

## TLC Ayrshire Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 November 2025

**Service provided by:**  
TLC (Scotland) Ltd

**Service provider number:**  
SP2019013389

**Service no:**  
CS2019378106

## About the service

TLC Ayrshire is registered to provide a service to adults and people with assessed support needs, living in their own homes and the community.

TLC Ayrshire operates from an office base in Prestwick and has staff teams providing support in Ayr, Prestwick and Troon.

At the time of this inspection, the service was supporting approximately 94 people in the community throughout South Ayrshire.

## About the inspection

This was an unannounced, full inspection which took place on 19, 20, 21, and 24 November 2025 between the hours of 07:45 and 16:15. 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 15 people using the service and five of their family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents

## Key messages

- Staff demonstrated strong knowledge of individuals, enabling the delivery of good person-centred support.
- Continuous improvement initiatives were in progress to enhance the consistency of visits.
- The transition to a new support planning system was actively underway.
- The management team were committed to improving the overall experience for people.

## 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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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 evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People consistently reported feeling well cared for and respected. Observations confirmed that staff interactions were warm, supportive, and person-centred. People told us that "Staff are brilliant" and that they "Go above and beyond", demonstrating a strong commitment to good quality care. This helped to support good outcomes for people.

Proactive health monitoring was evident, with staff recognising changes in people's health and liaising promptly with external professionals. One family member told us that "They pickup quickly if Dad is not well and let me know." This helped people supported to stay well and manage their medical conditions.

People were supported to maintain hydration and make informed dietary choices. People told us "Staff are respectful and give me a choice of what I want". This confirmed that individuals were offered options and felt listened to, promoting autonomy and wellbeing in daily routines.

Some concerns were raised regarding inconsistent visit times and a lack of communication when staff were delayed. Addressing these issues will be essential to improving reliability and maintaining trust with service users and their families. The service was working towards changes in this area which would improve peoples experiences.

The service actively gathers feedback through six-monthly reviews and courtesy calls, creating opportunities for ongoing dialogue and improvement. This means that people and their families feel involved.

## How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality assurance systems were in place to monitor and maintain standards of care. Audits were regularly conducted across key areas, including care planning, medication management, dignity and respect, and moving and handling practices. Observations confirmed that these audits were systematic and contributed to identifying areas for improvement.

The service had an improvement plan in place, outlining actions intended to enhance quality and consistency. The service demonstrated positive engagement with inspectors regarding improvement planning.

Complaints and incidents were appropriately logged, demonstrating a commitment to accountability. While records were maintained, the linkage between learning from these events and subsequent improvement actions was not always evident. Embedding a stronger feedback loop would help ensure that lessons learned translate into meaningful service enhancements.

**How good is our staff team?****4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Recruitment files sampled demonstrated compliance with safer recruitment guidance. Checks included Protection of Vulnerable Groups (PVG) membership, verified references, and confirmation that mandatory training was completed prior to staff commencing employment. These measures reflect a commitment to safeguarding and ensuring staff suitability.

A Scottish Social Services Council (SSSC) registration tracker was in place and monitored monthly, to ensure staff maintained appropriate registration. One issue was identified regarding SSSC registration, but a protocol was promptly implemented to address this, demonstrating responsive management oversight and a commitment to keep people supported safe.

The service had a comprehensive training plan covering key areas such as infection prevention and control (IPC), dementia care, safeguarding, and moving and assisting. This ensured staff were equipped with the knowledge and skills required to deliver safe and effective care.

Regular staff meetings were held, and minutes sampled confirmed consistent communication across the team. These meetings provided opportunities for staff to share updates, discuss challenges, and contribute to service improvement.

Observations indicated strong team knowledge of service users and their routines, which supported continuity of care. However, sickness absence and staff turnover were noted as factors impacting consistency. Feedback from some staff indicated feelings of stress related to rota changes and pressure to cover shifts. Addressing these concerns through improved scheduling and support mechanisms was a priority for the management team with some actions already in place to improve staff wellbeing.

**How well is our care and support planned?****4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Electronic care plans generally provided effective guidance for staff. These plans supported consistent delivery of care and reflected key information about individuals' needs and preferences. Risk assessments were in place, and staff demonstrated awareness of reporting processes, ensuring that potential hazards were managed appropriately. This supported the delivery of care in accordance with people's wishes.

The transfer to a new electronic support planning system had started and the service was taking the opportunity to upskill key staff members as a part of the process. This would result in a more responsive and accurate support planning process allowing staff to be quickly alerted to any changes.

The service demonstrated positive engagement with people and their families during reviews, courtesy calls and questionnaires. The feedback was then reflected within the support plans. This approach reflected a

commitment to involving individuals and their families in decisions about their care.

Care plans generally reflected people's rights and choices; however, improvements are needed to ensure that all plans are fully person-centred and outcome-focused. Strengthening this aspect will help promote autonomy and ensure that care delivery aligns with individual goals and aspirations.

## 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

In order that people's needs are met, the service should develop support plans that provide clear and detailed instructions for the delivery of care, describing the support that is required to meet people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation'. (HSCS 4.15)

**This area for improvement was made on 15 July 2025.**

#### Action taken since then

The service is in the process of implementing a new support planning system. This has resulted in inconsistencies in the level of detail contained within people's care plans.

Training has been scheduled for care coordinators to ensure they can enter the necessary information into the new system. This training will also cover the required content of care plans, with the aim of improving both the quality and consistency of documentation.

This area for improvement has not yet been met and will continue.

#### Previous area for improvement 2

In order for people to be involved and experience consistency and continuity in their care and support, the service should ensure that: They continue to monitor planned visits versus actual times and develop an action plan to address discrepancies. People who use the service should be advised when there are any changes to the timing of their support visits.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16):  
'If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative' (HSCS 4.22)

**This area for improvement was made on 15 July 2025.**

#### Action taken since then

The visit times vary in consistency and people are not always notified of any changes. The service manager is currently working with the care coordinators on systems to improve both the consistency of visits and notifying people of any changes.

This area for improvement has not been met and will continue.

## 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
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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