

TLC Support Services Support Service

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Type of inspection:
Unannounced

Completed on:
7 November 2025

Service provided by:
TLC Healthcare & Support Services Ltd

Service provider number:
SP2023000184

Service no:
CS2023000293

About the service

TLC Support Services is a care at home provision for adults and older adults within the community. The service is registered to operate within Edinburgh, East Lothian, and West Lothian. They also provide support to one person in North Lanarkshire.

The service is privately owned and has been registered since September 2023. At present, the TLC Support Service team consists of a team manager who is also the director of the company, a part-time registered manager, two supervisory staff, administrator, and a team of support workers delivering care.

At the time of this inspection there were 116 people receiving support in the community from TLC Support Services. Most people were residing in Falkirk.

About the inspection

This was an unannounced inspection which took place on 4, 5, and 6 November 2025. The inspection was carried out by two 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 19 people using the service and received surveys from a further four people
- spoke with seven family members
- spoke with seven staff and management and received surveys from a further seven staff
- shadowed four support workers as they delivered care to people in their own homes
- reviewed documents.

Key messages

- Staff were observed to be kind, respectful, and provided person-centred care and support.
- People receiving care and their families/representatives were happy with the care and support provided.
- Practice should improve to ensure support with medication is provided on an individual basis, in line with each person's needs and abilities.
- Staff training required improvement to ensure safe practice and staff development is completed before staff start providing care.
- Further improvement is needed to ensure that visit schedules allow sufficient time for individual visits and staff have time to travel between visits.
- Personal plans were individualised and provided good detail of people's needs and preferences.

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 staff team?	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 evaluated this key question as good. There were important strengths which impacted positively on outcomes for people and clearly outweighed areas for improvement.

Feedback from people receiving care was positive. People advised they were happy with the quality of care when they had consistent care staff. This resulted in good outcomes for people, in that we observed trusting, warm, and supportive relationships, which gave people a sense of safety. This was evident in some of the specific feedback we received:

- "Care staff are very kind; [support worker] always shows that [they] care."
- "Carers take great care of my husband; we would be lost without their support."
- "Carers are always pleasant, they know me well and nothing is too much trouble."

The service was striving to maintain continuity of staff. Where consistent care staff were attending to provide care, there was good evidence of staff knowing the person well. However, when staff were less familiar or newer to the service, we found that outcomes for people were compromised at times with key areas, such as medication administration and support not being provided in accordance with personal plans. This caused some people to feel unsettled and frustrated, rather than supported well.

Personal plans were individualised. People had a copy within their home, with evidence of people's preferences and detailed information on how to best meet their needs. Individual risk factors were evident within plans which highlighted areas of risk and support needs for staff. We found that personal plans would benefit from further assessment of key risk areas to provide detail on how to minimise risk and support health and wellbeing. We were confident that the service would address these concerns as they were already in the process of reviewing and developing plans with people. They agreed to review risk assessments as part of this.

The service was supporting people's wellbeing. We observed good evidence of joint working with other agencies and a responsive approach to promoting people's health and wellbeing. People could be confident that their health and wellbeing was being prioritised.

People were being supported to take medication. There was evidence of medication support being handled well during care delivery. However, we found examples of staff having a lack of clarity in practice between 'prompting' medication and 'administration' of medication. We observed people having their medication administered when their care plan noted they should be prompted. We also found instances where a medication had been missed without adequate explanation in the person's care records. We discussed with the team manager the importance of completing audits of medication administration and other care delivery records (see area for improvement 1).

The service had a range of policies and procedures to guide staff. We found that several policies needed review and update. We shared examples with the service of procedural updates required within adult support and protection, medication management, and infection prevention and control policies. The service agreed to review their policies to ensure they were current and set out best practice guidelines. We will check on progress at future inspections.

Areas for improvement

1. To promote safe practice with medication support, the provider should ensure that people can be confident they receive support in accordance with their individual assessed care needs.

This should include, but not be limited to:

- a) Ensuring that staff are suitably trained in best practice for medication support.
- b) Service policies are reviewed and clear.
- c) Personal plans detail assessed support needs in relation to medication.
- d) Undertake audits, and any necessary follow up, of medication administration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23); and 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

How good is our staff team?

3 - Adequate

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

Within this key question, we looked at two areas. We saw strengths in 'Staffing arrangements are right and staff work well together' which we evaluated as good. However, improvement was required in 'Staff have the right knowledge, competence, and development to support people' which we evaluated as adequate.

The service has undergone structural change within the management team and there has been high levels of staff recruitment. The registered manager had yet to be fully embedded in the service. We discussed the need to develop the role and presence of the registered manager so that staff are confident in the support and leadership structure.

Several new support staff had joined the service. It was positive that most support staff had previous care delivery experience relevant to their current role. We evaluated that this experience was evident in their care delivery, which was of a good standard and people felt happy with the quality of their care experience.

New staff were undergoing induction. This included an introduction to the company and online training. The service had also developed connections with external training providers to deliver key areas of training. This external training needed to be rolled out across the whole staff team.

We found that staff training was lacking in key areas. Staff were delivering care before completing mandatory training and the service had inadequate training plans for induction and refresher training. Managers and supervisors had not completed mandatory training and, therefore, were unclear on the content and how to support staff to maintain their knowledge. We raised this with the management team and they took immediate action by commencing online training.

Overall, there was a lack of strategy to ensure staff were suitably trained and knowledgeable about key areas of practice before supporting people. Management of refresher training was also unclear and required development. Staff who had accessed their mandatory training told us that they found it beneficial and were clear on how they would raise any training needs with the management team through supervision. We have made a requirement around training (see requirement 1).

We found that competency checks, supervision, and team meetings had started to be routinely delivered. We discussed the importance of staff having access to supervision support which focuses on their development and reflective practice. The team manager expressed commitment to planning supervision support and team meetings effectively.

We observed the staff team working well together. Staff were respectful of each other and were team minded in how they approached care delivery. Staff were clear, and confident, in speaking with the office team if they were uncertain or needed support. The service has sufficient staff and we found that staff absences were covered well.

Staff were diligent in recording care delivery in daily notes. We discussed with the provider time inefficiencies for staff due to the service requiring staff to record notes both on paper and electronic formats. We observed that this practice could also impact on outcomes for people if administrative tasks affect availability for care delivery. The service were responsive to reviewing this practice.

Travel time for staff was limited. This meant that people experienced later calls than planned and staff felt under pressure. Although we observed that this was not having a detrimental impact on people, it was more challenging with peak time traffic and there was a potential to have a negative impact on people's support. The service has started to review how it scheduled care visits. They also acknowledged that there were issues with scheduling being compromised due to multiple visits being scheduled around similar times, with limited or no travel time planned for. We evaluated that this could impact on care outcomes for people and wellbeing of staff and that the service needed to prioritise this (see area for improvement 1).

Requirements

1. By 16 January 2026, the provider must ensure delivery of good quality, accessible induction and ongoing development opportunities to support staff to carry out their role safely and effectively.

To do this the provider must, at a minimum:

- a) Ensure staff have completed induction and refresher training covering all key areas of care delivery practice before delivering care to people.
- b) Provide effective and regular supervision that enables workers to develop and improve practice through reflection and feedback.
- c) Support workers are supported to meet and maintain their conditions of registration and the requirement for continuous professional learning and development.

This is in order to comply with Section 8(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 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).

Areas for improvement

1. To promote good standards of practice, the provider should ensure that people can be confident that adequate time is being given for commissioned care delivery.

This should include, but not be limited to, ensuring that care scheduling is planned in a sequential manner, without overlapping visits and with sufficient travel time for staff between visits.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me' (HSCS 3.16); and 'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS 4.17).

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

To promote good standards of practice, the provider should ensure that people can be confident that staff have been recruited safely.

This should include, but not be limited to, ensuring that the recruitment is informed by safer recruitment guidance, recording recruitment decisions, and ensuring that staff do not start work until all pre-employment checks, including appropriate references, have been completed.

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 area for improvement was made on 13 January 2025.

Action taken since then

In line with safer recruitment guidance, we found that recruitment records were well organised. Each staff member had a recruitment file containing all required pre-employment checks, references, and safer recruitment requirements were met.

Recruitment decisions were also recorded and accessible (Safer Recruitment Through Better Recruitment, September 2023 - Scottish Social Services Council and Care Inspectorate). The provider should now continue with and embed this improved recruitment practice.

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 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 staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good

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