

DGMHA East Housing Support Service

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Type of inspection:
Unannounced

Completed on:
6 February 2025

Service provided by:
Dumfries & Galloway Mental Health
Association

Service provider number:
SP2003003483

Service no:
CS2003053382

About the service

Dumfries and Galloway Mental Health Association East is a Housing Support Service registered to provide housing support and care at home to adults with mental health problems living in Nithsdale Annandale and Stewartry.

The service provider is Dumfries and Galloway Mental Health Association.

At the time of the inspection, 62 adults were being supported by the service. Individual support ranged from 15 minutes a day to 24 hours per day.

Support is provided within people's own homes. The service also has a license to operate and provide support to people within houses of multiple occupancy.

The registered manager works from the main office base in Dumfries and is responsible for coordinating the overall running of the service. Team leaders manage the staff teams who provide direct support to people.

About the inspection

This was an unannounced inspection which took place on 4, 5 and 6 February 2025 between 09:30 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 11 people using the service and three relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documentation
- obtained feedback from stakeholders

Key messages

- The staff knew people well and treated them with kindness and respect.
- The service was well led with the management team being approachable and supportive.
- Families reported being happy with the care and support their loved ones received.
- Personal plans were detailed and comprehensive to lead and guide staff.
- Quality assurance processes and systems drove forward improvements.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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?

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.

People told us that staff interacted warmly and respectfully with them. Staff had meaningful conversations with people who experienced care which had a positive impact on how people felt listened to. This supported good conversations and growing good relationships and gave people a strong sense of their own identity and wellbeing. We were told that care and support was carried out in a dignified way and personal preferences and choices respected.

Feedback was positive about the quality of care and support people received. Comments included "I enjoy getting out and about, the service is great, and everyone is friendly" "staff are very good and help as much as they can" and "I have no complaints about the service, I feel safe with my carers." Relatives' comments included "The care my mum receives is exceptional, staff go out of their way" and "the communication is excellent, I am always kept informed."

There was a stable, consistent staff team who knew the people they supported well, and this was confirmed by those we spoke to. Visits were provided at the times discussed and agreed, and in the event of changes, the office would communicate this. This could be improved by ensuring people are consulted with about how they receive a copy of their staff rota. We discussed this with the management team at the time of inspection who were receptive to feedback. This will ensure people are informed and aware in advance of who is scheduled to support them.

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

People's health benefitted from very good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health-related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

A keyworker system meant that people were regularly supported by the same members of staff. Staff knew people's history and interests which helped create conversation. This meant that trusting relationships were formed between people and the staff who supported them. People were comfortable because they were being supported by staff who knew them well.

Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences. We saw and heard about reviews which fully involved the person receiving care and their relatives. The interventions by staff showed that there was structure and meaning for the individual, encouraging independence and to take control of their life.

How good is our leadership?**4 - Good**

We evaluated the performance of the service as good in relation to this key question as there were important strengths which, taken together, outweigh areas for improvement.

The service demonstrated a positive attitude towards quality assurance. The management team had good oversight of what was happening within the service. We saw that regular audits occurred where issues were identified. Actions from audits were tracked and monitored to ensure outstanding areas were addressed. This assured us, systems were in place to promote a culture of continuous improvement and good practice.

There was a Service Improvement Plan in place which showed and tracked progress of identified improvements. We discussed with the management team how to support further involvement and sharing of the service improvement plan with staff and service users. The service could further improve their governance and service development processes by including the use of self-evaluation, developing an outcome-based improvement plan. This will support measuring and evaluating the effectiveness of the actions taken in the service. (See area for improvement 1)

People we spoke with told us the management team were approachable and effective in dealing with any issues. We saw complaints were responded to effectively and where improvements were needed, they were acted on. This reassured us there was a system of checking in place to sustain good practice and keep people safe.

Supported people, relatives and staff were encouraged to participate in satisfaction surveys to gather feedback. The service ensured people had the opportunity to give their views. Actions taken as a result of feedback were recorded and shared and then informed service improvement. This ensured that people experiencing care influenced the direction of the service.

Areas for improvement

1. So people can be sure quality assurance drives change and improvement where necessary the service provider should consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.

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)

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.

The staff team were valued by people experiencing care. We observed kind and caring interactions between staff and people, and saw laughter, encouragement and inclusion being supported. Some comments we received included: " the staff provide a relaxed, happy atmosphere" and "staff are always kind and helpful".

Relatives we spoke with said they felt well supported by the staff team and were reassured that their loved ones were being looked after. This assured us that the staff team were caring and considerate in their practice.

Staffing arrangements were based on the assessed hours of need for people receiving support. Therefore, the service worked hard to ensure that the right number and mix of staff were scheduled on for visits. People told us they valued consistent teams of staff, and this had recently improved. This ensured people were supported by staff they knew and provided continuity of care.

Staff were encouraged and motivated in their roles. Staff we spoke to told us that the management team were supportive. Training was ongoing and the service had team champions roles to support staff progression. There was evidence of good communication for staff including meetings, supervision, and annual appraisals. This ensured that the staffing arrangements were right, and staff worked well together.

The service aimed to employ staff with the right values to support people and protect them from harm and had a range of policies and procedures to help promote this. We reviewed how safely staff had been recruited and found that best practice had been followed with all relevant checks completed. Staff were provided with a good level of induction when they started to provide them with enough knowledge to support people safely.

Staff in care services should be supervised and supported to provide quality care. Staff told us they received supervision regularly and found it useful to discuss any concerns or issues with their manager. Supervisions included staff training and development, reflection, and evaluation. An overview of staff supervision and annual appraisals was available. This ensured staff felt valued and gave a sense of commitment to the service.

How well is our care and support planned?

4 - Good

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

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

It was positive to hear that further improvement was identified to ensure personal plans are more user friendly. The service is changing to a new electronic system to enable more involvement from people in their plans. We could see personal plans being regularly reviewed and updated in response to people's changing needs. This gave us confidence that they accurately reflect individual needs.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

Risk assessments were kept up to date and showed actions to keep people safe. We saw assessments completed for those who had health needs that were at risk of harm, such as falls, skin breakdown or poor dietary intake. This keeps people safe from harm and ensures good outcomes for people.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or needed support to make. This ensures people's rights and wishes are considered when their health deteriorates.

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

To support infection prevention and control practice in keeping with national guidance, the provider should review the correct use of Personal Protective Equipment.

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

This area for improvement was made on 24 May 2023.

Action taken since then

Infection Prevention Control training had been completed by staff. Observations of practice had been carried out and staff were aware of the most up to date guidance.

This area for improvement had been met.

Previous area for improvement 2

The provider should review methods and processes of feedback used to:

- a) ensure there are more opportunities for people to share their views and influence the direction of the service
- b) share with people the actions taken as a result of their feedback.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

This area for improvement was made on 24 May 2023.

Action taken since then

Annual Surveys had been carried out to give people an opportunity to have their views heard. Actions from this had been recorded and shared with people. We have reported on this further under Key Question 2 – How good is our leadership?

This area for improvement had been met.

Previous area for improvement 3

The provider should ensure staff have access to specialist training such as alcohol and substance misuse, supporting people with anxiety and person centred planning. This will increase staff knowledge and skills and ensure people experience better outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: '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 24 May 2023.

Action taken since then

The staff training matrix was available and showed all training offered to staff. Specialist training had been included and completed by staff to support their knowledge and skills in these areas. Staff gave positive feedback about the training offered.

This area for improvement had been met.

Previous area for improvement 4

The provider should ensure staff are supported through regular supervision, to identify areas where support is required to improve practice. This should include reflection and competency checking to ensure learning is effective and influences better outcomes for people supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: '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 24 May 2023.

Action taken since then

Staff were receiving regular supervision in line with policy. Supervision records were available and oversight was in place to monitor this. We have reported on this further under Key Question 3 – How good is our staffing?

This area for improvement had been met.

Previous area for improvement 5

The provider should ensure personal plans are updated to reflect people's changing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My personal 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 24 May 2023.

Action taken since then

All plans had been updated and reflected people's needs. We have reported on this further under Key Question 5 – How well is our care and support planned?

This area for improvement had been met.

Previous area for improvement 6

The service provider should improve support planning to ensure it is person-centred and outcome focused to provide guidance for staff on how best to support people using the service.

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 1.1)

This area for improvement was made on 24 May 2023.

Action taken since then

We could see plans were person centred and gave good detail to support and guide staff. We have reported on this further under Key Question 5 – How well is our care and support planned?

This area for improvement had 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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