

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:
6 February 2025

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 two people using the service.

About the inspection

This was a follow-up inspection which took place on 5 February 2025 between the hours of 9:45 and 17:00. 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
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

This follow-up inspection focused on the requirement and areas for improvement made during the previous 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 4.1 to good because the service had made progress by building on key strengths.

Key messages

- The management and staff team had embraced the need for change and made improvements to the areas identified at the previous inspection.
- Systems for monitoring and oversight of environmental safety had improved ensuring people experience high quality facilities.
- There was a motivated staff team who were driven to support continuous service development.
- Team meetings and supervisions were now taking place regularly, and as a result staff felt valued and supported in their role.
- There had been improvements to quality assurance processes and these were being carried out on a more consistent basis supporting improved oversight of the service.
- Personal plans were in the process of being updated, and provided clearer guidance for staff leading to better outcomes for people supported.
- Improvement was evident in all required areas made during the previous inspection. As a result, people's needs were being met more effectively.

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 good is our setting?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our setting?

4 - Good

The improvements found at this visit has resulted in the evaluation for this key question changing from adequate to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At the last inspection we made one requirement relating to this Key Question. We have reported on this further under the section 'What has the service done to meet any requirements we 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 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).

This requirement was made on 17 September 2024.

Action taken on previous requirement

There was clear and effective procedures in place to monitor environmental safety and safety checks were being completed consistently in line with the service policy. Improvements had been made to environmental oversight and we saw evidence of monthly audits with actions taken to maintain high standards. Staff told us they were confident in their roles in relation to environmental checks as a result of the improved processes and guidance.

The service was compliant with the required environmental safety checks and we saw improvements to the organisation and recording of this.

The home was welcoming and furnished to a good standard. Where the need for repairs had been identified, we saw evidence of these being reported and actioned in a timely manner. This ensures people experience high quality facilities.

We heard of plans for ongoing refurbishment and redecoration, and suggested that the views of people using the service are included in this planning.

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

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

A new quality assurance procedure had been developed and was beginning to be implemented within the service which provided clear guidance to staff on their roles and responsibilities for continuous service improvement.

There was a new senior support worker in post who was motivated to support service development. As a result of improved stability in the senior team, we saw improvements to quality assurance activities being completed on a consistent basis. This improved oversight in the home supports a culture of continuous improvement.

There were a range of audits in place which were now being completed on a regular basis, and we saw evidence of actions being taken to address any identified need. Staff competency checks for medication were being implemented and we heard of plans to further embed these new developments. The registered manager had improved governance as a result of revised processes.

A service improvement plan was in place which focused on the identified areas for improvement from the previous inspection. The service had not yet implemented the use of self-evaluation however we were assured this was part of their development plan and was reflected in the service policy. The management team shared their commitment to the continuous improvement of the service and discussed their ongoing plans for developing the service.

We discussed ways in which the service could further enhance continuous improvement by taking ownership of the service development plan including the involvement of staff and stakeholder feedback.

Promoting and embedding a culture of continuous improvement will ensure people continue to receive good quality care leading to better outcomes.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 17 September 2024.

Action taken since then

Team meetings were now taking place on a regular basis with good involvement and participation from the staff team. Minutes of team meetings evidenced staff contributing to these meetings with actions being identified and addressed. It was positive to see staff wellbeing being supported and peer learning through the sharing of good practice.

Staff we spoke to told us they felt supported in their roles and valued the opportunity to engage in team meetings and supervisions. Staff had all received supervision recently. Consistent supervision will ensure staff have regular opportunity for reflection and professional development.

This area for improvement has been met.

Previous area for improvement 3

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)

This area for improvement was made on 17 September 2024.

Action taken since then

Personal plans were in the process of being revised and updated onto a new template which provided clearer guidance on individual need and preference. The staff team had made positive progress in updating personal plans, and information was now up to date and reflective of people's needs and wishes.

Where people's needs changed, we saw evidence of review to ensure personal plans remained accurate. Information documented was person centered and gave a good overview of people's likes, values and personality. We highlighted some areas in plans where continued development should be targeted such as clearly capturing people's health care needs and any associated risks. The service had already identified this and were in the process of making these improvements.

We were assured that the staff team had dedicated time to ensuring all personal plans are revised. The service should continue to ensure all personal plans are fully accurate and reflective of people's needs and wishes.

This area for improvement has been met.

Previous area for improvement 4

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)

This area for improvement was made on 17 September 2024.

Action taken since then

Positive behaviour support plans were now in place for people who experienced increased stress and distress. These plans gave clear and detailed guidance to staff on how to recognise and respond during incidences of increased distress. Personal plans also gave good quality information on people's communication, including what behaviours may be communicating to support staff to meet people's needs. This supports improved outcomes for people through reduced stress and anxiety.

This area for improvement has been met.

Previous area for improvement 5

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

The home was clean and fresh throughout. Further training had been delivered to staff on IPC practices, and staff we spoke to were confident and competent in their roles. We saw evidence of shared learning in the staff team to support good practice and development.

A revised cleaning schedule was in place which gave very clear guidance to staff on product use and protocols to follow. Cleaning schedules were being completed on a regular basis and product use was in line with best practice and legislation and stored appropriately.

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 good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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