

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

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Type of inspection:
Announced (short notice)

Completed on:
13 June 2025

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 and West Lothian living in their own homes. T&T Healthcare Solutions were supporting six people at the time of the inspection.

About the inspection

This was an announced (short notice) inspection which took place on 5, 6 and 9 June 2025. 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 three family members
- received feedback from six staff and management
- observed practice
- reviewed documents
- received feedback from a professional involved with a person experiencing care from the service.

Key messages

- People experienced their care and support with compassion and dignity.
- We extended the timescale for the service to meet a requirement we had previously made about improving quality assurance and audits to assure people that care and support was safely delivered.
- People were supported by a regular staff team who knew them well and staff worked well together.
- Not all staff were appropriately registered with the relevant professional body. We made a requirement about this.
- Care plans and risk assessments were informative and respectfully written, and clearly set out how people's needs should be met in line with their wishes and choices.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
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.

There were kind, respectful interactions between staff and the people they supported. Staff knew people well and were committed to supporting them in line with their needs, wishes and preferences. This meant that people experienced their care and support with compassion, dignity and respect.

People were relaxed and happy in the company of staff. People spoke highly of the staff who supported them and told us they had a regular staff team and got on well with them. One person said, *"I'm really happy with the care"* and a relative said, *"It's working really well. The staff are very respectful and very patient"*.

Staff shared information appropriately when they observed changes in people's health or wellbeing. They knew when to involve health professionals, and did this without delay. This meant that people could be confident that the service was prioritising their health and wellbeing.

Support with medication was generally managed well. However, we did note concerns about the way one person's support with medication was documented. We made an area for improvement about this (**see area for improvement 1**).

Areas 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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Management were responsive to people's changing needs and most people felt listened to. Improvements were needed to ensure that feedback from people, relatives and staff was documented and used to inform improvements.

We had made a requirement about quality assurance and audits at a previous inspection and the service had not yet met this requirement. We extended the timescale for this to allow the service to fully implement

and document these improvements (**see section 'What the service has done to meet any requirements made at or since the last inspection'**).

Protection concerns were notified appropriately to local authority social work teams, however, improvements were needed to ensure all relevant agencies were notified of accidents, incidents and protection concerns, in particular notifications to Care Inspectorate. We made an area for improvement about this (**see area for improvement 1**).

Areas for improvement

1.

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Care and support staff are required to register with the Scottish Social Services Council (SSSC) and are responsible for maintaining their registration, while employers have a legal responsibility to make sure that all of their staff are appropriately registered. Not all staff providing support to people were appropriately registered with SSSC and there had been no management oversight of this. This meant that people could not be assured that staff were able to reflect on their practice and follow their professional and organisational codes. We had previously made an area for improvement about this which was not met, and the impact was greater at this inspection, so we made a requirement about this (**see requirement 1**).

Some training had been carried out and further training was scheduled to ensure staff maintained the skills and knowledge needed to provide good quality care and support for people. Supervisions and observation of practice were also regularly being carried out and there were team meetings on a regular basis. This meant

that people could be confident that staff had the necessary skills and competence to support them.

Staff were deployed to make sure that people received the support they needed when they needed it. Care staff numbers were supplemented by the provider's agency care workers so that provision of support was always maintained. Visits to people were generally carried out at the times expected. Continuity of care was good with most people telling us they were supported by a regular staff team who knew them well.

Staff worked well together, were supportive of each other and were flexible in terms of covering visits to ensure all required support was provided.

Requirements

1.

By 05 September 2025, the provider must ensure that people are supported by a staff group that are appropriately registered with the relevant professional body.

To achieve this the provider must:

- a) make sure that all staff that are required to register with a professional body have made application within the appropriate timescales and that this is being progressed by the relevant professional body
- b) follow their own policies and procedures to ensure people are safe where application is not made or progressed within the appropriate timescales.
- c) develop and implement a system of regular management oversight to make sure that all of their staff are appropriately registered

This is to comply with Regulation 9 (2)(b) & (c) (Fitness of staff) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

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.

Care plans and risk assessments were informative and respectfully written, and clearly set out how people's needs should be met in line with their wishes and choices. There was detailed information to ensure staff understood people's needs in terms of the use of equipment, maintaining skin integrity, and monitoring any areas of concern. Service agreements were now in place for all people experiencing care.

Up-to-date paper copies were not available in every home, and not all information was available to staff on their electronic system. This meant that people could not be assured that their support would be carried out in line with their needs and wishes.

Daily notes of the care and support provided were documented by staff on their electronic system, however, not all people had access to a paper copy of these notes and people or their relatives did not have access to these electronically. We discussed with the service the importance of people being able to choose if they wished these notes to be accessible to them and/or their families. The service assured us they would implement this and we made an area for improvement about the accessibility of care plans, risk assessments and daily notes. **(See area for improvement 1)**

Reviews were regularly carried out and care plans updated to reflect any changes in people's needs or wishes.

Areas for improvement

1.

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).

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

Requirements

Requirement 1

By 22 July 2024, the provider must ensure that people are safe and receive care and support that meets their needs. To do this, the provider must, at a minimum:

a) make sure that quality assurance checks and audits are consistently completed;

- b) detail actions taken to address any identified improvement; and
- c) include an evaluation of progress made.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

This requirement was made on 25 April 2024.

Action taken on previous requirement

This requirement was followed up in July 2024, December 2024 and again at this inspection. Some work had been done around quality assurance. However, more time was needed for the provider to fully work through and implement their plans. We provided guidance and support to the provider and felt assured that they were able to achieve improvements given more time to do so.

This requirement had not been met and we agreed to extend the timescale for this to 5 September 2025.

Not met

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 everyone has a service agreement. This should set out what they can expect from their service and support including how their identified outcomes will be met.

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

'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

This area for improvement was made on 25 April 2024.

Action taken since then

Appropriate service agreements were now in place for all people experiencing care and support from the service.

This area for improvement was met.

Previous area for improvement 2

To ensure that people are protected from financial harm, the manager should ensure that staff adhere to the provider's financial support policy.

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 managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

This area for improvement was made on 25 April 2024.

Action taken since then

Staff were adhering to the provider's financial support policy.

This area for improvement was met.

Previous area for improvement 3

To promote good standards of practice, the provider should ensure that all staff in the service are registered with an appropriate regulatory body by:

- a) undertaking an audit of all staff's current registration status;
- b) ensure that all staff are registered correctly with a relevant professional body, as appropriate for their job role; and
- c) implement processes to regularly check registration status.

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

'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 25 April 2024.

Action taken since then

There were concerns about the registration status of some staff who provided support and while this was appropriately dealt with during inspection, systems needed to be in place to ensure that all staff were registered correctly with the relevant professional body, as appropriate for their job role.

This area for improvement was not met.

Because the issues identified around professional registration were greater than noted at previous inspections, and to ensure that people could be confident that the staff who supported and cared for them had been appropriately and safely recruited, we have replaced this area for improvement with a requirement about professional registration (see section *'How good is our staff team?'*).

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
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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