

## DGMHA Housing Support Service

### Housing Support Service

42 Lovers Walk  
Dumfries  
DG1 1LX

Telephone: 01387 268615

**Type of inspection:**

Unannounced

**Completed on:**

19 December 2019

**Service provided by:**

Dumfries & Galloway Mental Health  
Association

**Service provider number:**

SP2003003483

**Service no:**

CS2003053382

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Dumfries and Galloway Mental Health Association (DGMHA) Housing Support Service is registered to provide housing support and care at home to adults with mental health problems.

The service provider is Dumfries and Galloway Mental Health Association.

At the time of the inspection, 76 adults were being supported by the service. Individual support ranged from a few hours per week to staff being available 24 hours per day.

Support is provided within people's own homes for people living in Dumfries and Galloway. 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 the centre of Dumfries and is responsible for coordinating the overall running of the service. Team leaders manage the staff teams who provide direct support to people.

The aims of the service include:

'To enable people with mental health problems to lead a purposeful and fulfilling life within their local community.

To provide a comfortable, safe, homely environment for people to live in as long as they require it.

To support people to recovery by promoting individual physical, psychological and spiritual wellbeing'.

## What people told us

Prior to the inspection, we issued care standards questionnaires, of which 15 were completed and returned. These told us that overall, people were happy with the quality of care and support the service provided.

During the inspection, we spoke with 16 people within their own homes and within shared tenancies.

People told us:

"My support worker gives me the best support at all times and above all keeps me safe."

"Staff are okay, but we could do with more of them."

"I like it when it is quiet but sometimes it can get a bit noisy living here."

"Get a laugh with the staff, get a bit of banter."

"Staff help me to take my pills, I would like to keep taking my pills from staff."

"It is not bad living here, my bedroom is okay and big enough, I have everything I need in it."

"I know all the staff who look after me, I couldn't fault them, they have been great with me."

"Staff don't always have time, lots of staff have been off leaving gaps, but they try to do their best."

"Staff treat me well, they are really good to me and I am getting out more."

"I like living here for the company, staff are nice, and the place is relaxed."

"Staff are very good, and they help me keep everything organised with the house and my shopping."

## 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?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

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**

During the inspection, we reviewed how well the service were supporting people's well-being and we found the standard to be adequate.

People who use care services should experience compassion, dignity and respect. People supported had built trusting relationships with staff. We observed relaxed and comfortable interactions between people supported and staff when in each others company. Staff delivered care and support in a compassionate manner and with kindness. Staff were courteous and had developed their skills in order to communicate with people sensitively and in a style and pace that was tailored to meet people's needs.

Staff listened to people's views when providing support. People made decisions and staff respected these. Feedback from people supported was also sought in a structured way via questionnaires and reviews and

comments made were being actioned. Feedback had been positive and this demonstrated that people felt they were treated with dignity and respect.

Where people's independence, control and choices were restricted, we found this to comply with legislation and this was carried out in a dignified manner. People could access an independent advocate; this would ensure that their views and wishes were heard when decisions were being made about their lives.

Staff should review material on show within houses of multiple occupancies and be mindful of conversations which take place with people supported within communal areas. This is to ensure that all information about people supported is kept confidential and people's privacy is always respected.

People who experience care should get the most out of life. Most people we spoke with had been supported by the service for a considerable time and staff knew their life stories.

Conversations confirmed that people who were able to, chose how they spent their time and continued to lead an independent life, participating in the local community and maintaining contact with their family and friends.

Some people told us they felt staff did not have enough time to support them. We found support within some shared tenancies lacked appropriate structure and stimulation for people. Due to people's physical and mental health they were unable to independently lead fulfilling lifestyles and enjoy what was important to them. Their assessed support was task driven and the service did not have the ability to support activity beyond this. This meant some people were not being enabled to pursue interests and try new experiences, resulting in a large amount of their time being unoccupied. (Area for improvement 1)

The culture within the organisation had made it hard for people to raise concerns and report poor practice. We have seen significant improvements made within this area since the last inspection. Staff training and an improved staffing structure had given staff a clear understanding of their roles and responsibilities in relation to protecting people from harm. If concerns were raised, we found staff had responded to these correctly, escalating concerns to appropriate services in order to protect people from harm, neglect, abuse, bullying and exploitation.

The care and support provided by staff should be beneficial to people's health and any treatment and intervention should be informed by good practice. Staff monitored people's health and wellbeing and made referrals to other health and social care professionals within the local community for advice and treatment. This ensured people were being supported to keep as physically and mentally well as possible.

The service had worked hard to improve the medication systems within all parts of the service. We felt confident that the team leaders and staff had a better understanding of the medication administration record (MARs) system. An improved audit system resulted in early detection of discrepancies in stock control and improved medication procedures, and close monitoring had resulted in safer practice.

## Areas for improvement

1. The service provider should provide support to people based on their needs and the outcomes they wish to achieve.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6)

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

## How good is our leadership?

## 4 - Good

During the inspection, we reviewed the quality of leadership and found the standard to be good.

The service provider had made considerable improvements over the previous year which had strengthened the management board, senior management staff team and governance within the organisation. People had clear roles, responsibility and accountability. Progress was clear and significant steps forward had been made. This should provide people with confidence that the organisation providing their care and support was now being well led and managed.

Staff we spoke with confirmed that the Head of Care who was also the registered manager of the service was approachable and made themselves available within all parts of the service. Staff felt able to express their views to them and felt more supported.

The service provider had taken positive action to improve the staff training programme within the organisation to ensure the staff team were equipped with the necessary skills and knowledge required to support people. This included leadership training for senior staff members. The effectiveness of training should continue to be monitored via observing staff practice and supervision sessions to ensure it is supporting people to meet their outcomes.

Team meetings and staff supervisions would benefit from an improvement focus to empower staff to become more confident in recognising their role in driving forward improvement in the service.

Information is now being submitted to the regulatory body within the relevant timescale. This has demonstrated a transparency in how the service is identifying and managing incidents which happen within the service.

The service provider should have robust and transparent quality assurance systems in place, so people supported by DGMHA benefit from a culture of improvement. The manager had developed a range of audits to be carried out to assess the delivery of the service and provide feedback on processes. These should continue to be implemented to identify and evaluate care and support provided and how this improves outcomes for people experiencing care. (See Area for improvement 1)

## Areas for improvement

1. The service provider should develop and implement a system of audits to ensure effective oversight and monitoring of all aspects of the service. The system should effectively enable areas for improvement to be promptly and accurately identified and an action plan then developed detailing timescale and person responsible.

This is to ensure 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?

4 - Good

During the inspection, we reviewed how good the staff team was and found the standard to be good.

People experiencing care should benefit from the right staffing levels and staff working well together. The service provider had recognised that parts of the service required additional staff and recruitment was ongoing, team leaders were therefore required to work additional support hours within the service, which had reduced some of their time for management duties at present.

A shortage of staff within some areas had resulted in an insufficient capacity to support improvement activity effectively and to embed changes at this time. An example of this was progressing with developing and implementing new support plans.

The registered manager had implemented Care Planner, which is an electronic system that has the facility to complete comprehensive staff e-rostering and deployment. Effective deployment of staff and regular observation of staff practice and people's experiences should inform and demonstrate a more evidenced based approach to staffing. We will monitor the success of this at the next inspection.

People were supported within the community by a small core staff team, this provided people with continuity and consistency, people told us they knew all the staff team. People supported received a rota, this told them when support was being provided and by whom. People were informed ahead of support if there were any unexpected changes to times or staff. The service was as flexible as it could be and accommodated changes to support times; for example, when people required support to attend appointments.

We observed positive relationships between staff and people supported. Staff we spoke with felt staff were supportive towards each other and that they worked well as a team in order to provide good support to people. Staff felt communication was good within their teams. We heard mixed opinions regarding communication and sharing of information from the senior management team. Some people felt that this area could be further improved.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

3 - Adequate

During the inspection, we reviewed how well care and support was planned and found the standard to be adequate.

The service provider was currently reviewing the referral process to the service. This included people having an assessment of their needs carried out prior to accepting referrals to ensure that the service had capacity and the staff had the skills required to support people's safely.

People who use care services should have a plan in place which details how their needs, choices, wishes and preferences will be met. All people had a support plan in place, but the quality of these varied and they did not all reflect the care and support experienced by people supported by DGMHA. Work had commenced on improving the support plan document and from looking at these and discussions with staff, we felt staff required further training and guidance in this area.

The implementation of best practice tools to help the support planning process would provide staff with a more outcome focused recording system to guide staff. Review meetings and minutes should be outcome focused and identify actions agreed and delivered to reflect and evaluate people's experiences. This will help to ensure that personal outcomes are being met and that people's health is benefitting from the care and support provided. (See Area for improvement 1)

When reviewing support, staff should use a strength-based approach to assessment and support planning that recognises and maximises people's abilities to promote independence. Senior staff had received training in assessing risk and new risk assessment documentation had been developed. The review of support plans and risk assessments was ongoing and we have repeated an area for improvement relating to risk assessments. (See Area for improvement 2)

The role of the key worker should be reviewed to include more involvement in support planning, review meetings and protected time to promote opportunities for meaningful activities within an enabling culture to support people to meet their outcomes and aspirations. (See Area for improvement 3)

We found people's support was reviewed with people supported and, where appropriate, health and social care professionals involved in their care were included. This meant people were involved in developing and reviewing their support to reflect their changing need.

## Areas for improvement

1. 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)

2. The head of care and support should ensure that risk assessments clearly annotate the hazard, the risk to the person supported/others, and the measures in place to reduce the risk. Staff must have an understanding and be supported to robustly and comprehensively complete risk assessments.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risk which enable the quality of my life." (HSCS 2.24)

"If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my formal or informal representatives are sought and taken into account." (HSCS 2.12)

"I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice." (HSCS 2.6)

3. The provider should promote and develop the role of the keyworker within the service to develop staff understanding and improve outcomes for people.

This is to ensure care and support is consistent with the Health and Social Care Standards which 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)

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

In order to ensure safe administration and storage of medication, the service provider must ensure the following by 21 December 2018.

- 1) Ensure a complete, accurate and consistent auditable record of all prescribed medicines entering, administered or destroyed, and leaving the service. (The audit trail and stock control should be enhanced by recording on the MAR the amount of medication received or carried forward to the start of each new cycle).
- 2) Ensure a robust system is in place to monitor the opening and expiry dates of all prescribed medication.
- 3) Ensure a medication support plan is developed for each service user and that this is regularly monitored and reviewed. This must also include clear and accurate details of where people manage their own medication.
- 4) Develop a robust system of audit to maintain oversight and monitoring in all areas of medication administration. Outcomes as a result of any audit should be clearly recorded and an action plan developed.
- 5) Ensure each person's medication is regularly reviewed by the relevant healthcare professional and that this is accurately recorded.
- 6) Ensure staff members are trained and competent to administer medication.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210) Regulation 4 (1) (a): A provider must make proper provision for the health, welfare and safety of service users.

**This requirement was made on 27 November 2018.**

#### Action taken on previous requirement

The manager had reviewed and developed new documentation to audit the safe administration of medication. Medication support plans, guidance and risk assessments had been reviewed and updated. Staff had completed medication training. Storage and administration of medication had been reviewed and where required had been located to a more private environment within shared tenancies.



**Met - outwith timescales****Requirement 2**

In order to ensure that responsive and appropriate action is taken, in line with best practice and legislative requirements, to ensure people are protected and kept safe the provider must take action to ensure the following by 21 December 2018.

- 1) Ensure the provider and all staff have full understanding and appropriately refer incidents as directed in the Dumfries and Galloway Multi-Agency Adult Support and Protection Procedures.
- 2) Ensure they promptly consult and advise the relevant commissioning local authority as required.
- 3) Ensure the promptly notify the Care Inspectorate.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

"I am protected from harm because people are alerted to respond to significant deterioration in my health and wellbeing that I may be unhappy or may be at risk of harm." (HSCS 3.21)

"I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessment and referral made." (HSCS 3.22)

"If I might harm myself or others, I know people have a duty to protect me and others, which may involve contacting the relevant agencies" (HSCS 3.24) and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) (a): A provider must make proper provision for the health, welfare and safety of service users.

**This requirement was made on 27 November 2018.**

**Action taken on previous requirement**

Staff had completed Adult Support and Protection training, policies and procedures had been reviewed. Staff were liaising with colleagues within the social work department and reporting procedures had improved. New local authority documentation was now being completed as part of the referral procedure when concerns were raised.

**Met - within timescales****Requirement 3**

The provider must ensure that the Care Inspectorate are notified of all significant events as per Care Inspectorate Notification Guidance by 21 December 2018.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I use a service and organisation that are well led and managed" (HSCS 4.23) and in order to comply with The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011, SSI 2011/28 4(1) (b) - records, notifications and returns.

**This requirement was made on 27 November 2018.**

## Action taken on previous requirement

Changes to the management team and staff training had resulted in an improvement in communication with the Care Inspectorate. Information was now being shared and reported as per notification guidance.

**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

The service provider should review the template for the individual risk assessments to ensure that these clearly annotate the hazard, the risk to the person supported/others, and the measures in place to reduce the risk. Staff must have an understanding and be supported to robustly and comprehensively complete risk assessments.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risk which enable the quality of my life." (HSCS 2.24)

"If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my formal or informal representatives are sought and taken into account." (HSCS 2.12)

"I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice." (HSCS 2.6)

**This area for improvement was made on 27 November 2018.**

## Action taken since then

Staff had attended risk assessment training and new documentation had been developed. Support plans and risk assessments are being reviewed and updated. We have therefore repeated this area for improvement.

This area for improvement has been repeated.

## Previous area for improvement 2

The service provider should ensure that all staff receive supervision as per policy, or more frequent if required. The supervision format should be reviewed to enable a clear record of discussions held, agreements made and further action to be taken.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS4.11)

**This area for improvement was made on 27 November 2018.**

### Action taken since then

The supervision procedure had been reviewed and the format updated, and supervision planners were also now in place. We found supervision was taking place and this was confirmed through records and feedback from staff members. Quality of supervision records varied and we suggested further areas of improvement regarding staff reflection and evidencing training and how this supports people's outcomes.

This area for improvement had been met.

## Previous area for improvement 3

The service provider should develop and implement a system of audit to ensure effective oversight and monitoring of all aspects of the service. The system should effectively enable areas for improvement to be promptly and accurately identified and an action plan then developed detailing timescales and person responsible.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.91).

**This area for improvement was made on 27 November 2018.**

### Action taken since then

Quality assurance systems had been reviewed within the service. Audits had been developed and implemented and a staff member had been employed to support this area of work. Further developments are required and we have repeated this area for improvement.

This area for improvement has been repeated.

## Previous area for improvement 4

The service provider should consider introducing methods to enable families, carers and other stakeholders to assess and participate in the quality of the service provided.

The service provider should consider providing feedback timeously, to ensure everyone knows what actions are to be taken as a result of comments and suggestions made and expected timescales for these.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7)

"I can be meaningfully involved in how the organisation that support and care for me work and develop." (HSCS 4.6)

**This area for improvement was made on 27 November 2018.**

### Action taken since then

A system had been introduced to obtain feedback from stakeholders. This included feedback questionnaires which had been collated and outcomes of this shared.

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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - 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?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.