

Dudhope Villa and Sister Properties Housing Support Service

1 St Mary Place,
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Telephone: 01382 226 824

Type of inspection:
Unannounced

Completed on:
2 September 2021

Service provided by:
Dudhope Villa and Sister Properties

Service provider number:
SP2004004668

Service no:
CS2004064634

About the service

Dudhope Villa and Sister Properties is registered by the Care Inspectorate to provide a combined Care at Home and Housing Support Service. The service is for vulnerable adults and aims to meet the needs of individuals for personal care, personal support needs, general counselling, advice and guidance. The service works with other agencies to meet needs. Service users can choose to have an alternative Care at Home provider if they so wish.

The service provides accommodation on a full board basis at Dudhope Villa and in the sister properties around Dundee.

The service is provided by a manager and a team of staff including support workers and domestic staff. The service is provided on a 24 hour basis, with a constant staff presence in Dudhope Villa and planned visiting support and on-call support to the sister properties. At the time of our inspection, support was being provided to 42 people.

What people told us

We spoke informally to six people during our visit. We heard that people had enjoyed a recent visit to Dunfermline and were hoping to go on holiday again later this year.

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 care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic? 3 - Adequate

We carried out an unannounced visit to the service on 02 September 2021.

Our findings from this visit can be found in the 'What the service has done to meet any requirements made at or since the last inspection' and the 'What the service has done to meet any areas for improvement we made at or since the last inspection' sections of this report. The service had made the necessary improvements to improve infection prevention control practices and knowledge.

We re-evaluated 7.2 and 7.3 to 'adequate' as a result of this inspection.

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

Requirements

Requirement 1

In order to ensure people receive safe care and support which reduces the risk of spread of infection, the provider must by 23 June 2021:

- a) develop a clear infection prevention and control policy which reflects the National Infection Prevention and Control Manual (NIPCM)
- b) develop a Covid-19 specific risk assessment which details the measures in place to safeguard people taking account of the NIPCM Scottish Covid-19 Community Health and Care Settings Infection Prevention and Control Addendum
- c) ensure all staff are fully aware of the content of the newly developed policy and risk assessment and have access to up to date good practice guidance.

This is in order to comply with Regulations 4(1)(a) and 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and The National Infection Prevention and Control Manual (NIPCM): <https://www.nipcm.hps.scot.nhs.uk/> NIPCM Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum: <https://www.nipcm.scot.nhs.uk/scottish-covid-19-community-health-and-care-settings-infectionprevention-and-control-addendum/>

This requirement was made on 26 May 2021.

Action taken on previous requirement

An infection control policy had been developed by the provider. This fully reflected current guidance and safe practice. In addition, a Covid-19 specific policy and risk assessment had been developed. This provided clear guidance on the procedures within the service to protect people from the risk of Covid-19. The registered manager and staff we spoke with were confident about the content of these policies and how to implement them in their daily work. This reduced the risk of harm to people from the spread of infection. We were fully satisfied this requirement had been met.

Met - within timescales

Requirement 2

In order to ensure the safety and wellbeing of people, the provider must develop a staffing contingency plan by 23 June 2021. The plan should detail:

- a) the arrangements in place to ensure sufficient staffing numbers
- b) how information relating to the testing of unfamiliar staff will be gathered

c) the information which is essential to provide safe support and how staff unfamiliar with the service could access this.

This is to comply with Regulations 4 (1) (a) and (d)(welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 26 May 2021.

Action taken on previous requirement

A full contingency plan had been considered and developed by the provider. This provided clear details of the actions which should be taken should an outbreak of infection be experienced. Clear and concise information had been gathered to inform unfamiliar staff about the care and support people needed. This is important in making sure people stay safe and healthy in the event of a significant outbreak. We were fully satisfied this requirement had been met.

Met - within timescales

Requirement 3

In order to ensure that people experience a service with well trained and competent staff, the provider must address identified staff training needs by 12 July 2021. In particular, you must ensure:

- a) that all staff have received training on the correct use and disposal of PPE, infection prevention and control
- b) that all staff are supported to be fully aware of their responsibilities and that safe infection prevention and control practices are adhered to by all staff at all times (following NIPCM and Covid-19 guidance)
- c) there is an effective and comprehensive system in place to assess staff competency and ongoing compliance with PPE use and disposal.

This is to comply with Regulations 4 (1) (a) and (d)(welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 26 May 2021.

Action taken on previous requirement

Staff had undergone additional online Covid-19 training since our last inspection. This had included competency assessments carried out by external professionals. In addition, staff had been encouraged to complete written competency assessments to evidence their understanding of the newly developed policies. This was a good way of making sure staff understood the implications of new policies on their day to day work.

The manager had implemented direct observations of practice, particularly focused on safe infection prevention and control. Staff we spoke with had greatly improved knowledge and confidence in areas such as how to safely use PPE. Staff told us they felt more confident and prepared to safely manage any future outbreaks. We were fully satisfied this requirement had been met.

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 registered manager should take steps to ensure their learning is supported and practice is up to date. This should include the use of good practice websites and published guidance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)

This area for improvement was made on 26 May 2021.

Action taken since then

The manager was scheduling regular periods during the week to make sure her knowledge and practice was updated. We encouraged the manager to continue scheduling this into the rota as a protected time.

We saw recent changes to national guidance had been identified and policies subsequently updated. We were reassured that the manager had increased confidence and awareness in relation to infection prevention and control. This had been used to support improved day to day practice and provide the right guidance and direction to staff. People were more protected from this increased knowledge.

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 care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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