

# Transform Community Development Housing Support Service

Transform Community Development  
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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Transform Community Development

**Service provider number:**  
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## About the service

Transform Community Development is a housing support service operating throughout the city of Dundee.

The service provides temporary support and accommodation to up to 22 people experiencing homelessness in one premise within Dundee. A second element of the service is the Housing First service who work with people with multiple and complex needs experiencing homelessness or at risk of homelessness across the city.

At the time of inspection, 74 people were being supported by this team, maximum capacity for 84.

## About the inspection

This was an unannounced inspection which took place from 27 February to 29 February 2024. 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 seven people using the service. We also spoke with three members of the management team, five staff and informally observed examples of practice. We received emails from four visiting professionals who were familiar with the service. We also reviewed many documents including but not limited to:-

- Six Care Plans.
- Staff Meeting minutes (Staff Action Group).
- Service Development Plan 2024-30.
- Quality Assurance measures (Questionnaire).
- Audits (e.g. medication, incidents, supervisions).
- Training Records (incl. Child and Adult Protection).
- Infection Prevention and Control Audit.
- Staff Supervision/Appraisal Records.
- Incident/Accident Records.
- Internal Complaints process and records.
- Recruitment records.

## Key messages

- Staff and Management were very good at developing meaningful relationships with people.
- Management and staff were passionate about maintaining high quality of care.
- The method of recording and storage of information was moving to a digital format and could be more person-centred.
- The service needed to undertake a self-evaluation and compile an improvement plan in consultation with residents/participants, staff and other stakeholders.
- A clear restraint policy should be compiled and professional, reflective discussions held with staff to ensure understanding of its limits.
- The provision of formal staff supervisions could be more methodical rather than reactive.
- There was some very good partnership working being done with local authority and third sector provision.

## 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?	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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

We saw warm, encouraging, positive relationships between staff and people accessing the service. This helps people achieve their individual outcomes. We saw this through our informal observations within services.

People felt respected and listened to because their wishes and preferences were used to shape how they were supported, including if they wished to decline an aspect of their support. One person stated categorically that 'they treat me with respect here'. Several others indicated this through their appreciation of the support they received.

We read of several incidents, where some people's behaviour was seen as disruptive to others. At such times, staff provided sensitive support to reduce the impact on other people. Even when Police involvement was necessary this was done with great consideration to alternative approaches and the safety of the person and others.

Similarly, where people's independence, choice and control were restricted, they were well informed about the reasons. Restrictions were kept to a minimum and carried out sensitively with thought to the safety of all involved. However, the service did not have a policy which clearly defined the limits and reasons for restrictive practices. We felt that this would assist staff in recognising when restrictions were for health, safety and security reasons and how this should be documented in accordance with guidance. The manager was already considering how this could be done, with greatest affect, before we left the service, but we made this an area for improvement to ensure we revisited it at our next inspection.

**(See area for improvement 1).**

We saw examples of where people were enabled to get the most out of life, with options to maintain, develop and explore their strengths, interests and skills. This included, for example, access to education with a view to enhancing future employment opportunities. The service has responded to an identified gap and intends to examine ways to further promote employment and leisure opportunities in the future.

We read of several occasions where social bonds were strengthened because people were supported to maintain meaningful relationships with others, sometimes where these relationships had been challenging.

We also found, by the quality of staff input and the culture of the service, that strengths, contributions and achievements were recognised, and this had a positive impact on people's confidence and self-esteem.

Overall, people felt safe and staff demonstrated a clear understanding of their responsibilities to protect people from harm. People were confident that if they identified concerns, the culture within the service ensured they were responded to appropriately.

Staff were highly skilled in providing support that was flexible enough to work at different levels of intensity and complexity. The emotional intensity, fluctuation and how to work with it, was a real strength of the staff team.

People's right to make choices and take personal risk was part of the language and culture of the service. It may be true to say that bad choices were common but there was no judgement and support was unwavering.

People were as involved as possible in making good decisions about their wellbeing through their personal plans. Whenever possible, people were enabled to have control of their own health and wellbeing. Staff employed creative approaches to promoting and supporting people's choices or encouraging better ones.

People were regularly supported to access community healthcare and treatment including prevention and therapy. We heard of close professional collaboration between the service and local authority and the third sector providers. This service understands that it cannot do everything for everyone and refers people on to services which can extend their provision in a focussed way.

However, the reality was that people's health and wellbeing benefitted from the relationships that were formed which enabled the care and support to be delivered. This was most effectively described by the people that received the care and support. Some examples included:

'Without this support I'd be back in jail'.

'I had a mental breakdown,.....I can't think of a time when I've needed them and they've not been there to help me'.

'Can't think what life would be like if hadn't had that support'.

Participants and residents had capacity to make their own choices but their health and wellbeing most definitely benefitted from the care and support of the staff within this service.

## Areas for improvement

1. The service would benefit from having a clear and concise policy on restraint. This would clearly define the limits and reasons for restrictive practices. It is important that staff are aware of when restraint is, and isn't acceptable, and what documentation needs to be in place in respect of human rights. The manager was sign-posted to Mental Welfare Commission guidance. Further reflective discussion would also be beneficial.

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

'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).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

We saw, and heard, that staff continually evaluated people's experiences to ensure that, as far as possible, people who were using the service were provided with the right support in the right place to meet their outcomes.

We read a comprehensive strategic plan for the service which was largely a management tool. There was room for leaders to empower others, through consultation, to become involved in comprehensive quality assurance systems and activities, including self-evaluation, promoting responsibility and accountability. This fully consultative exercise would lead to the development of an ongoing improvement plan that detailed the future direction of the service. Management were clear that this would be their intention as the next stage following their strategic plan but we are making this a requirement to ensure that the process is fully consultative and robust. **(See requirement 1).**

We understood that receiving feedback can be difficult but we found that people were confident giving us their opinion. Thought should be given as to how feedback would be gathered but we had absolutely no concern that participants and residents felt that if they raised a concerns leaders would not act upon it. Such is the trusting relationship that exists.

We saw that there had been two historical internal complaints and records showed that when things went wrong with a person's care or support or their human rights were not respected, this was fully investigated and leaders learned from mistakes.

From the corporate strategic strategy we could see that leaders understood what needed to improve and what should remain, and although this was a management tool they ensured that the outcomes and wishes of people who used the service were the primary drivers for change. Leaders at all levels had a clear understanding of their role in supporting staff and activities, and where to obtain support and guidance. Management had a good oversight of the provision and auditing, supervisions and Staff Action Group meetings assisted with this aspect of leadership.

## Requirements

1. The service must by 31 May 2024, undertake a fully consultative self-evaluation and, thereafter, compile a service improvement plan. The Care Inspectorate document 'Self-Evaluation and Improvement' (September 2019) was sent to assist in this process.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

"I can be meaningfully involved in how the organisations that support and care for me work and develop". (HSCS 4.6) and

"I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership". (HSCS 4.7).

Also the Code of Practice for Employers of Social Service Workers which state you will:

"Have systems in place to listen to and consider feedback from people who use services, carers and other relevant people, to shape and improve services and the performance of social service workers." (2.3)

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People who used the service were supported by staff who understood, and were sensitive to, their needs and wishes because a range of learning and support measures were in place.

There was a clear structure of learning for all staff within the service. This included codes of practice and conduct, values training such as Equality and Diversity, as well as more specific areas of practice such as Food Hygiene, The Scotland Housing Act (2014) and Trauma informed Training. We were also pleased to see that training on protection covered both the adult and child routes of responsibility.

Through the management structure, senior staff were able to assess staff competence to ensure that learning and development supported better outcomes for people. This was done through natural, unobtrusive observations, but it would be worthwhile considering if this process could be more methodical and structured so that all staff could benefit from this crucial support.

Learning opportunities were developed to support meeting outcomes for people who were using the service and this was regularly reviewed, with new training planned as people's needs change. Staff told us that management were responsive to training requests and this was evident in some of the specific training provided, for example Autism.

We did not hear any examples of when people who use the service were involved in staff development and learning (if they were happy to do so) but this is perhaps something for further consideration.

Although most training is done on line there is a range of approaches to suit different learning styles and all staff have access to training. This also includes a programme of Scottish Vocational Qualification (SVQ) opportunities.

Staff we spoke to were confident about where to find best practice guidance and advice on how they can support people and they described a learning culture which was embedded within the service. Staff talked about the mutually supportive nature of the team and how reflection and advice was always accommodated.

We sampled some supervision and appraisal records and saw these were used constructively. The policy is flexible in relation to timescales of this provision which, although person-centred, had the risk of omitting staff who were performing well. Providing for all staff would also ensure that they all had a natural assistance in producing post-registration requirements.

We did not see evidence of people, who were supported by staff, giving feedback about them for inclusion in supervision and/or appraisals and this may also be worth considering.

## How well is our care and support planned?

**4 - Good**

We read several print-outs of a computer-based care planning system. We understood that the care plans did not transfer particularly well to paper, but the management had already identified that the care planning process was inefficient. Good managers are clear about what needs improved and we understood that they had intentions to review this crucial part of record-keeping.

The care plans were good in respect that they were concise and clear and we heard that staff could access the contained information via their phone and share it with those they supported as requested.

Where support services are crisis-based or short-term, plans are based on identifying warning signs, immediate risks, and how to reduce these to stay safe. We saw this was the case in this service and we understood the need for such immediate information. This was re-enforced with a full risk assessment which included such areas as substance use, Covid-19, previous convictions, physical and mental health. All risk assessments we sampled were in date and we could see that, on the whole, risk assessments were used for enablement and safety, rather than to restrict people's actions or activities.

By the nature of the important information that was required to be at the forefront of plans, we felt that the 'person' got lost within this essential detail. In our discussions with participants and residents it didn't take long to find out previous hobbies and interests that had been left behind. Sometimes these interests were not important to the person anymore and sometimes they had the potential to be rekindled as a revisited passion. At the very least they can be a conversation topic for a new member of staff and a display of taking an interest in the person. We suggested, as an area for improvement, that a more person-centred perspective is added to care planning and we sign-posted the service to websites with person-centred resources for inspiration. We made this an area for improvement so that we could check on progress at subsequent inspections. **(See area for improvement 1).**

## Areas for improvement

1. The manager, and staff, should seek and implement tools and templates which will assist in promoting a person-centred approach to supporting the people within the service. Some respected sources of person-centred information were shared with the service.

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

'I am recognised as an expert in my own experiences, needs and wishes.'(HSCS 1.9); and

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.'(HSCS 3.13).

## 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).



## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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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