

Dundee City Council - Dundee Community Living Housing Support Service

Claverhouse Social Work Department
Jack Martin Way
Dundee
DD4 9FF

Telephone: 07985817975

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Announced (short notice)

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Service provided by:
Dundee City Council

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About the service

Dundee City Council's community living team provides 24-hour care at home and housing support for people with learning disabilities. At the time of inspection, the service was supporting 16 people living in their own or in shared tenancies across four sites in Dundee.

About the inspection

This inspection was announced at short notice and took place between 15 October and 03 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, and this included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

During the inspection, we:

- Spoke with five people using the service and three of their relatives
- Spoke with five members of staff and the management team
- Reviewed documents
- Observed daily practice
- Reviewed questionnaires completed by staff and visiting professionals

Key messages

- People's skills and abilities were valued, and their independence was promoted
- Staff understood people's care and support needs well
- The management team was responsive to suggestions for improvement
- People, their relatives and visiting professionals spoke highly of the staff
- Staff worked well together
- Quality assurance systems and processes needed to improve

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 leadership?	3 - Adequate
How good is our staff team?	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?

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 being supported and their family members spoke highly of the care they received. One person being supported told us "I like it here; I get all the help I need." A relative remarked "we are very grateful for the care (my family member) gets" and another commented "I can't speak highly enough about them." Several visiting professionals talked about how people were treated with dignity and respect by the staff team. We heard from staff how "everyone is looked after well" and that "tenants come first." We saw how people were supported to experience a range of opportunities which enhanced their emotional and physical wellbeing. One member of staff told us "supported people live full lives" whilst a relative remarked their family member "has an active life."

People's communication needs were well captured in care plans, and we observed a variety of communication tools and visual prompts being used to support people. Staff were observed interacting with people in a kind and caring manner and had meaningful conversations with them at a pace that was right for them. Referring to staff, a family member told us "they are respectful and take things at (my relative's) pace." People should receive information and advice in a format that is right for them which we discussed with the management team who agreed to pursue how they would achieve this for the people they supported.

There were strong links between the service and external professionals and people's health and well-being needs were being assessed and reviewed on an on-going basis. People were supported to access community health services and specialist learning disability services. One member of staff told us how the service was "always looking for new ways to support (people's) health and well-being." Staff were familiar with the people they supported, which meant they recognised when there were changes in their health and presentation and this ensured people got the medical support they needed quickly. One visiting professional told us "the service is proactive in supporting people's well-being and (they) will actively seek advice guidance or training" whilst another remarked "the care plan always reflected changing health needs."

People have a right to be fully involved in developing and reviewing their personal plans to ensure they continue to reflect their choices and needs and from files sampled, we saw that people and their relatives, where appropriate, were actively involved in making decisions about their care arrangements. One member of staff told us that people being supported "are kept fully informed and involved in all aspects of the care they receive."

Care plans and risk assessments were person-centred and focused on people's strengths and abilities. We identified that the service promoted people's independence and several staff members we spoke to commented on how the service focused on supporting people to live as independently as possible.

We found a lack of risk assessment documentation within some care files. Whilst the service supported people to manage risks, this information was contained across a variety of different documents within files which made finding relevant information difficult. Essential information relating to people's health and care needs was not always consistently referred to within care files, which meant there was a risk of people not receiving the right support if staff were unfamiliar with their care requirements. When we discussed this with the management team, they agreed to review all files to ensure that care plans and risk assessments

contained accurate, current, and consistent information to ensure that people's care and health requirements were being met.

People's care arrangements should be reviewed six-monthly to ensure that they are still in accordance with their needs and wishes. Although it was evident that people were being consulted about their care on an ongoing basis, we found some gaps in reviews being completed within the required timescales and it was difficult to ascertain the frequency of reviews as checklists were not consistently updated. When we discussed this with the management team, they immediately developed a tracker system for future reviews to ensure that they were scheduled and completed and to assure that people's care arrangements continued to be right for them and in keeping with their needs and wishes.

There were robust medication systems in place and from records sampled, medication was being administered as prescribed, so people received the right medication at the right time. Where able to do so, people were encouraged to manage their own medication.

How good is our leadership?

3 - Adequate

Overall, we evaluated this key question as adequate. We identified important strengths, which taken together, just outweighed areas of weakness.

There were quality assurance systems in place, but these were not always being used effectively. Although senior care staff had completed their weekly and monthly medication audits, it was difficult to track which staff had completed these due to an error on the forms. The management team immediately rectified this issue when they were made aware of it. We found gaps in management audits in relation to medication administration, procedures, and senior monitoring. We discussed with the management team that continuous oversight of medication was necessary to identify any issues so they could be addressed without delay to ensure that people received their prescribed medication safely.

As well as the lack of auditing related to medication, we found gaps in management audits for case file checks, the monitoring of reviews, and health and safety. The management team knew that these audits had not been completed fully and agreed that this was an area they needed to improve upon. Effective quality assurances are essential to minimise the risk of a negative impact on the quality of people's care arrangements and experiences. The management team agreed to complete the audits without delay and introduced new systems to ensure this area of work would be prioritised in the future so that they have a clear understanding about what is working well and what improvements are needed within the service.

Information relating to staff training was documented on a variety of systems and this made it difficult to track the staff's progress and learning requirements. During inspection, the management team addressed this by developing a system which captured all key information in one place so that they could easily monitor training and be assured that all staff were suitably skilled in relation to their roles.

The service kept detailed records of accidents and incidents, however had not notified the Care Inspectorate of all notifiable events. We discussed this with the management team who assured us that the service's practice would change with immediate effect to comply with procedures for reporting notifiable events.

Feedback about the service had been sought from people being supported, relatives, staff and visiting professionals and information was used to inform improvements. They had identified areas for improvement through effective self-evaluation and had an active service improvement plan in place. A complaints process was available and relatives we spoke to told us they knew how to make a complaint or raise concerns. People using the service and their relatives felt their views were listened to and respected.

The staff we spoke to felt well supported by their managers, but some noted they would benefit from more regular supervision and team meetings. One staff member commented "although we do work well together, I feel regular supervision for staff would help." Regular supervision gives staff the opportunity to reflect on their practice and assurances that staff are confident and competent in their roles. We identified that supervisions were not always completed regularly, and when we discussed this with the management team, they immediately implemented a system which allowed them to have improved oversight.

During the inspection, the management team were responsive to all issues raised and they immediately sought to address these matters and demonstrated an enthusiasm and commitment to improve the service overall.

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.

We observed warm interactions between staff and people being supported and received many positive comments from people, their relatives and visiting professionals in relation to the staff team. One person told us "staff are very nice," a relative remarked "carers are very professional" and another told us their family member "loves the staff." We heard from a visiting professional that "staff are friendly, approachable and welcoming." People using the service and staff benefited from a warm atmosphere because there were good working relationships.

Staff we spoke to were clear about their responsibilities, felt confident in their roles and told us that they enjoyed their jobs. Staff felt well supported by their peers and managers. A staff member told us that the team "really care" and we heard from a visiting professional that the staff "just want the best for the service users they support." Staff told us that they worked well together, and that communication was good. Staff we spoke to were enthusiastic about supporting people to get the most out of life and to help them reach their potential and people could be assured that their care and support was the focus of the staff's attention.

From the records sampled, we found that pre-employment checks were being carried out appropriately, which meant people could be assured that the staff supporting them were being recruited safely by the service.

The service demonstrated they had sufficient staffing levels with the right mix of skills, and this meant people could be confident that they would be safely supported by staff who were competent and who had a good knowledge of their needs. People's support hours were individually assessed, and the service annually reviewed individual care arrangements using a dependency tool and ongoing professional judgement to always ensure correct staffing levels.

Care staff could easily be deployed across all sites, which meant the service was able to quickly respond to changing circumstances in people's care requirements. When agency staffing was required, the service endeavoured to use the same carers to ensure consistency and familiarity for people being supported. Wherever possible, including emergency situations, the service matched staff members to people and this ensured people had the right number of staff with the right skills supporting them. People consistently received good quality and stable care because the staff team responded flexibly to changing situations.

The service promoted staff development and staff told us that they had access to a wealth of training opportunities relevant to their roles which meant that people could have confidence that the staff supporting them were competent and skilled.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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