

McFarlane Trust Limited Housing Support Service

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Type of inspection:
Unannounced

Completed on:
29 January 2026

Service provided by:
McFarlane Trust Limited

Service provider number:
SP2003000259

Service no:
CS2005099085

About the service

McFarlane Trust Limited provides a housing support and care at home service for people who have a learning disability.

The service provides care to some people 24 hours per day, in houses of multiple occupancy and to others in single tenancies across East Renfrewshire and Renfrewshire.

The support provided ranges from direct physical support, to support with maintaining a tenancy. Due to the advancing age of some of the people supported, this also includes end of life care.

The service was supporting 41 people at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 26, 27, 28 January between 09:30 and 17:30. 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 four of their family members.
- Spoke with 17 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Reviewed 31 staff and five external professional responses from our electronic questionnaires.

Key messages

- People received compassionate and kind care from small, stable staff teams who knew them very well.
- Staff supported people well to access activities within the community which were important to them.
- People benefitted from a well led and managed service with visible leaders, who sought feedback in a variety of ways to drive continuous improvement of the service.
- Staff received a variety of training to develop their knowledge and skills however, the service should ensure clarity regarding expectations and a structured plan in relation to key areas of support. For example, medication training.
- People received care that met their needs and reflected their choices because personal plans were detailed and person-centred.

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?	5 - Very Good
How good is our staff team?	4 - 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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced warm, compassionate care from staff who knew them well. People told us they were very happy where they lived and spoke positively about their relationships with staff; "staff are fantastic", "I feel safe with them". We also observed kind and respectful interactions which contributed to people feeling safe and valued.

People should be supported to maintain and develop their interests, activities and what matters to them in the way that they like. Staff supported people to take part in activities that were important to them. People had opportunities to spend time at home and in the community, both individually and with peers, based on personal preferences. This included activities such as going to the gym, playing darts and 10 pin bowling. These experiences helped people stay connected, maintaining their interests and to be as independent as possible.

Stable staff teams meant that people benefitted from trusting and consistent relationships. Families confirmed this and shared examples of staff going to considerable lengths to support people's wellbeing. One family member told us they believed staff actions around preparing for, and supporting recovery in relation to a medical procedure was invaluable stating, "I can't praise them enough". Another family member advised "we are beyond delighted as a family to have found McFarlane Trust" with another noting "feel really lucky to have X placed here and being supported by their staff team".

Staff struck an appropriate balance between supporting the development of positive relationships for people living within shared homes and respecting people's need for personal space. Careful planning, compatibility assessments and gradual introductions supported new people moving into houses of multiple occupancy, helping ensure people settled well and maintained choice and control.

People benefitted from effective partnership working. We saw clear evidence of collaboration with Speech and Language Therapy (SLT), Occupational Therapy (OT) and other external professionals. Professionals gave positive feedback about the care and support people received, the quality of personal plans and the service's approach to timely reviews. One professional told us they had "never had to question the level of support and when required the service has ensured that support is increased" and that the person they supported "always had access to whatever they need". This partnership working supported staff when recognising people's changing health needs, sharing information with the right people at the right time, prioritising health and wellbeing and supporting people to remain well.

Families told us they received very good communication from the service, particularly when there were health concerns or medical appointments and they were kept updated with one family member reporting feeling "happy with clarity and availability of information" and another that the service would "always let me know if there are any worries and feedback following attendance at any appointments". This allowed families and where possible, people supported, to be fully updated and involved in decisions around care and support including when a person's needs changed.

Some people were supported to work towards health related goals, including attending weight management classes and preparing meals that promoted healthy lifestyles.

Where people could take part in meal planning and cooking, we were able to see staff often encouraged this to promote independence. We saw examples of individuals cooking recipes they knew and enjoyed. For example, making homemade soup and of people participating in mealtime experiences in meaningful ways. It is important the provider continues to ensure consistency of this across all parts of the service. This will support people to remain as independent as possible in relation to choosing groceries, menu planning and preparing food, with support as required.

Where individuals had been assessed to require modifications to their diets, staff were aware of these and how best to support people safely. This information was clearly documented in people's personal plans ensuring people remained safe when eating and drinking.

People supported benefitted from a robust medication management system. Staff administered medication in a calm and respectful way, ensuring individuals were reassured and informed throughout the process. Personal plans and health plans contained relevant information, which supported safe medication practice, including clear 'as required' medication (PRN) protocols. The service should continue to ensure there is consistency across all protocols further strengthening safe medication administration, continuing to keep people safe and well.

How good is our leadership?

5 - Very Good

We found significant strengths in leadership and quality assurance which supported positive outcomes for people, therefore we evaluated this key question as very good.

People should be meaningfully involved in how the organisations that support and care for them work and develop. Leaders within the service used a range of approaches to understand people's experiences. People's views were gathered through day to day discussions, daily notes, people's forums and carers' forums. These forums enabled people and their families to influence decisions and shape developments for the service. We saw positive examples of involvement, including people contributing ideas for the organisation's 30th anniversary celebration, helping ensure events reflected what mattered to people supported allowing them ownership and connection to the wider organisation.

The service had developed a newsletter which further strengthened communication by sharing updates, achievements and community activities. This promoted people's inclusion and helped people and families be further informed about what was happening across the organisation.

Staff told us that leaders at all levels were visible and approachable. One staff member shared; "communication is clear and consistent, ensuring everyone feels heard and valued". Staff expressed they knew who to report concerns to and felt confident doing so. Staff also valued being able to speak to other senior staff or managers when their direct supervisor was unavailable. They described leaders, including the registered manager, as regularly present within services. This visibility supported a strong culture of openness and responsibility.

Families said they felt well informed and consulted about any changes within the service. Several family members highlighted the carers' forum as particularly valuable and having senior managers attend meant they were updated about organisational plans and felt their views informed service improvement.

The management team were approachable and responsive when staff, people or families raised concerns or ideas for development. This helped create a culture of continuous improvement.

People benefitted from robust quality assurance processes for example, regular audits of medication and finances were completed by senior staff and managers ensured medication audit trackers were kept up to date. This systematic monitoring provided leaders with continued assurance that high quality, safe care was being delivered.

While internal accident and incident reporting and management was very good, we identified several notifiable events that had not been submitted to the Care Inspectorate. Leaders should revisit care inspectorate guidance on notifications which must be made. This will provide continued assurance the service has taken all appropriate actions in relation to accidents and incidents, keeping people supported protected safe.

Detailed service improvement plans were in place across all services. These were broadly consistent and aligned with the organisation's strategic priorities, particularly around promoting choice, control and informed decision making for people supported. Plans reflected contributions from people supported and demonstrated a commitment to continuous improvement.

Overall, the service demonstrated a commitment to getting care right for people. We found the service to be very responsive, applying learning from feedback and discussions throughout the course of the inspection. This improved positive outcomes for people, with upholding the human rights of all people supported being the primary driver for change within the service.

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.

People and families spoke highly of the small, supportive staff teams which they had been able to get to know well and spoke of strong bonds between staff and people supported. Staff described working to get to know people very well and build positive relationships with people supported. We observed staff across the service providing kind, person-centred care. Staff had enough time to support people well and to do so in an unhurried way. Staff were observed using person-centred strategies to support people to reduce stress and distress or when anticipating someone may require this support imminently. This ensured supporting people's wellbeing was integral in the care provided.

There was clear information about assessed support hours and which staff were allocated to people's support hours. Staff demonstrated a good understanding of what was required to meet people's needs, and rotas we sampled showed that staffing levels aligned with assessed support hours. Staff told us they had enough time to support people in ways that reflected their preferences and needs and this was observed throughout the service.

Supervision and performance reviews took place regularly. However, the notes we reviewed did not always demonstrate meaningful reflection or development of practice. Some focused primarily on training and SVQ progress, while others contained limited information about work practice and no clear record of discussion or actions agreed. It was unclear if this reflected limitations in the recording and monitoring process, rather than the quality of the supervision session, but the outcome was that we could not always see how reflection and professional development were supported across the service.

There were regular core staff team meetings, along with senior and management meetings. These should offer opportunities for reflective discussion and peer learning. However, it was difficult to always ascertain from minutes, evidence of staff contributions or how discussions linked to positive outcomes for people. Strengthening the quality of recording would help demonstrate that reflection and professional dialogue are taking place and influencing practice across the service.

A training tracker was in place detailing mandatory and person specific training requirements. However, it was not always clear what training was required, by when, or when refreshers were due. We identified gaps in key areas, including medication and managing stress and distress, despite organisational policy stating that all staff administering medication must receive appropriate training and demonstrate competency, and that all staff receive medicines management training during induction period. This was not always observed in practice. While overall uptake of training was reasonable, these gaps increased the risk of inconsistent practice. The service requires clear expectations and a structured plan to ensure staff have the required knowledge and skills in key areas of support and if training is not provided during induction a clear contingency plan should be in place, to ensure safe practices for all staff (see area for improvement 1).

Medication competencies were completed to provide assurance about staff practice. The quality of these recordings varied and did not always give clear guidance to staff in how to develop their practice. We discussed with the manager how upskilling of leaders completing competency assessments would improve consistency, support staff's development and strengthen assurance of safe medication practices.

All staff were clear on their roles and worked well together. We observed a positive team working culture within the service. 31 staff responded to our questionnaires and spoke positively about team working; "the team works collaboratively supporting each other to deliver high quality care". Staff spoke positively about the culture within the organisation and we could see there was a commitment to staff wellbeing with one staff member stating; "they protect and care about the residents and their staff". When staff feel valued and well supported people receive higher quality care and this was reflected in feedback and observation of people supported during the inspection.

Areas for improvement

1. To ensure staff have the necessary skills and knowledge to support safe and consistent care, the provider should ensure that staff receive the training needed within an appropriate timeframe. This should include, but not be limited to training in key areas such as medication and managing stress and distress, in line with organisational policy.

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

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

How well is our care and support planned?

5 - Very Good

We found significant strengths in assessment and personal planning which supported positive outcomes for people, therefore we evaluated this key question as very good.

Personal plans contained clear, strengths based information which helped staff understand how to support people well.

This included detailed guidance about people's preferences, routines and the support approaches that worked best for them. The service recognised that development work on personal plans and 'Log My Care' system was ongoing to continue to develop consistency.

For example, specific prompts some people required to support communication were not always clearly identified. Family members told us they were aware of the information contained in their relative's personal plans and felt involved when changes were required. Professionals confirmed that plans they reviewed reflected people's assessed needs.

Individual health plans, including seizure management plans, were detailed and reviewed regularly. Several personal plans also included helpful person centred strategies to support people experiencing stress or distress. These strategies offered staff clear guidance on how to support and maintain people's emotional wellbeing in a sensitive and respectful way.

Personal plans contained information about people's interests, activities and important memories, with photographs that helped bring these to life. This contributed to a richer understanding of what mattered to individuals.

Risk assessments were detailed and described how to support people safely while maintaining independence. Daily notes within the 'Log My Care' system contained key information about people's day to day experiences. Relatives were able to access daily notes which gave assurance around the quality of their loved ones care and daily experiences. Some entries were task focused rather than capturing people's wellbeing or outcomes. Further work could be completed with staff to ensure everyone has a consistent quality of recording, which reflects their care and experiences.

Six monthly reviews were taking place on time and were up to date for people supported. We saw evidence of outcome focused discussions, including photographs of what people had achieved in the previous six months and individualised plans for the future, such as holidays or home decorating goals. Where possible, the service had tried to combine reviews with external professionals to avoid duplication and ensure everyone's views were included.

As a result of feedback from staff forums, the service had also developed helpful "at a glance" personalised information cards, to support people when out in the community. These were discreet and person centred, supporting safety while respecting people's independence and dignity.

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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