

TLA Neighbourhood Services Housing Support Service

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Type of inspection:
Unannounced

Completed on:
21 March 2025

Service provided by:
TLA Neighbourhood Service Limited

Service provider number:
SP2017012911

Service no:
CS2017355768

About the service

The service registered with the Care Inspectorate on 6 September 2017 to provide a service to older people and adults with a learning and/or physical disability living in their own homes. At the time of inspection the service was supporting 48 people with a range of care and support needs.

The service has an office base on the outskirts of Dundee and operates within the Dundee and Angus areas and states their aim as: "We want people to get the best out of life through individually tailored care and support and by developing services in line with service user/customer choice and needs".

About the inspection

This was an unannounced inspection which took place on 17 to 20 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 five people using the service
- reviewed care surveys from 19 people using the service/their family
- spoke with eight staff and management
- reviewed surveys from 24 staff
- observed practice and daily life
- reviewed documents
- received feedback from three surveys and spoke to one visiting professional.

Key messages

- People using the service expressed a high level of satisfaction regarding the care and support provided.
- People had person-centred care plans that guided care and support. People were supported to participate in reviews of their care and this involvement guided the care provided.
- Staff felt well supported at work and accessed regular support and supervision, team meetings, and training to support them to do their job.
- The leadership team had made progress with quality assurance, however some systems that were in place did not provide the necessary information easily which made them difficult to use.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question, as several strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People experienced care and support with compassion, dignity, and respect because there were encouraging and warm relationships between staff and people using the service. People told us, "The staff are always friendly and always appreciate I've got family. They are kind and caring, not only towards me but also my family". Another person said, "The carers are very polite and caring. Such a lovely bunch".

Staff treated people with respect offered them choice throughout their care and support visit. Staff had good knowledge of the people they were supporting and could respond to changes in their health and wellbeing. There were good links with external professionals, with staff encouraging people to make contact with health professionals where concerns were raised or, in some cases, making contact on people's behalf. The service aimed to be flexible and supported people to attend appointments when needed. Having positive working relationships and knowledge of services available to people supports people to maximise their health and wellbeing.

Care plans and risk assessments were accessible in people's homes. Care plans were personalised and clearly described the person as well as their needs, wishes, and desired outcomes. Plans were clear and supported staff to deliver care and support in the way the person wanted. Reviews were well documented and people had been fully involved in their reviews, providing a meaningful opportunity to direct their care and support. The service had worked hard to ensure that people's choices about who they wanted to be involved were known to the service. We discussed the importance of ensuring that people are fully involved in making decisions about their future care needs and the leadership team recognised that this was an area for further development.

People were supported to make food choices by being given a verbal or visual choice of what was available. Staff ensured that people enjoyed their food in an unhurried, relaxed atmosphere, taking the time to talk and support social interaction.

People were supported to maintain their independence with their medication and some people were supported by staff to manage their medications. The service should ensure that people's assessed level of support reflects the person's changing needs.

One person described the difference the care and support had made to them: "I think that TLA is a wonderful organisation who have given me a life that I did not have before they were involved - transformational".

How good is our leadership?

3 - Adequate

Quality assurance should be led well. We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service had in place a variety of quality assurance processes which included getting feedback from people using the service. It was positive to see this feedback being gathered to assess people's views of the

service and help inform improvements in the service. The service had made use of self evaluation tools and had created a plan to help drive forward improvements.

Although the service had a range of systems in place in relation to quality assurance, the leadership team were aware that these were not always easy to use or effective at giving the leadership team good oversight. It was positive to hear that changes to the system were in progress and the service should ensure that the new system provides the information that they need to help drive improvements in the service.

People knew how to make a complaint and told us they felt confident that if they raised concerns they would be addressed. One person said, "Everyone seems very attentive and any concerns have been acted on promptly. It has been a huge thing trusting strangers with your nearest and dearest".

We noted that some of the organisation's policies and procedures required to be updated and training provided should reference Scottish legislation. The leadership team had identified this and updating these was part of the improvement plan.

The service was recording and analysing incidents and accidents internally. They were not reporting in accordance with Care Inspectorate guidance. Whilst the service maintained records of accidents and incidents that had occurred, there were delays and omissions to the required notifications to the Care Inspectorate. Improvements were required to the recording, reporting, and escalation of incidents to the Care Inspectorate. We discussed this with the leadership team and they recognised the importance of reporting information, including incidents of harm or potential harm. A requirement is made (see requirement 1).

Requirements

1. By 31 May 2025, the provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.

To do this the provider must, at a minimum:

- a) Ensure that notifications are submitted in line with 'Adult care services: Guidance on records you must keep and notifications you must make' (March 2025, Care Inspectorate).
- b) All relevant staff responsible for providing such notifications must have their knowledge of 'Adult care services: Guidance on records you must keep and notifications you must make' evaluated to ensure compliance.

This is in order to comply with Regulation 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 (SSI 2011/28).

How good is our staff team?

4 - Good

Staffing arrangements should be right and staff work well together. We made an evaluation of good for this key question, as several strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

There had been challenges for the service in relation to recruitment. Recruitment was ongoing, however the leadership team felt that there had been more stability in the staff team over recent months. To ensure people were supported, staff were flexible and tended to work across the whole service and did not have set runs. This meant that some people were supported by a large number of staff. Although people using the service told us they were happy with the staff delivering their care because there was a consistent approach by staff, people said it was hard to remember everyone's names.

Some people were supported by a small team as this was their preference and the service scheduled care to accommodate this. Although we didn't have specific negative feedback in relation to staffing, we discussed with the leadership team the importance and value of consistency and continuity for people that helped to build relationships. The leadership team recognised this and were working towards developing set runs for staff, where possible.

Feedback received from staff employed by the service was generally positive. People told us that they felt well supported by their colleagues and leadership team and that they enjoyed their job. Staff had observed practice and supervision. Regular team meetings were in place, where people could contribute and share their practice experience. Staff training records should be improved to provide better oversight to the leadership team to ensure that staff's development needs are being met.

Overall, at the time of inspection, staffing arrangements were reflective of the needs of the service and the staff team worked well together to meet the need of people using the service.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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