

# Hillcrest Futures - Tullideph, David Street, Martingale, Birkdale services Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
9 December 2024

**Service provided by:**  
Hillcrest Futures Limited

**Service provider number:**  
SP2003000083

**Service no:**  
CS2004061954

## About the service

Hillcrest Futures - Tullideph, David Street, Martingale, Birkdale Services provides housing support and care at home services to adults with learning disabilities and mental health issues living in their own homes and the wider community in the Dundee and Broughty Ferry areas.

The support is provided by three staff teams, based in four locations in Dundee and Broughty Ferry. Residential based support is provided 24-hours each day, whilst outreach support is available between 0800 and 2200 hours, Monday to Sunday.

The service aims to:

Provide high quality outcomes focused care and support:

- To individuals in accommodation which we manage, or their own homes, or in the wider community.
- To enable individuals to stay in their own homes for as long as possible with a package of care and support which is appropriate to meet their individual needs.
- To provide a high-quality housing support/care at home service to individuals.

## About the inspection

This was an unannounced inspection which took place on 3 and 4 December 2024, between 0930 and 1630 hours. The inspection was carried out by two inspectors from the Care Inspectorate. An inspection volunteer assisted with telephone calls to people using the service and their relatives. To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with three people using the service by telephone.
- Spoke with eight service user's family members by telephone.
- Spoke with seven staff and management.
- Received feedback through electronic care standards questionnaires from 19 people using the service and their relatives, 14 staff members, and one external professional.
- Discussed care practice and support provided with people and their relatives, and staff members.
- Reviewed documents.

Most people identified that they were very happy with the care and support provided, and with the management of the service.

**Key messages**

- People told us that staff were kind, caring and motivated to provide high quality support.
- People had input from a range of healthcare professionals and were supported to attend appointments where needed.
- Care plans identified people's health and social care needs and the support they required.
- Care plans were computer-based and not easily accessed by people and their representatives. The service was reviewing IT systems, and we hope that accessibility issues will be addressed.
- Staff generally worked well together and had good management support.
- There were occasions where staff shortages meant that visits had to be shortened or rearranged. The service recognised the impact this had on people and was actively recruiting staff.

**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 staff team?	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 this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People had access to services to support their physical and psychological health and wellbeing. Staff supported people to carry out personal care, take their prescribed medicines, maintain their accommodation, go for shopping, and take part in social and recreational activities. An important part of the service's work was to help motivate people and, where possible, to engage them in the wider community. People and their relatives told us that they valued the support provided.

All staff we spoke with were highly motivated and person-centred. They aimed to make a real difference to people's quality of life and help them become as independent as possible.

We saw that people had input from a range of healthcare professionals, including GPs, dentists, district nurses, community psychiatric nurses, psychiatrists, physiotherapists, and occupational therapists. People were supported to attend appointments where needed. We heard that there could be delays in accessing some healthcare services; however, this was not something that the service could directly influence.

Staff communicated well with people and knew how to raise concerns about their wellbeing. Where needed, people had legal frameworks in place to support decisions around their welfare and financial matters. This helped ensure that people's wishes and preferences were known and respected.

Care plans identified people's health and social care needs and the support they required. This included information about the administration of regular and 'as required' medicines. People told us that they were involved in developing and reviewing their care plans.

Care plans were held on a computer system and documents could be difficult to find until staff became familiar with the system. This also made it difficult for people and their representatives to view and understand their care plans. We were told that a significant review of IT systems was underway and care planning processes were included in this. Hopefully, the review will result in care plans that are easier to navigate, and that the systems will allow people and their representatives to view their care plans more easily. This would further promote people's involvement in planning and reviewing care, and help them suggest improvements in care provision.

Managers carried out audits around personal outcomes planning and quality of care and support. At the time of inspection, the service had identified a need to update some care plans and improve specified staff member's practice. Actions were planned to address these matters with a view to improve outcomes for people's health and wellbeing.

## 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.

People told us that staff were kind, caring and motivated to provide high quality support. Staff usually managed to attend to people on time and deliver the support that had been planned.

There were, however, occasions where staff shortages meant that visits had to be shortened or rearranged. The service recognised the impact this had on people and was actively recruiting staff. It will, however, take time to recruit staff with the right knowledge and skills.

Managers were supported in recruitment by a central human resources department, which carried out pre-employment checks. Managers were advised when issues around professional body registration and training were identified following appointment.

Staffing levels were determined by contracted packages of care and reviewed with those funding the care and/or the relevant health and social care partnership. Information on service provision was provided to the health and social care partnership on a quarterly basis. This provided an audit of activities and performance across the service, and helped target actions to remedy any problems.

We heard that staff generally worked well together and had good management support. Most staff had regular meetings and supervision with their line managers, although gaps in the frequency of these had been noted in some areas of the service. Some gaps in training updates had also been highlighted, although we were assured that core training related to direct care provision was up to date. We were satisfied managers carried out staffing audits, which included supervision and training, and that plans had been put in place to address any concerns. The provision of regular staff meetings, supervision and training is important in ensuring that staff are supported and have the necessary knowledge and skills to deliver high quality care.

## 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 manager should ensure that staff are aware of best practice in relation to medication. In particular, staff must:

- i) ensure that all prescribed medication is signed for following administration.
- ii) ensure that prompt action is taken when discrepancies such as missed signatures are highlighted to help prevent potential errors.

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

**This area for improvement was made on 16 April 2019.**

#### Action taken since then

Staff completed medication training on commencing employment and had regular updates in medication administration practice.

Robust medication audit processes were in place and carried out regularly. We noted that audits had identified errors in recording administration of medication, although we were assured that people had received the right medication at the right time.

The reasons for the recording errors had been reviewed using a systems approach, rather than focusing on staff liability. This is a positive approach which helps identify wider factors that may have led to errors. It appears that investigations have resulted in an accurate identification of reasons for medication recording errors as there has been a reduction in errors over the last couple of months.

As a result of our findings, 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](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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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