

# Dudhope Villa and Sister Properties Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 May 2024

**Service provided by:**  
Dudhope Villa and Sister Properties

**Service provider number:**  
SP2004004668

**Service no:**  
CS2004064634

## About the service

Dudhope Villa and Sister Properties is registered with the Care Inspectorate to provide a combined Care at Home and Housing Support Service. The service is for vulnerable adults and aims to meet the needs of individuals for personal care, personal support needs, general counselling, advice and guidance. The service works with other agencies to meet needs. The service provides accommodation on a full board basis at Dudhope Villa and in the sister properties around Dundee. The service is provided by a manager and a team of staff including support workers and domestic staff. The service is provided on a 24 hour basis, with a constant staff presence in Dudhope Villa and planned visiting support and on-call support to the sister properties. At the time of our inspection, support was being provided to 30 people.

## About the inspection

This was a full inspection which took place on 15 and 16 May 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 10 people using the service and one of their family
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- Dudhope Villa has a long established and settled staff group.
- Staff knew the people they supported very well and people benefitted from support that was consistent.
- We saw that staff were caring and compassionate and said they had enough time to do their jobs well.
- Many of the people, supported by Dudhope Villa told us that staff were like family to them.
- People told us that there were plenty of meaningful things to do.
- Staff told us that the service's owner, the manager and their colleagues were all supportive.
- The service's records could be better organised.
- We found there were some gaps in staff training.

**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 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 evaluated how well the service supported the wellbeing of people experiencing care and support and overall concluded that the performance of the service in this area was good. We identified that there were important strengths and taken together these strengths clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

All of the people we spoke to who use the service told us that the staff provided them with good support and treated them respectfully. We saw warm, encouraging and positive relationships between the staff and the people they supported. One person living in a flat associated with Dudhope Villa, told us that they required support in only a few areas of their lives. They said that staff, provided support where this was required and encouraged them to be as independent as possible. We saw that the Villa operated in a more structured way, with meals being provided at more regular times. Some people told us that they liked this element of routine. We could see that some of the people with more complex support needs responded well to this more structured way of providing support.

We saw that there were two shared personal living areas within Dudhope Villa. Two people, who were a couple chose to live together, but for the other two people there may have been potential issues of dignity with this arrangement. This could be explored with those residents, with the support of independent advocacy services.

People should be able to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities. The service organised annual holidays, several people told us that they enjoyed these holidays. It was evident that friendships had been made between the people supported by the service. Most of the people supported by the service and the relatives we spoke to told us that there was plenty of meaningful things for people to do.

People's personal support plans detailed what they were interested in and activities they liked to participate in. Dudhope Villa had a newsletter, which reported on recent activities and looked forward to major events such as holidays. We saw that this was an effective way of communicating with people about activities. We heard that people were encouraged and supported to maintain contact with family members. The relatives we spoke to told us the service contacted them swiftly if there were any health or well-being concerns. There were comments that the service could maintain more regular contact so they could hear about how their relative was getting on.

The staff team was well established. Many staff had worked for the service for over 10 years, with the newest recruit joining four years ago. We saw that this produced a tight knit staff group, who were very supportive of each other. This continuity nurtured supportive relationships and people benefited from consistent support. We saw that this had nurtured very close supporting relationships for people. People told us that they felt able to talk to staff about their concerns and worries. In practical terms we heard from supported people that staff would support them with budgeting, day-to-day living and attending appointments.

We concluded that the supportive environment within the team, the knowledge staff had of each person they supported, and the clear sense of purpose staff had, were significant factors in the quality of support people experienced.

## How good is our leadership?

## 4 - Good

We evaluated how good the service's leadership was and overall concluded that the performance of the service in this area was good. We identified that there were important strengths and taken together these strengths clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

People should experience high quality care and support based on relevant evidence, guidance and best practice. We inspected the service's quality assurance and improvement documents. These covered the service's aims and objectives as well as their policies and practice procedures. We saw that the manager had invested a lot of time and had put in place comprehensive written policies and procedures. In addition, the manager had started a process of reviewing and updated the service's policies and procedures. An example of this was the service's adult support and protection policy. However, we found that there were a few notable omissions, for example, the service's data protection policies and procedures needed to be reviewed and updated to reflect current legislation and regulations. Once reviewed staff should be trained in general data protection regulations.

The service had an improvement plan. However, this plan did not effectively identify areas where the service should improve. Instead stated what the service's values and ethos were and what the service had already done. A service development plan should identify areas for improvement; how these will be met; the timescale for implementation; and who is responsible for driving them forward. We are making this an area for improvement. **(See area for improvement 1).**

The service had a clear contingency plan in place in the event of unexpected staff shortages for example, due to widespread staff illness or in the event of extreme weather conditions. There were good policies covering contemporary issues such as staff use of social media. The service had improved its procedures to ensure that staff professional registration and safety checks were maintained and in accordance with best practice. The service had also introduced a system of supporting people with their medication, which reflects people's support needs and followed medication administration guidance. Policies such as these help to ensure that people are safe and protected from harm.

Although there had been improvements in some areas of quality assurance, we found that the provider was reluctant to consider change, in other areas, where this was clearly necessary to produce further improvements. We found that some aspects of the service's recording and storage of information was disorganised. This made it difficult to navigate and at times hard to find important information. We are making this an area for improvement. **(See area for improvement 2).**

### Areas for improvement

1. To ensure people's right to experience high quality support, the provider should produce and regularly review and update a comprehensive service improvement or service development plan. This plan should identify what improvements to the service are necessary; what actions are required to make them; who is responsible for ensuring they are made, as well as a target date for completion.

This is to ensure that care and support is consistent with 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 processes' (HSCS 4.19).

2. To ensure that people's human rights are respected, the provider should ensure that the personal and legal information it holds on them is accurate, up to date and properly recorded and stored in accordance with general data protection regulations.

This is to ensure that care and support is consistent with 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); and

'I use a service and organisation that is well led and managed' (HSCS 4.23).

## How good is our staff team?

### 4 - Good

We evaluated how good the staff team was and overall concluded that the performance of the service in this area was good. We identified that there were important strengths and taken together these strengths clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

Staff members told us that the team was mutually supportive. Staff were enthusiastic about their roles. Supported people told us that they knew their carers really well and many had supported them for several years. People told us that they were supported to make and attend appointments, to deal with benefit issues, as well as being supported with any physical and mental health concerns.

We saw that staff knew their role and had a very good understanding of people's support needs and wishes. Several staff told us that they loved their work and said it was like a home from home. We saw that the service had confident staff who ensured that people experience compassionate care. Staff valued diversity and supported people to make choices that reflected their likes, dislikes and preferences. People told us that staff were like family, they knew them well, trusted them and had confidence in them. People told us that the staff who supported them were never rushed and always had enough time for them. The staff we spoke to told us that they felt staffing levels were generally good, but at times there were shortages. Staff told us that they were happy to work extra shifts, to ensure the quality of support people received was maintained. On occasions completing paperwork had to be delayed and some staff felt more time to complete administrative tasks would be helpful.

People should be able to have confidence in the staff who support them because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Each staff member's training requirements were identified through staff supervision and appraisals. The staff we spoke to told us that they were encouraged to attend training. We noted that the service did not make use of online training resources, which can be an efficient and effective way to support staff learning. Although we saw that staff had undertaken a breadth of relevant training, we identified some important gaps, so we are making an area for improvement for staff training. **(See area for improvement 1).**

## Areas for improvement

1. To support positive outcomes for people, the provider should make sure there is regular review and development of staff training and learning needs. The provider should use a wide range of training methods and maximise the opportunities for staff to access or attend training, which reflects current legislation, policy and best practice guidelines.

This is to ensure that care and support is consistent with 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 how well people's care and support was planned and overall concluded that the performance of the service in this area was good. We identified that there were important strengths and taken together these strengths clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

People's personal plans should be right for them and set out how their needs will be met, as well as their wishes and choices. We looked at a sample of people's support plans. These were generally well set out. Most folders contained good information about people's background and their personal history. What was important to people, the things they could do for themselves, and things they needed support with, was clear. People's preferences were recorded along with their desired outcomes. There was good information on people's physical and mental health, along with relevant specialist assessments. The way each person communicated was documented. Much of this information was in an easy read format, making it accessible and easier for people to understand. We saw that people contributed to their support plans. There was information about how staff could support the person to achieve their goals, and if there were any obstacles to achieving these goals. There was a communication passport, which detailed how a person communicates, what they like to talk about, what is important to them, the things they could do for themselves, and things they need help with. This is an important document, which helps professionals assess and communicate with someone if, for example, they are admitted to hospital. We concluded that much of the information in people's support plans helped staff to support them effectively.

We heard that most of the people supported by the service were able to make decisions about their health and support needs. Some people had formal supports such as corporate appointees, to help them manage their benefits. However, much of this information was held in a separate folder from people's support plans. This meant that people's records were fragmented and it was not always easy to locate information.

People's support plan folders contained reviews, but we found information discussed at reviews had not been used to update people's support plans. We also found information in support plans, which was no longer relevant and should have been removed. We are making an area for improvement in respect of support planning. **(See area for improvement 1).**

## Areas for improvement

1. People's support plans should meet their assessed needs and reflect their desired outcomes. Support plans should include information on all important care needs and health conditions. In addition, they should be regularly reviewed and the information in them should be up to date and accurate.

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); 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).

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

## Requirements

### Requirement 1

By 01 December 2023 the service provider must ensure people are supported with their medication in a safe way. To do this, the service provider must, as a minimum:

- a) ensure that each supported person's medication support requirements are accurately assessed and regularly reviewed;
- b) ensure that the level of support people receive, with their medication, reflects their assessed needs and requirements;
- c) ensure that staff who support people with their medication do so safely, by following established best practice guidance;
- d) ensure staff have the appropriate knowledge, guidance and training to support people with their medication and to complete medication administration records accurately;
- e) ensure that the service's manager implements a robust system to oversee and regularly audit medication practice.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations for Care 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:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

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



This requirement was made on 11 July 2023.

### Action taken on previous requirement

We found that:

- a) there were individual assessments of people's medication support requirements
- b) those people with greater independence continued to be simply reminded and prompted to take their medication. Where people needed more support medication administration records were completed and the support provided by staff reflected medication administration best practice
- c) staff had received training on how to support people to take their medication
- d) senior staff and the manager had oversight of staff medication practice.

We concluded that the service had taken all of the steps necessary to ensure people were supported to take their medication safely and in accordance with best practice.

**Met - within timescales**

## 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 ensure that people's rights are promoted and their views represented, the provider should work closely with organisations such as independent advocacy services and the health and social care partnership. People's support plans should document what actions the service has taken to do this.

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

'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); and

'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

**This area for improvement was made on 11 July 2023.**

#### Action taken since then

We found that the service had strengthened links with independent advocacy for people but felt that this could be strengthened further. We saw that the service invited other professionals to reviews, and were in contact with them where this was necessary to support people's wellbeing. We concluded that the service had made sufficient progress for this area for improvement to be met.

## 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
1.3 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 good is our staff team?	4 - Good
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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