

Whilst opportunities to observe staff practice during care giving were limited, due to the type of support provided, we saw they routinely sought people's views, working with sensitivity, humour, appropriate warmth and kindness. It was apparent staff knew people well and used this insight to engage effectively with people they supported.

Family members told us staff knew their loved ones well. Communication between families and the service was consistently described as good, at staff and management levels, "staff fully understand the care and support that XXXX needs, the manager knows when to keep us informed of changes or any concerns".

Staff undertook training appropriate to their work. There were effective systems for ensuring staff registered with the Scottish Social Services Council and undertook learning which enabled them to meet any conditions associated with their roles.

There was scope to further enhance staff practice knowledge. We suggested there could be greater use made of informal learning, facilitated through self-directed learning or via training inputs around the likes of Parkinson's Disease and Mental Health.

There were positive approaches to staffing, with due consideration given to staffing skills mix. The service have been obliged to use agency staff on a regular basis. Management and support staff recognised challenges this can sometimes bring to the support setting .

There was a focus on ensuring experienced staff worked on shift with any new practitioners. Where possible, the service sought to book the same agency staff. This approach helped facilitate continuity of support.

All staff recognised the value of peer support. Newer staff said they benefited from mentoring and insights gained through working with more established colleagues. There was a consensus that team working was effective and much valued.

How well is our care and support planned? 5 - Very Good

We evaluated this Key Question as very good. This applies to performance that demonstrates major strengths in supporting positive outcomes for people. There were few areas for improvement. Those that do exist had minimal impact on people's experiences and outcomes.

People experiencing care and their family representatives told us that they felt involved in personal planning, from initial assessment through to updating plans once established in the service.

Personal plans had the information required for staff to provide effective support. There was good detail around the likes of food choices, promoting independence, people's life history and family backgrounds.

Some plans needed more evaluative approaches to assessing risk or some additional information around presenting issues that impacted on the likes of communication, cognition and continence.

There were opportunities to develop service reviews, with a greater focus on outcomes and a more evaluative emphasis on appraising key aspects of care provision. The review should fully capture the views of PWEC and their representatives on the quality of their care and support.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.1 Staff have been recruited well	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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