

Dunmuir Park Housing Support Service Housing Support Service

Dunmuir Park
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Telephone: 01556 503 326

Type of inspection:
Unannounced

Completed on:
1 May 2024

Service provided by:
Dumfries & Galloway Council

Service provider number:
SP2003003501

Service no:
CS2013316989

About the service

Dunmuir Park Housing Support Service is registered to provide a housing support and care at home service to a maximum of 10 adults and older people. The service supports people with learning difficulties', autistic spectrum disorders, acquired brain injuries and/or physical disabilities living at home within the Castle Douglas area. The provider is Dumfries and Galloway Council.

Support is provided to people living in their own homes, with one shared tenancy for two people. People are supported within a model of core and dispersed supported living. The range of support hours varied based on assessed need. Most people received support 24 hours a day, with one person receiving one visit a day.

The staff team is based from an office located in Castle Douglas.

The registered manager, who is also the registered manager for Dunmuir Park Respite co-ordinates the overall running of the service. Senior support workers hold some management responsibilities, and along with support workers provide direct support to people.

At the time of the inspection there were 10 people being supported by the service.

About the inspection

This was an unannounced inspection which took place between 29 and 30 April 2024 between 09:30 and 18:00. 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 four people using the service and four relatives;
- spoke with nine staff and management;
- spoke with two visiting health professionals;
- visited people in their homes and observed practice; and
- reviewed documents.

Key messages

- Staff were responsive to changes in people's health and wellbeing.
- People were supported to take part in a range of daily activities and community interests.
- Monitoring records and care plans relating to people's health and care needs must be improved.
- Quality assurance of systems and a culture of continuous improvement requires to be improved to support better outcomes for people.
- Staff require access to relevant training to ensure they have the necessary competencies and skills to meet the needs of the people supported.
- Personal plans must be reviewed and updated to ensure they contain accurate information and capture personal outcomes for people.
- The service had met one of five areas of improvement from the last inspection.
- In addition to the outstanding requirement and four areas for improvement, we have made a further three requirements and three areas for improvement.

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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While strengths had a positive impact, key areas need to improve.

People were treated with care and compassion. We observed kind interactions between staff and people supported. One visiting professional told us "service users are happy and benefiting from the care provided". This supports positive outcomes for people.

The care and support provided to people included both personal care and housing support. Examples of this ranged from: bathing, cooking, housework, health appointments, medication management, food shopping, financial management/budgeting, social activities, and maintaining a tenancy.

People's health benefitted from the care and support provided. Staff recognised changes in people's healthcare needs which supports with early intervention. For example, we saw multidisciplinary input and reviews held where a key worker recognised early signs of deterioration in someone's health. The service had links with multidisciplinary professionals, and we could see people being supported to access the dentist, GP and mental health team. This meant that people had the most appropriate health care at the correct time.

Where people required monitoring of their health, this was not recorded consistently. For example, recordings for behaviour monitoring charts where people experienced stressed behaviours were not always being completed. Where people were experiencing seizures, we saw gaps in some recordings although we could see appropriate action had been taken. This places people at risk of harm and poor health. While we saw strengths in relation to care and support delivered, monitoring and oversight of people's healthcare needs must improve. This is to ensure the right information is in place for staff to take the right action to keep people safe from harm. (See requirement 1).

People were encouraged to live healthy lives. Staff supported people to eat a balanced diet through help with education, menu planning, and attending weight loss groups. Others were enabled to remain active through exercise and community activities. This approach to health promotion enables people to make lifestyle choices that support better physical and mental health.

Medication was managed safely. The service had revised their medication error protocol and we could see an improvement in the number of medication errors within the service. We saw evidence of staff learning when errors occurred. We highlighted that the written protocol in people's plans needs brought up to date to reflect current practice. We identified some inconsistencies in staff access to training for the administration of medication which the management team are in the process of addressing.

Where people were prescribed "when required" medication used to treat stress and distress, some protocols were not up to date and others were unclear. Personal plans should include evidence of appropriate alternative support and interventions to use, before decisions to administer medicines. Although the service had very low usage of this type of medication, people are at risk of harm if this information is not clear and accurate. (See area for improvement 1). We directed the service to Care Inspectorate best practice guidance, "Review of medicine management procedures: Guidance for care at home services".

Where people were assessed as not having capacity we saw appropriate supports and legal arrangements in

place recorded clearly in plans. We could not see evidence of personal plans being regularly reviewed and updated. Some care plans were missing important information required to guide staff in how to support people with specific health care needs. (For further detail see Key Question 5).

Requirements

1. By 9 September 2024, you must ensure that the health and wellbeing needs of people experiencing care that have been assessed as being at risk are accurately monitored, recorded and reviewed. In particular you must ensure that:

- (a) there is a clear system for ongoing daily recording in care plans, risk assessments and related personal planning documentation when this is required;
- (b) care plans, risk assessments and related personal planning documentation provide clear and accurate information on the health and care needs, including that which requires monitored and actions to be taken;
- (c) staff are aware of the importance of accurately completing care plans, risk assessments and related personal planning documentation, and their accountability in line with professional Codes of Practice; and
- (d) there is effective oversight of monitoring charts in place.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14); and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm". (HSCS 3.21)

Areas for improvement

1. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving "when required" medicines, medication protocols should contain clear, up to date and accurate guidance on when medication should be administered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these.

Feedback on the management team was positive. People found the management team accessible and responsive. One staff member told us "the manager is great, really approachable and takes things on board". This helped to make people feel listened to and supported.

A service improvement plan had recently been introduced. However, a number of areas for improvement identified at previous inspections had not yet been achieved. This slow pace of change has potential to put people at risk and negatively impact on outcomes for people.

Analysis and communication from ongoing feedback from key stakeholders did not always take place. Questionnaires had been sent to people being supported, their relatives and staff. The outcomes from the

questionnaires were not shared with everyone. Sharing outcomes from feedback will reassure people they are being listened to and have confidence in the service being provided.

There was a range of audits in place to provide oversight of the service, however these were not being used to their full potential. We saw gaps in audits where they were not being completed. This had resulted in some improvements not being identified or actioned. Where actions had been identified, we could not see evidence of these being completed. This places people at risk if necessary improvements are not identified or actioned. (See requirement 1).

Some staff were involved in quality assurance, for example completing monthly audits. The standard of audits completed as part of quality assurance highlighted a deficit in some staff skills and there was a lack of clarity regarding roles and responsibilities. The service must ensure that all quality assurance processes are effective and robust, and staff have the required skills and competency to identify areas for improvement. (See requirement 1).

There had been a number of incidents over recent months which we had not always been notified to the Care Inspectorate as required. For example, an injury resulting in a visit to accident and emergency, altercations between people and an allegation of abuse from a person supported. The submission of such notifications can provide us with assurance that incidents are being managed and reported correctly. The absence of required notifications gave us concerns over management oversight and awareness of what was happening within the service. (See requirement 2).

The management team were not aware of the organisational complaints policy, and we could not see any records of concerns which had been raised to the service. The service should ensure there is a clear complaints procedure available that all staff, supported people and relatives are aware of. Any concerns raised should be addressed in line with service protocol. (See area for improvement 1).

The concerns and associated themes identified in this report, highlight that quality assurance and governance is key to performance improvements that are required. Whilst a service improvement plan had recently been introduced, consideration should be given to the use of self-evaluation tools to assess what is working well and what needs to improve (see Self-evaluation in adult care services ([careinspectorate.com](https://www.careinspectorate.com))).

Requirements

1. By 9 September 2024, you must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- a) assessment of the service's performance through effective audit;
- b) areas for improvement are identified through audit;
- c) implement action plans which set out specific, achievable, and realistic actions required to address; and
- d) review the effectiveness of actions put in place to ensure these elicit positive outcomes for the health, safety, and welfare of people experiencing care.
- e) staff are supported to develop the necessary skills and competencies required for carrying out audits through access to relevant training and development opportunities.

This is in order to comply with Regulation 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 comprehensive and transparent quality assurance processes". (HSCS 4.19).

2. By 9 September 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement and transparent communication with governing bodies. To do this the provider must, at a minimum:

- a) Ensure all staff recognise and report incidences of harm or potential harm.
- b) Liaise with all other appropriate governing bodies as well as the Care Inspectorate.
- c) Submit notifications to the Care Inspectorate as required by our notification guidance entitled: "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is to comply with Regulations 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 the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes". (HSCS 4.19) and "I use a service and organisation that are well led and managed".

Areas for improvement

1. To ensure good outcomes for people experiencing care, the service should ensure they adhere to their complaints policy, and that staff, supported people and relatives have an awareness of this.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me".

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While strengths had a positive impact, key areas need to improve.

The right number of staff were working at the right time to support people. Feedback from relatives was positive about the quality of care provided. One relative told us "the carers are very good, they listen and they're very helpful. I trust them". We observed people being supported to participate in activities they enjoyed and attend health appointments. This meant that people were supported with care that was meaningful and benefited their wellbeing.

There had been challenges for the service, particularly with recruitment, staff retention and absences. The service had plans to create smaller core teams for people's support. Whilst relatives told us they were happy with the support provided, concerns were highlighted about the inconsistency of staff. Creating dedicated core teams for people will support continuity of staff and better outcomes for people.

The service should make improvements in matching staff that are right for people. Some people had copies of weekly rota's to inform them of which staff they would be supported by. This showed people could often be supported by a wide range of staff. There was no evidence that people, their relative or representatives

were involved in the review of staffing needs of support. This would allow the service to match people with the right skills, experience and personality to build successful relationships. (see area for improvement 1).

There was a lack of teamwork seen that could have a negative impact on peoples experiences of care. There was some lack of flexibility to work together to benefit people and this was evidenced through questionnaire feedback and staff meetings. The management team had already identified that this needed to improve. Team building, and exploration of role expectations will support to motivate teams and ensure no negative impact on people being supported.

Areas for improvement

1. To support better outcomes for people through continuity of care and the opportunity to build trusting relationships, the provider should review people's rota of support. These should be developed with people supported and their representative, based on people's needs and the outcomes they wish to achieve.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support". (HSCS 3.11) "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential". (HSCS 1.6) "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors". (HSCS 1.25)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While strengths had a positive impact, key areas need to improve.

Personal plans provided staff with person centered information which helped them to get to know the person. Information on likes, dislikes, preferences and family histories helped create a sense of who someone was and what was important to them. This enables staff to deliver person centered care.

We found personal plans focused largely on tasks to be carried out and failed to capture how staff can enable people to achieve their outcomes. Development of personal plans will ensure they are outcome focused and capture the goals and aspirations of the person. This will ensure people are supported to reach their full potential and achieve outcomes that are meaningful to them. (See area for improvement 1).

Where people had an identified health care need such as epilepsy, we could not always see care plans in place to guide staff on how to meet their healthcare needs. Information in other epilepsy care plans was unclear, difficult to locate and not up to date. This places people at risk of harm and not receiving the correct support. The provider must ensure there is appropriate care plans in place to meet all healthcare needs of people. (See requirement 1 under key question 1).

Information in some personal plans was out of date and we found inaccuracies in others. Stress and distress plans were in place for some people who experienced increased agitation or poor mental health. We discussed with the management team how the format and information could be improved upon. Risk assessments were in place for some people and the management team were in the process of updating these. This places people at risk of not receiving the correct care and support.

Some of the language and terminology used within personal plans relating to the use of restrictive practices was not in line with best practice and legislation. Although we were assured restrictive practices were rarely used within the service, we highlighted a staff development need to ensure people's rights are upheld and people are kept safe. We directed the management team to the "Rights, Risk and Limits to Freedom" (Mental Welfare Commission, 2021) best practice legislation. The service must make improvements to their recording in personal plans and ensure staff are competent in their understanding and management where people's independence and choice are restricted. (See requirement 1).

Personal plan reviews were not always carried out in line with legislation. Families told us they had some involvement in reviews however this was not being carried out consistently and regularly for everyone. Six monthly reviews of personal plans should take place involving relevant staff, stakeholders and people being supported. This will ensure information remains relevant, accurate and supports improved outcomes for people. (See area for improvement 2).

Requirements

1. By 9 September 2024, you must ensure that where people's independence and choice are restricted, personal plans contain accurate and clear information in line with best practice guidance "Rights, Risks and Limits to Freedom" (Mental Welfare Commission, 2021). When required you put in place, implement and regularly review, restraint care plans and risk assessments for people, which clearly identify and set out how people's health, welfare and safety needs are to be met, and plans and assessments to help achieve this.

This is in order to comply with regulations 3, 4(1)(a) and (c) and 5(1) and (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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

Areas for improvement

1. The provider should deliver support to people based on their needs and the outcomes they wish to achieve. These outcomes should be recorded within people's personal plans and evaluated.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential". (HSCS 1.6) "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors". (HSCS 1.25)

2. To ensure people experience care and support that is right for them, personal plans should remain accurate and up to date. Reviews should be undertaken as and when there is a change in people's circumstances and within six months.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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

The service provider must ensure that the Care Inspectorate are notified of all significant events as per Care Inspectorate Notification Guidance immediately from date of inspection and this will be monitored on an ongoing basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "I use a service and organisation that are well led and managed". (HSCS 4.23) "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected". (HSCS 4.18)

This is in order to comply with The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 SSI 2011/28 4(1) (b) - records, notifications and returns.

This requirement was made on 17 December 2018.

Action taken on previous requirement

The management team had a recorded log of incidences which occurred within the service. We identified a number of events which the Care Inspectorate were not informed of in line with our notification guidance entitled: "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

We are extending this requirement as it was not met. However, the wording and layout has been amended slightly in line with current Care Inspectorate guidance.

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

The service provider should provide support to people based on their needs and the outcomes they wish to achieve. These outcomes should be recorded within people's support plans and evaluated.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "I get the most out of life because the people and organisation who support and care for me have an enabling

attitude and believe in my potential". (HSCS 1.6) "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors". (HSCS 1.25)

This area for improvement was made on 20 January 2020.

Action taken since then

Personal plans were in place for people which provided details on their identified needs, however we could not see how the service effectively captures outcomes for people. We observed a team meeting where there was a discussion with senior staff in relation to how staff support outcomes for people. Further improvements are still needed in how the service records and evaluates outcomes for people. See key question 5 for further details.

This area for improvement has not been met.

Previous area for improvement 2

The service provider should ensure that staff and managers are following the correct procedure when a medication error has occurred.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This area for improvement was made on 20 January 2020.

Action taken since then

The service had reviewed its medication error protocol and we saw evidence of this being followed when a medication error had occurred. We identified improvements in the service's oversight of medication errors and saw examples of learning from these incidents. This supports ongoing improvements in the service and delivery of safe and effective care.

This area for improvement has been met.

Previous area for improvement 3

The service provider should review people's rota of support and develop these with people supported and their representative, based on people's needs and the outcomes they wish to achieve.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support". (HSCS 3.11) "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential". (HSCS 1.6) "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors". (HSCS 1.25)

This area for improvement was made on 20 January 2020.

Action taken since then

The management team were in the process of reviewing people's rota's in an attempt to implement "core teams" of staff. This will support consistency of staffing and relationship building with people supported. We look forward to seeing the progress of this at the next inspection. We could not see any evidence of

gathering feedback from key stakeholders as part of this process. We have commented on this further under key question 3.

This area for improvement has not been met.

Previous area for improvement 4

The service provider should ensure that staff employed receive training appropriate to the work they are to perform in order to meet the needs of people supported.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "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 am confident that people respond promptly, including when I ask for help". (HSCS 3.17) "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11)

This area for improvement was made on 20 January 2020.

Action taken since then

We saw limited progress in regards to improving the range and scope of training offered to staff in line with people's identified support needs. All staff were assigned mandatory training however training records showed there was a lack of availability for training in specific health related conditions related to the people being supported. This gave us concerns that not all staff had the skills and knowledge to deliver the right care. This can have a detrimental effect on staff performance, put people at risk and result in poor outcomes for people. The management team told us of some challenges they have faced when making attempts to source specific training courses. Further efforts should be made to ensure that staff receive the required training and development opportunities to ensure they have the necessary skills and competencies to support people's specific health care needs.

This area for improvement has not been met.

Previous area for improvement 5

The service provider should review the purpose of audits currently in place and complete quality assurance procedures for all essential audits. Where areas have been identified for improvement an action plan should be developed, including timescale and person responsible. Action plans should be reviewed and updated till completion.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This area for improvement was made on 20 January 2020.

Action taken since then

There were quality assurance processes and audits in place within the service and we could see some evidence of these being completed on a monthly basis, although this was not always done consistent. Clearer processes and responsibilities in relation to quality assurance processes will support better oversight within the service. Where audits had been completed we could not always see evidence of management oversight of this. Although action plans had been generated from audits completed these were not always reviewed and updated until completion. See key question 2 for further details.

This area for improvement has not 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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