

Easter Inch Limited t/a T&T Healthcare Solutions Housing Support Service

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Type of inspection:
Unannounced

Completed on:
9 April 2026

Service provided by:
Easter Inch Ltd

Service provider number:
SP2016012805

Service no:
CS2020379924

About the service

T&T Healthcare Solutions is registered with the Care Inspectorate to provide care at home and housing support services. These services are delivered together and the service is regulated as a combined service.

The provider of the service is Easter Inch Ltd.

The service provides personal care and support to older people and adults in Edinburgh, Dundee and West Lothian living in their own homes. T&T Healthcare Solutions were supporting eight people at the time of the inspection.

About the inspection

This was an unannounced inspection which took place between 7-9 April 2026. 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 and spent time with three people using the service.
- spoke with four family members.
- received feedback from four staff and management.
- reviewed documents.
- received feedback from a professional involved with a person experiencing care from the service.

Key messages

- People enjoyed positive relationships with a staff team familiar with their needs.
- People using the service were highly satisfied with their support.
- Staff felt well supported by a responsive new management team.
- Improved quality assurance and management oversight would support improvements.
- Overall personal plans required further development to ensure they were consistently reflective of people's current support needs.

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 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, as several strengths had a positive impact on outcomes for people and clearly outweighed the areas identified for improvement.

People experienced care and support that promoted their wellbeing. Individuals benefited from positive, meaningful relationships with staff. Feedback from people and their families described warm, compassionate interactions which helped people feel respected, valued and reassured. This fostered trust and supported people to feel confident accepting support. Staff demonstrated a good understanding of individuals' needs, preferences and routines. One person told us, "They are great," which reflected staff commitment to supporting people to achieve their identified outcomes.

Families were actively involved in decisions relating to care and support. Relatives reported that staff communicated effectively and provided timely updates when queries or concerns were raised. This helped families feel informed, involved and confident in the quality of care provided.

People also benefited from effective multi disciplinary working. Staff worked collaboratively with external health professionals and responded promptly to changes in people's health needs. Professional advice was implemented as required, which helped maintain people's health and wellbeing.

There were systems in place to support the safe administration of medication, which helped ensure people received their medicines as prescribed. However, we found that protocols for 'as required' medication were not consistently in place. We requested that these be developed and implemented where necessary. An area for improvement has been repeated to allow the provider further time to evidence sustained improvement (see previous Area for improvement 1).

Staff were trained and supported to carry out their roles. A training programme was in place; however, we identified that some staff required refresher training. Managers were aware of this and provided assurance that actions were planned to address training gaps. This helped minimise risks and supported safe care delivery.

People could be confident that safer recruitment practices were followed. New staff completed an induction programme which included shadowing opportunities, supporting safe introductions and continuity of care for people using the service. The manager acknowledged feedback regarding the need to strengthen reference checks and demonstrated a willingness to improve practice.

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.

People should expect a service that was managed effectively. Staff spoke positively about the new management team, describing them as approachable, supportive and accessible.

Staff competence and practice were supported through supervision and observation of practice. Staff also had opportunities to discuss their work, development needs and wellbeing during team meetings. While these arrangements supported practice, they would be strengthened by the inclusion of more structured

reflective practice. This would provide staff with dedicated opportunities to reflect on what worked well and where improvements were required. Managers were provided with advice on how reflective practice could be further embedded.

The service had developed a formal service improvement plan to support continuous improvement. A range of audit tools were in place to assess practice against expected standards. However, further development was required to ensure audit findings were routinely analysed and used to inform and drive improvement. This should be clearly reflected within the improvement plan, including agreed timescales and accountability for actions.

Managers demonstrated insight into areas requiring development and were receptive to feedback provided during the inspection. They showed a commitment to improving the quality of care and outcomes for people.

People were given opportunities to be involved in shaping the service. Questionnaires had been distributed to people using the service and their families. However, feedback had not yet been fully analysed or clearly used to inform service development. Feedback from people, families and stakeholders should be used more effectively to guide priorities within the service improvement plan.

The manager maintained oversight of accidents and incidents. A lessons learned approach supported learning from unplanned events, helping to reduce the risk of recurrence and promote safer care.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as strengths in assessment and care planning supported positive outcomes for people and outweighed the areas identified for improvement.

Personal plans were reviewed in partnership with people using the service and, where appropriate, their family representatives. Where people's needs changed, overall plans were updated to reflect this. Most personal plans had been reviewed within the last six months and generally reflected people's current needs.

We identified a small number of updates required within personal plans. Managers assured us that these issues had not adversely affected people's care or support and confirmed that actions had been taken to address them. Managers responded positively to feedback provided during the inspection to further develop assessment and personal planning practices.

Records of daily care and support were maintained. However, record keeping would be strengthened by more consistently capturing and evaluating people's experiences, including changes in presentation and wellbeing. Managers acknowledged this and were receptive to suggestions made during the inspection. An area for improvement has been repeated to allow further progress and to support sustained improvement in outcomes for people. (See previous area for improvement 2).

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 can be confident of safe, high quality support to receive their medication, the provider should ensure that medication is administered in line with each person's assessed level of required support and best practice guidelines, and documented accordingly.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 13 June 2025.

Action taken since then

This area for improvement has been repeated to allow the provider further time to evidence sustained improvement and will be reviewed at the next inspection.

Previous area for improvement 2

To improve the quality of information available for staff to support people in line with their backgrounds, interests, preferences, and wishes, the provider should ensure that personal plans, risk assessments and daily notes of care provided are accessible to staff and to people in their own homes, in a format of their choosing.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 13 June 2025.

Action taken since then

This area for improvement has been repeated to allow the provider further time to evidence sustained improvement and will be reviewed at the next inspection.

Previous area for improvement 3

The provider should ensure that they keep people safe and healthy by ensuring all accidents, incidents and protection concerns are properly managed.

To do this, the provider should;

- a) implement a system to ensure that all unplanned events are recorded, investigated, analysed for trends, and notified to the appropriate bodies, where they are legally obliged to do so; and
- b) ensure that they adhere to the Care Inspectorate notification guidance for reportable events.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 13 June 2025.

Action taken since then

The manager maintained oversight of accidents and incidents. Appropriate actions were taken where needed. We saw clear records of accidents and incidents. Overall reportable events were notified to the Care Inspectorate as expected.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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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