

## TLA Neighbourhood Services Housing Support Service

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Telephone: 01382 520 233

**Type of inspection:**  
Unannounced

**Completed on:**  
31 October 2022

**Service provided by:**  
TLA Neighbourhood Service Limited

**Service provider number:**  
SP2017012911

**Service no:**  
CS2017355768

## About the service

The service registered with 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.

They operate within the Dundee and Angus areas and note their purpose as:

- i) To enable our service users to maintain their care and tenancies by providing housing support/care at home services, individually tailored to meet the needs of our service user.
- ii) To assist every service user with improving their quality of life, to achieve aspiration, goals and priorities.
- iii) To always encourage and promote independence while encouraging choice and respecting their individuality.
- iv) Ensuring that service users, their families/support networks, and our staff, are always treated with dignity, respect and compassion.

## About the inspection

This was an unannounced inspection which took place between the 25 October and 31 October 2022. 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 three people using the service and also the Registered Manager, Assistant Manager and Senior Administrator. We spoke with five members of staff and observed another four staff in the process of undertaking visits to those they supported. This gave us an opportunity to chat informally to a further two people and also observe staff practice and interactions. We reviewed four care plan documents, staff questionnaires conducted over a two year period, training records, risk assessments (including Infection Prevention and Control), internal complaints, and records of accidents and incidents.

We also spoke with three visiting social work and health professionals and received their feedback on the service.

## Key messages

Staff felt well supported by the management team.

The staff team had a good understanding of the communication and mood indicators of those they supported.

The digital method of recording and storage of information continued to be developed.

The service had struggled to retain/recruit staff within a national staffing crisis.

Processes around staff supervisions and appraisals needed to be improved.

The provision of six-monthly care plan reviews could be more efficient.

The service should compile a development plan in consultation with staff, those they support and other stakeholders.

## 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

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 important 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 told us that they felt respected and listened to in their homes because their wishes and preferences were used to shape how they were supported, including if they wished to decline an aspect of their support. We saw this in the home visits we undertook and it was noted on the visit notes. The person receiving the support also expressed that they had made the personal choice not to retain their own care plan in the house.

We also saw that there were warm, encouraging, positive relationships between staff and people making use of the service. People did not always know who was coming to support them as the service had some vacancies in its staffing. We heard of significant efforts to recruit more staff but this was difficult in the current climate.

We read a comprehensive policy on restraint and when this is acceptable or unacceptable. It is important for staff to recognise what constitutes restraint and when it is required to ensure safety and security. We suggested that this, and the framework in respect of legal authority, be included at induction and periodically discussed at team meetings. The necessary records and registers should also be maintained.

Although we saw good examples of staff having a chance to be actively involved in decisions about the service through an annual questionnaire, people receiving support were not actively involved in decisions about their service in ways that were meaningful to them. We suggested that this is explored with supported people and possibly the use of independent advocacy. This is noted within 'How good is our leadership' 2.2.

Staff in the service understood their role in supporting people's access to healthcare and they recognise changing health needs and share this information quickly with the right people. We read of several examples of health professionals being involved in providing expertise and training to the staff team.

We read in care plans, and were told by people, that they were able to make decisions around their health and lifestyle choices. This was detailed within care plans and included skin integrity, foot care and dental care, but also detailed lifestyle choices such as diet and exercise.

People also benefitted from support to access healthcare and treatment from competent trained practitioners such as district nurses, community learning disability nurses and occupational therapists. It was also evident that care plans were person-centred in relation to people's specific health and well-being as no care plan we looked at had the same subject headings within the 'Outcome' sections.

People could choose the care and support they wanted, based on their preferences, assessed needs and outcomes. This was evident, for example, through the service's commitment to try and offer 'gender preferences' in terms of carers attending, despite the logistical complication this created.

We read that assessments involved professionals, and others as appropriate, to help shape decision about the suitability of their service. People and professionals were involved in reviewing the assessment. We

saw, in our home visits, that staff working in the service understood their role and contribution to ensuring that the assessment was comprehensive. This was made easier by the digital process of instant access that staff used to update care plans and read notes from colleagues.

However, this service has also been negatively affected by the ongoing staffing crisis and we found that care plan reviews were infrequent and sporadic. We were reassured that as an interim measure the outcomes, needs and wishes were 'reviewed' and updated regularly through this digital process.

Despite the need to return to a formal review schedule we were confident that people were getting the right service for them.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Through two staff questionnaires, we saw how leaders had empowered staff to become involved in comprehensive quality assurance systems and activities. This should lead to the development of an ongoing, dynamic and responsive improvement plan that details the future direction of the service. Although there was a very comprehensive and considered Service Plan, this did not appear to include the feedback from the questionnaires and was perhaps a management tool primarily to address recruitment, retention and staffing issues. This service plan did, however, demonstrate that the manager had a very clear understanding about what was working well and what improvements were needed.

In the current national staffing crisis this assessment of the required improvements is perfectly understandable, but it is suggested that, as resources allow, thought should be given to how staff, those they support, and other stakeholders are involved in evaluating the quality of the service and how it should develop. Leaders at all levels need to have a clear understanding of their role in directing and supporting improvement activities, and where to obtain support and guidance.

We read that there was an effective process for receiving people's comments both as a compliment and as an internal complaint. This showed us that people were confident giving feedback and raising any concerns because they knew leaders would respond and use the information to help improve the service. Learning from complaints was central to quality assurance processes and fully informed improvement in the respective areas.

This service has struggled to fully implement a defined cyclical process of supervision, appraisal and team meetings. This is due to the on-going national difficulties of recruitment and the after affects of the pandemic. This area was also identified in a previous inspection. For this reason, we are making the establishment of a supervision and appraisal schedule a requirement. **(See requirement 1).**

These processes ensure that staff are working in a consistent way in providing care and support, it is an opportunity to discuss and reflect on best practice and it enables staff to be supported in meeting their post-registration requirements.

## Requirements

1. The provider must, by 27 January 2023, demonstrate that staff supervisions, appraisals and team meetings are scheduled to occur in accordance with the provider's policy and procedures. This will ensure that staff are supported, are given opportunities to reflect, and ensure that consistent, best practice is delivered.

**This is to comply with Regulation 4(1)(a) 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 Health and Social Care Standard (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).**

## 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

The provider should compile a policy on restraint so that everyone understands what is, and is not, allowed. It should also document the legal aspects of recording and authority.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3)

**This area for improvement was made on 28 January 2020.**

### Action taken since then

The registered manager had compiled a Restraint policy as suggested. How this has been implemented into training and practice will be examined at subsequent inspections.

### Previous area for improvement 2

The provider should re-introduce a regular cycle of supervision and annual appraisal to ensure that staff have an opportunity to reflect on practice which promotes well-being and confidence.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

**This area for improvement was made on 28 January 2020.**

**Action taken since then**

The pandemic had resulted in this supportive process lapsing. This has been escalated to a requirement and will be the subject of a follow-up inspection in accordance with the timescale.

**Complaints**

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

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People are getting the right service for them	4 - Good

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



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