

Dunmuir Park Housing Support Service Housing Support Service

Dunmuir Park
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Type of inspection:
Unannounced

Completed on:
5 December 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 within the complex. 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 a follow-up inspection which took place between the hours of 10:00 and 18:00 on 3 and 4 December 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 two people using the service and two of their relatives;
- spoke with 10 staff and management;
- observed practice and daily life;
- reviewed documents.

This follow-up inspection focused on the requirements and areas for improvement made during the previous full inspection and evaluated how the service had addressed these to improve outcomes for people. During this follow-up inspection, we increased the evaluation for quality indicator 2.2 adequate because the service had made progress by building on key strengths.

Key messages

- The management team had prioritised developments in the areas for improvement highlighted at the last inspection, and as a result we saw improvements across key areas.
- Improvements had been made to personal plans to ensure these were accurate, up to date and a reflection of people's needs and wishes.
- The service should continue to develop processes to ensure effective recording and oversight when there is a need to monitor people's health and wellbeing.
- Quality assurance systems had been revised to support improved oversight of how the service is performing which promotes a culture of continuous improvement.
- Where people's independence and choice were restricted, there were clear plans and risk assessments in place to keep people safe and respect their rights.
- Staff had access to a range of training opportunities to ensure they had the necessary skills and understanding to meet the needs of people supported.
- The service had met three requirements and three areas for improvement.
- As a result of the inspection we have made one new area 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?	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. Whilst the strengths had a positive impact key areas needed to improve.

We have reported on our findings under the following sections:

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

The requirement had been met in relation to the monitoring of people's health and wellbeing needs. However, improvements should still be made to ensure there is robust and effective documentation and oversight of monitoring charts (see area for improvement 1).

Areas for improvement

1. To consistently ensure people's health and wellbeing, the provider should implement systems which ensure people's health needs are monitored effectively, and information relating to health needs is easily accessible and communicated to staff.

This to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS).

How good is our leadership?

3 - Adequate

The improvements found at this visit has resulted in the evaluation for this key question changing from weak to adequate. Whilst the strengths had a positive impact key areas needed to improve.

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection." and "What the service has done to meet any areas for improvement made at or since the last inspection."

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

Requirements

Requirement 1

By 25 November 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 comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210)

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)

This requirement was made on 1 May 2024.

Action taken on previous requirement

The service had made significant improvements to personal plans. The plans we reviewed were up to date and reflective of people's health and care needs. A new template was in place which provided clear information for staff on people's needs, risks and how best to support people in the service. Staff showed an awareness of their responsibility to accurately complete personal plans.

Epilepsy care plans were now in place for people who needed one. They provided clear details for staff on what actions they should take to keep people safe. This ensures people's health and wellbeing needs are met.

Monitoring charts were in place where people had an identified health need, and we saw evidence of staff taking appropriate action where people's needs changed. However, we identified some instances where ongoing improvements should still be made to ensure clear and accurate recording, and effective oversight of the charts. The service should continue to make improvements to staff recording and monitoring to ensure effective and robust processes are in place.

This will ensure peoples' health benefits from their care and support. See area for improvement 1 under Key question 1 - how well do we support people's health and wellbeing? Area for improvement 1".

Met - outwith timescales

Requirement 2

By 25 November 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;
- 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; and
- 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).

This requirement was made on 1 May 2024.

Action taken on previous requirement

A new quality assurance protocol had been implemented which clearly outlined the planned activities to support improved oversight and governance within the service. Regular audits were now taking place which captured evidence of actions taken to support staff and service improvement. We saw an improvement in the completion of these, along with the development of new audits to ensure these were effective and met the needs of the service.

Improvements had been made to implement effective governance processes to ensure that the management team had a more robust oversight of how the service was performing. This supports a culture of continuous improvements.

The service had implemented a service improvement plan with identified developments from the information gathered via their quality assurance processes. As a result there was a clearer understanding and commitment to the ongoing improvements needed within the service. This provided assurances that standards had improved, which had contributed to the improved outcomes for the people supported by the service.

Opportunities for staff and stakeholder feedback had been developed however more time was needed to demonstrate how this will influence service improvement. The service should ensure staff are supported to embed the recent developments to promote a culture of continuous service improvement.

Met - outwith timescales

Requirement 3

By 25 November 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)

This requirement was made on 1 May 2024.

Action taken on previous requirement

Personal plans had been reviewed and updated to provide quality person centered information. Updated plans provided good guidance on how staff could support people during incidences of increased stress. Positive behaviour support plans had been implemented which provided clear guidance on how staff should respond and interact with people. The service had made improvements to explore what people's behaviour may be communicating, and plans gave a clear sense of this. This leads to improved outcomes for people experiencing care.

Reviews had been taking place for people in the service to ensure that where people's independence and choice was restricted this was in line with best practice and continued to meet their needs. This was clearly documented in people's personal plans and risk assessments, and we saw evidence of where actions had been taken to support better outcomes for people, for example via the installation of assistive technology .

Training sessions had been developed and were taking place for staff to ensure staff had the necessary skills and understanding to support people in the service. This meant that people's independence and choice was respected and ensured their safety and wellbeing needs were met.

Staff were kind and caring in their approaches. We observed warm interactions throughout our inspection which supported people to feel settled and calm.

Met - outwith 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

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)

This area for improvement was made on 20 January 2020.

Action taken since then

Personal plans had been updated and now clearly captured people's needs and person centered outcomes they wished to achieve. We saw an improvement in staffs understanding of outcome focused care. Staff knew people well, and we saw evidence of care and support being delivered in line with people's identified outcomes and wishes. This ensures people receive meaningful care and support that is right for them.

Plans now supported effective recording and evaluation of progress made towards identified outcomes for people. Further time will allow the service to clearly evaluate the impact of care and support on the outcomes people wish to achieve.

This area for improvement has been met.

Previous area for improvement 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)

This area for improvement was made on 1 May 2024.

Action taken since then

All personal plans in the service had been reviewed and updated to ensure they now reflected people's needs, wishes and preferences. Personal plans provided quality information on person centered information including people's health and care needs, values, life history and what was important to them. We saw evidence of plans being updated where people had experienced a change in need. Multidisciplinary reviews involving staff, social work, people supported and their relative or representative had taken place and plans were in place to ensure this was done on a consistent basis.

This area for improvement has been met.

Previous area for improvement 3

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

The management team had reviewed staff training to ensure that staff had access to training that was relevant to their roles. Mandatory training for staff was appropriate and relevant to the needs of the people supported. We saw evidence of where new training opportunities had been developed based on an identified

staff development need, such as dementia, restrictive practice and complaints handling. This supports people to receive high quality care and support based on best practice and guidance.

There were new processes in place to provide the management team with clearer oversight of staff compliance with core training. This showed an improvement for key areas of training compliance such as medication and adult support and protection. The manager was completing monthly audits of staff training which will ensure that staff remain skilled and competent for they work that they perform.

This area for improvement has 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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