

# West Dunbartonshire Council Learning Disability Service Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
West Dunbartonshire Council

**Service provider number:**  
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**Service no:**  
CS2004077077

## About the service

West Dunbartonshire Council Learning Disability Service was registered by the Care Inspectorate on 1 April 2011 to provide a service to adults with learning disabilities living in their own homes.

The service provides housing support and care at home to individuals living in their own tenancies across three houses. There are projects in Alexandria, Balloch, Clydebank and Dumbarton. The locations we visited were close to local shops, amenities and public transport.

## About the inspection

This was an unannounced inspection which took place on 5 and 6 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 four people using the service and four of their relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People benefitted from a kind and compassionate care team.
- People achieved very good health and well being outcomes.
- The new manager demonstrated great knowledge of the service and the improvements needed.
- People benefitted from having an established team who knew their characters and their needs well.
- One of the services was moving to a new house in January 2025 which will offer an improved and more homely environment.

## 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
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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.

People's health and wellbeing outcomes were incredibly good which was partly due to staff's understanding of their role in supporting people to access health care. A further contributing factor was staff skills in advocating on behalf of people to get the correct health care treatment. This included ensuring the right information was communicated to the right healthcare professionals.

We received positive feedback from the health and social care partnership about their engagement with the staff team. They said that the team were responsive, good at communicating with them when necessary and appropriate. Staff listened and acted on the advice from the partnership. As a result, people were supported with best practice care from various health professionals.

We noted evidence of people regularly attending or being visited by professionals such as the podiatrist, oral hygienist, physio and optician to ensure a holistic approach to maintain and improve people's health and wellbeing.

Relatives feedback was very positive in relation to the care and support their loved ones received. One relative described how well the staff responded to their loved one being very unwell and stated that staff were "on the ball and back and forward to the doctor's". They described the stress and distress their loved one experienced on top of their complex needs and how staff managed this very well.

A further comment, "They really do a great job. No complaints. He is happy there. Nothing bad I could say", "They have come on leaps and bounds since moving there. Their speech has come on, more outgoing, does things they did not do before like stripping their bed, doing their washing, absolutely delighted and wish it had happened earlier in her life, more independent and came out of their shell" and "Sometimes communication not great".

Staff spoke in detail about people's day and night time opportunities to take part in activities they enjoyed. We noted this many times throughout care plans and daily notes as well as when we visited the homes. There was a very person-centred approach taken by the staff to ensure people got the most out of life. Staff spoke enthusiastically and showed their pro activeness in searching and researching various events on in the community and wider.

We saw pictures of people being active as well as having fun and enjoying themselves at events. Additionally, we saw pictures of people supported on holiday laughing and dressing up and going to shows. Staff said how much people got from this and were booking again.

People's health and wellbeing should benefit from safe infection prevention and control practice (IPC) and procedures. We found staff had taken part in infection prevention and control training however, our findings from this inspection, across two of the houses did not reflect this.

A few areas across the two houses were not clean or hygienic such as the bathrooms, windows and window ledges. The frequently touched places showed evidence of dirt such as under toilet roll holders and grab rails. People were sharing bathroom towels to dry their hands and old cabinets with rust surrounding them. This left people at risk of infection and other outbreaks of diseases. We highlighted this to the manager at the time of inspection.

The following day we checked the identified areas of risk and found that the service had deep cleaned and removed the cabinets. This meant that any spread of infection was limited, and people's health and safety was supported. Staff understood the need for high infection prevention and control standards but had become complacent in their practice (**see requirement 1**).

## Requirements

1. By 17 January 2025, you must ensure that safe infection control practices are followed and at a minimum:
  - a) measures are implemented to ensure that care is delivered in a way which promotes good infection control practices
  - b) staff follow current infection prevention and control practice regarding the management of people's belongings.
  - c) staff are refreshed in Infection Prevention and Control training and their competency checked by leaders.

This is in order to comply with Regulations 3, 4(1)(a) and 15(a) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and '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 good is our leadership? **3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

We found that some quality assurance audits had been completed on a regular basis such as health and safety, medication and care plans. Care staff mostly carried these audits out. We advised that the registered manager should be responsible and accountable for overseeing any quality assurance activity relating to the home. This ensures that the manager has an overview of where progress and improvements are needed to support people experiencing care (**see area for improvement 1**).

The manager should carry out regular observations relating to the home relating to infection protection and control such as walls, floors, doors and windows. We found there were outstanding repairs which demonstrated a lack of respect and dignity towards the people who lived in the home. The senior management team had raised these issues with relevant departments however, there was limited action taken.

The heating system was not working at full capacity therefore the large living room in one house felt cold. We requested that additional heaters were made available particularly due to the vulnerability of the people living there and the recent freezing temperatures.

We were informed that a new property had been identified for the tenants to move to in January 2025. This was welcomed by people's relatives and the staff team as a positive outcome for people.

Staff questionnaires had been recently returned with feedback being mostly positive and staff feeling supported. The manager had began improving this process to make it more meaningful and lead to positive changes. Questionnaires for relatives were being devised to involve their views in the improvement plan and detail the future direction of the service.

Overall, we found that the new manager was making positive changes to the service delivery and getting systems in place to monitor and assess their performance. We look forward to seeing the progress at the next full inspection.

## Areas for improvement

1. To support people's wellbeing and safety, the manager should ensure that people experience high quality care because of quality assurance processes that are effective and take account of the experiences of people and staff practices.

This is to comply with Regulations 4(1)(a) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staffing arrangements were dynamic and changed to suit people's needs and outcomes. Regular assessments were carried out to ensure the right number of staff were supporting peoples needs such as outings, medical appointments and activities. This meant people were supported very comfortably and safely.

We observed the staffing compliment was very good on both inspection days and people were coming and going out to activities as well as being supported with day to day living tasks. As a result, people were very excited and looking happy from their activities.

We noted the staff rota demonstrated the reasons why extra staff had been called in or specific staff being used. One example was due to a person wanting only a certain gender to support them. This showed a person centred approach to meeting people's outcomes and wishes.

Almost all staff had completed training on the recent and new legislation, the Health and Care (Staffing) (Scotland) Act 2019 enacted on 1 April 2024. Staff spoke very confidently and competently about their knowledge of the Act and felt very happy with the current staffing arrangements.

## How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Care plans were very person centred in the way they were set out with great pictorial support to bring them alive. Most aspects of the person's life were captured in relation to finding and meeting people's outcomes. These were incredibly detailed and involved people and their relatives.

We noted that people's 'likes' and 'dislikes' were explained very well and how to support people with positive behaviour when stress and distress reactions presented. This meant that people could feel confident that staff were able to manage challenging situations promptly and professionally.

Staff were deeply knowledgeable about the care plans and could talk through their understanding of people's outcomes. There was strong evidence of monthly and quarterly updates recorded on care plans so there was a quick glance update for leaders, relatives and staff who were off and returning. This was particularly good for informing six-monthly reviews which took place on time.

An area which could be improved is around the setting of goals during the six-monthly reviews. This would ensure consistency across the service and offers accountability to the staff team in supporting these goals.

Risk assessments were very detailed so staff were able to understand the support and approach needed to support someone safely and successfully. These were reviewed and updated regularly to ensure staff practice was up to date.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good



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