

Dunmuir Park Respite Unit Care Home Service

The Rowans
11-12 Dunmuir Park
Castle Douglas
DG7 1LP

Telephone: 01556 504 343

Type of inspection:
Unannounced

Completed on:
17 September 2024

Service provided by:
Dumfries & Galloway Council

Service provider number:
SP2003003501

Service no:
CS2007147639

About the service

Dunmuir Park Respite Unit is registered as a care home service providing short breaks and respite to a maximum of three adults with a learning disabilities and/or a physical disability. The provider is Dumfries and Galloway Council.

The service is known locally by people supported, carers and staff as "The Rowans". It comprises of a modern bungalow situated next to Dunmuir Park Housing Support Service. Although located together, they are two separate services.

The service is close to Castle Douglas town centre and local amenities. Accommodation is accessible and there are three en-suite bedrooms, two large open plan lounge/kitchen areas and staff sleeping accommodation. The accommodation has the facilities to run as two smaller self-contained units. It is well maintained throughout with an enclosed garden.

The registered manager has an office base within the Dunmuir site. The senior support co-ordinator coordinates the day-to-day running of The Rowans and manages the small staff team.

At the time of inspection there was no one using the service.

About the inspection

This was an unannounced inspection which took place on 12 and 13 September 2024 between 09:45 and 18:30. 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 one people using the service and two of their family and friends;
- spoke with seven staff and management
- received six completed questionnaires and
- reviewed documents

Key messages

- Staff were caring and kind, and people told us they enjoyed visiting the service.
- Quality assurance systems and a culture of continuous improvement should be improved to support better outcomes for people.
- Environmental safety checks and oversight must improve to ensure the environment is safe and fit for purpose.
- Personal plans should be reviewed and updated to ensure they contain accurate information and capture personal outcomes for people.
- We have made one requirement and four areas for improvement.
- As part of the inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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 good is our setting?	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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from kind and caring support. People supported told us that staff were nice, and there were good relationships between staff and the service users. One person told us, "I thoroughly enjoy coming to The Rowans, the staff are a good support to me". This ensures people receive compassionate care.

Staff showed recognition of people's abilities and potential, and as a result outcomes for people were good. People were encouraged to take part in everyday activities to the best of their ability such as shopping, household tasks and personal care. This enabling approach helps people reach their full potential and be as independent as possible.

There was good communication between families, staff and the people supported. Relatives told us they were kept up to date with any changes to their family member, and staff were responsive to any feedback from families. This ensures care and support is right and meets the needs of the people supported.

People were supported to maintain their health and wellbeing. We saw evidence of monitoring of people's health where there were identified needs. Risk assessments had recently been updated and staff knew people well. This ensures people's needs continued to be met.

Medication processes were safe and effective. Recent improvements had been made to "when required" medication protocols which meant information was clearer, accurate and up to date. We highlighted how recording in personal plans could be further improved to guide staff in what techniques could be used prior to the administration of medication. (See key question 5 - how well is our care and support planned?).

We could not see evidence of personal plans being regularly reviewed and updated. Some information in care plans to guide staff on how to support people's specific health needs was missing. We have commented on this further under "Key question 5 - How well is our care and support planned?".

How good is our leadership?**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 we spoke to provided positive feedback on the management and leadership in the service. Staff told us the manager was approachable and responsive. This helped people feel listened to and supported.

A service improvement plan was in place however this had not been updated or reviewed for several months. We could not see recent evidence of progression towards the identified actions. The management and staff team acknowledged the need for improvement within the service, however progress had been hindered due to staffing issues. The management team should review the improvement plan to ensure this is dynamic and responsive to the needs of the service. This will support a culture of continuous improvement. (See area for improvement 1).

There were some systems and processes to provide oversight in the home however these were not being used consistently. Audits and competency assessments had not been taking place and as a result the service had failed to identify areas highlighted during the inspection. Systems were in place to monitor aspects of the service, however data recorded was not up to date. The management team acknowledged this and shared their commitment to making the necessary improvements in the service. Robust quality assurance processes should be carried out regularly to provide effective oversight in the service and ensure people's needs are met. (See area for improvement 1).

Regular team meetings were taking place involving staff and we saw evidence of actions being identified and acted on. Supervision was not taking place in line with the service policy. Staff shared they were keen for the opportunity to participate in supervision to support their professional development. The service should make improvements to supervision processes to ensure staff feel valued and supported in their roles. (See area for improvement 2).

Some processes were in place to evaluate people's experience of The Rowans. Staff gathered feedback before and after each planned visit, and we saw evidence of actions being taken to address any arising matters promptly. We suggested the service explore and implement further opportunities to involve service users and stakeholders. This will support people to feel included and promote a culture of continuous improvement.

Areas for improvement

1.
So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Review the quality assurance policy and systems to bring up to date.
- Implement stronger overview of compliance in relation to health and safety checks within the service.
- Consider inclusion of self evaluation using the quality framework for adult care homes within the quality assurance system.
- Ensure feedback is obtained from stakeholders, people who use the service and their representatives and actions are taken in response.
- Implement use of an improvement plan.

This is to ensure that 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 robust and transparent quality assurance processes". HSCS 4.19

2. To support staff to feel valued, listened to and their views and suggestions are taken into account. The provider should ensure staff have the opportunity of attend regular supervision and staff meetings. Issues and suggestions from these meetings should be included within an action plan with evidence of actions taken until resolved and positively concluded.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state: 'My care and support is consistent and stable because people work well together.' (HSCS 3.19).

How good is our staff team?**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The staff team were motivated and worked well together, and feedback from people was positive. One relative told us "staff are great, they know how to work well with [my relative] and that is why she's happy going there". This helps people feel supported.

Staff were confident in building positive interactions and relationships with people. Core teams were in place for people, and relatives and people supported told us they were happy with these arrangements. There was a process of matching staff to people supported and we saw evidence of people being involved in this. This ensures people are supported by the right person at the right time.

Staffing arrangements and competing demands meant staff did not always have the necessary time to fulfil all aspects of their role such as quality assurance activities and developing personal plans. The management team had a planned action to review and support staff's use of time to these ensure staffing arrangements were right in the service.

How good is our setting?

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 service was homely and welcoming. People were able to personalise their rooms during their stays with their own belongings, and rooms were well equipped. This meant that the environment supported good outcomes for people by giving them a comfortable place to stay.

Refurbishment was ongoing in the Dunmuir Park Respite. The home was clean and fresh throughout, and we saw evidence of improvements made to living environments and furnishings.

There was a variety of communal and private spaces where people could choose to spend their time. There were well maintained enclosed gardens within the home and we heard about people enjoying spending time in the courtyard garden and opportunity to socialise. This allowed people to have access to outdoor space and fresh air.

We could not see evidence of regular environmental safety checks taking place, and we highlighted a lack of effective systems in place. We were concerned that there was a lack of environmental oversight, and we could not see evidence of some safety checks taking place for a considerable time. Records we reviewed were disorganised and some documentation required archiving. This made it difficult to locate necessary information and puts people at risk. The service must implement robust systems and oversight of environmental maintenance. This will ensure people have access to a safe environment that is fit for purpose. (See requirement 1).

Requirements

1. By 13 January 2025, the provider must support people to ensure that people live in a setting which is safe and well-maintained in relation to the building and any required equipment. To do this the provider must, at a minimum but not limited to:

- a) Ensure there is a clear and effective policy and procedure in place.
- b) Ensure all required environmental safety checks are carried out on time and the outcome is clearly recorded.
- c) Ensure all repairs identify timescales for commencement and completion of work and are carried out timeously.
- d) Ensure there are effective systems for oversight of environmental safety and maintenance.

This is to comply with Regulation 3 (Principles) and 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 experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

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 centred information to support delivery of care that is right for people. They gave a sense of who a person was and what mattered to them. Plans recorded what people were able to do and what areas they required support with. This guided staff on how to enable people to reach their full potential.

Some information in personal plans was inaccurate and in others was not up to date. We could not see evidence of personal plans being regularly reviewed and updated. This puts people at risk of not receiving the correct care to meet their needs. (See area for improvement 1).

Personal plans gave some good information on how to support people who experienced stress or distress. However, we found this information difficult to locate and it did not clearly link to other relevant information within the person's plan such as medication protocols. We discussed with the management team how the format and information could be improved upon. This will help staff to recognise, intervene and reduce individual's levels of distress. (See area for improvement 2).

Where people had an identified health related condition such as epilepsy, we could not always see clear guidance on how staff support people with their health related needs. Risk assessments were in place and had been recently updated, and we were assured that staff knew people well and were aware of their needs. Personal plans should be reviewed and updated to ensure staff have the relevant information required to safely meet people's needs and wishes. (See area for improvement 1).

Areas for improvement

1.

To ensure people experience care and support that is right for them, personal plans should remain accurate, up to date and reflect the needs of people supported. 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)

2.

To ensure people experience care and support that is right for them, personal plans for people who experience increased stress and anxiety should be improved. Information should clearly direct staff on strategies to recognise, support and reduce levels of distress experienced.

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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

So people are safer, IPC practices should be reviewed so they meet with standards set out in the National Infection Prevention and Control Manual. With specific reference to:

- Roles and accountability to ensure staff are familiar, have access and practices are in keeping with this manual.
- Use of chlorine for sanitary fittings, provision of appropriate bottles for dilution, and
- COSHH regulations are followed so only necessary cleaning products are used, stored in locked cupboard with clear guidance to staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "My environment is secure and safe." (HSCS 5.17)

This area for improvement was made on 30 January 2023.

Action taken since then

Staff had received training on IPC practices however some staff remained unsure about national guidance and the appropriate use of cleaning products. There was no evidence of competency checks taking place for staff and staff lacked in confidence in their roles. We could not see any evidence of observations of staff practice taking place and there was no oversight of cleaning processes in the service.

A new team champion role had just been developed however this was yet to be implemented in the service. Further improvements should be targeted to ensure there is effective oversight and competency checks for staff, and that staff are competent in their roles.

This area for improvement has not been met.

Previous area for improvement 2

So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Review the quality assurance policy and systems to bring up to date.
- Implement stronger overview of compliance in relation to health and safety checks within the service.
- Consider inclusion of self evaluation using the quality framework for adult care homes within the quality assurance system.
- Ensure feedback is obtained from stakeholders, people who use the service and their representatives and actions are taken in response.
- Implement use of an improvement plan.

This is to ensure that 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 robust and transparent quality assurance processes". HSCS 4.19

This area for improvement was made on 30 January 2023.

Action taken since then

The management team were in the process of revising and developing a new quality assurance policy however this had not yet been implemented in the service. Audits and quality assurance activities were not being conducted on a regular basis which meant there was ineffective oversight in the service. Quality assurance and a culture of continuous service improvement should be embedded into the service to ensure processes drive necessary changes and developments. We have commented on this further under Key Question 2 - How good is our leadership.

We had ongoing concerns regarding health and safety checks in the service. We have commented on this further under Key Question 4 - How good is our setting?

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?	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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	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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