

# TLA Neighbourhood Services Housing Support Service

Milton Business Centre No. 1  
10 Milton Street  
Dundee  
DD3 6QQ

Telephone: 01382 520233

**Type of inspection:**

Unannounced

**Completed on:**

16 November 2018

**Service provided by:**

TLA Neighbourhood Service Limited

**Service provider number:**

SP2017012911

**Service no:**

CS2017355768

## About the service

The service was registered in 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.

## What people told us

We sent out 3 questionnaires and received 2 back. Both responders 'strongly agreed' that overall they were happy with the quality of care and support provided by the service. We also spoke to 2 service users and 4 relatives in the course of our inspection and all their comments were complimentary. They included such comments as, 'they respect my opinion, they listen to me' and 'they (staff) are responsive to (service user's) changing needs'.

## Self assessment

Every year all care services must complete a 'self-assessment' form telling us how their service is performing.

A self-assessment was not required to be completed at this inspection; however, the service spoke about their goals and aspirations for the forthcoming year.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

All the people receiving a service that we spoke to stressed how much they appreciated the staff that visited and the quality of care and support that was provided. All spoke of a warm, friendly relationship and enjoyed the 'banter' that they shared. There was clearly a good relationship between staff, those they supported, and relatives.

We would expect to see well maintained and accurate records and within personal support plans, we saw that there was a lot of good detail including health support needs. We also found Personal Plans to be very person-centred and the person receiving the support was clearly at the centre of records and decisions which affected them. The Personal Plan highlighted outcomes that people wished for, how best to support them and what they would require to assist in achieving these outcomes.

We saw clear evidence that people were given choice in the way that care and support was provided and how personal routines were respected and maintained. We saw that there was an opportunity, within records, for a brief history of the life of the person receiving the support. This gave a short summary of interests and past employment which gave visiting staff some idea of topics from which to engage in meaningful conversation. We could see that this had been added to as the relationship grew and indicated a genuine interest in the person.

Although we liked the format of the Personal Plans we thought that some areas of the document held similar information under different headings. We thought that the service should consider consolidating these documents to minimise the risk of confusion and ensure that staff are clear about where to find the information they need. We found that some areas of the Personal Plan were not completed and the service should ensure that outcomes they record are understood, clear and have a timescale for completion or review.

We also suggested that the service review its risk assessment documents to include persons at risk, control measures already in place, action to prevent incident and who was consulted in compiling the assessment.

We suggested that, in view of some minor recording errors and potential design improvements, the service reviews its audit process to ensure that all aspects of its recording are checked. This should identify areas for improvement in documentation as well as gaps in its completion and contents.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

The service was using a social media closed group within the staff team and staff told us how well this was working. This method of communication provided immediate information to the team simultaneously and this means that everyone gets the same information at the same time and minimises the possibility of errors.

Many staff told us how mutually supportive the team was. People knew they could call on colleagues when they needed help and/or advice.

We would expect staff to receive a comprehensive induction which provided them with core skills and supervised, shadow shifts. Within staff files we saw that there was good induction, over a six month probationary period, including essential training, observed practice and a good competency checklist. We saw that there were good recruitment records including a wide variety of core and developmental training. However, we heard that the service uses online training and we felt that e-learning could be enhanced by having a professional discussion on how the particular training related to practice.

We could not see a lot of evidence to suggest that those that use the service were involved in recruitment and selection. We suggested to the manager that there could be a greater involvement of service users in the recruitment process, in line with health and social care standards.

We also advised that the service should construct a training matrix to plan resources to cover absence for refresher and other training identified through skills audit or the appraisal process. We thought it was very good practice to conduct competency checks through observations at the probationary period. We suggest that this is a practice that should be undertaken on a regular basis post-induction.

We found that a few staffing documents were not signed or had no content. This would be addressed through a robust content and quality audit of service user and staff records.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

First and foremost, we were repeatedly told that the management team were very supportive. People told us that they could phone up at any time for advice or support and they had confidence that this would be given.

Those that use the service, and their relatives, also stated how well the service responds in times of need and they spoke of this as a great strength and reassurance.

We were impressed by the management's passion and vision for the future. They had constructed a detailed service plan for the current and coming year which highlighted identified 'goals' and 'outcomes'. We suggested that as the service develops, the process of improvement should include the involvement of staff and those that use the service in identifying their priorities.

We were delighted to see that there was a comprehensive list of policies and procedures ranging from accidents and incidents to whistle-blowing. With such a comprehensive list of policies and procedures there should be a

way of confirming staff understand its relation to practice. It is suggested that there should be a substantive item on team meetings for discussing a policy of interest or priority and how it impacts upon service delivery.

We strongly recommend that the service compiles a Restraint Policy and includes this in its induction and refresher training. This is to ensure that staff appreciate the difference between restraint that is abusive and that which is for safety and security. The service also needs to put in place the necessary paperwork for recording such occasions in line with Mental Welfare Commission guidance as noted in 'Rights, Risks and Limits to Freedom' (MWC)(2013). We provided the manager with a copy of this guidance for reference. **(See Recommendation 1).**

We discussed with the manager that there is a risk attached to service growth. The manager should try and ensure that the positive attributes of a small team are preserved as the service grows.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

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 as a supported person, '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)**

**Grade:** 4 - good

## What the service has done to meet any requirements we made at or since the last inspection

## Previous requirements

There are no outstanding requirements.

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

There are no outstanding recommendations.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

### Enforcement

No enforcement action has been taken against this care service since the last inspection.

### Inspection and grading history

This service does not have any prior inspection history or grades.

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.