

# Dementia Support Service Support Service

Dementia Support Service  
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**Type of inspection:**  
Unannounced

**Completed on:**  
22 November 2023

**Service provided by:**  
North Ayrshire Council

**Service provider number:**  
SP2003003327

**Service no:**  
CS2012306108

## About the service

Dementia Support Service is registered to provide care and support to adults and older people with memory impairment and/or dementia living in their own homes and in the wider community throughout North Ayrshire. The service operates from an office base in Ardrossan, North Ayrshire. At the time of inspection 87 people were being supported by the service.

The service provider is North Ayrshire Council.

## About the inspection

This was an unannounced inspection which took place on 21 and 22 November 2023 between 10:00 and 16:00. The inspection was carried out by two inspectors 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 throughout the inspection year.

This was a pilot inspection to test a new way of confirming that better performing, low risk services are continuing to provide good quality care and support.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances, wellbeing, leadership, staffing, and planned care/support.

We confirmed that the previous evaluation of good has been maintained. We know this because on this inspection we:

- spoke with one person using the service, and 11 of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents

## Key messages

### Legal assurances-

We found that people were safe and protected from harm because the service was operating legally and in line with their conditions of registration, including having the appropriate insurance in place.

### Wellbeing-

The service acts appropriately to protect people from harm. We saw that the service had good care plans in place, with appropriate assessments.

People were kept safe from risk as staff had the necessary skills, training and competence in all areas of their role.

We saw that the service had good governance and quality assurance processes in place. However, the manager needs to plan to ensure that observation of staff practice takes place.

People were benefitting from the care and support received, as their families commented;

"He was always an active man but had lost interest, this support has given him an incentive to go out again."

"Dad doesn't like people but he likes the staff member, he's been out with him and tried the day service; this service gives me peace of mind."

"Dementia Support Service are the only people that he accepts, they have exceeded our expectations."

### Leadership-

The service was well led and managed. Leaders had good oversight and understanding about what was working well and what improvements were needed within the service.

There were a number of effective systems in place to promote safety and wellbeing of people. For example, oversight of accident and incidents, training, maintenance records.

Peoples' views were sought regularly about the care service. Appropriate action was taken when issues were raised about service improvement. This resulted in an open and transparent culture, where the priority was the person receiving care and support.

### Comments from staff we spoke with included:

"I speak with the manager regularly, get supervision and feel supported."

"The manager is so approachable and supportive."

"I feel supported in my role."

"The team are fantastic, really approachable and helpful."

"The manager has been so supportive and available."

### Staffing-

People are kept safe because the service had effective recruitment practices in place with a strong emphasis on value-based recruitment. There was a clear link between the needs of the people using the service and the skills and experience of the staff recruited.

### Families commented:

"Staff are clearly suited to their job, they are nice to get along with."

"We had consistent staff who were flexible and communicated well with us."

"Staff made nice suggestions for my wife to enjoy."

Staff told us that they benefitted from an induction programme that supported them in their new role.

People's needs were met because the induction programme enabled staff to support the needs and outcomes of the people using the service.

A staff member commented:

"The induction and shadow period was lengthy but really helpful in me learning how best to approach situations."

Planned care/support-

A common theme throughout the inspection was that staff worked in partnership with the people they supported. People and their families were central and fully involved. Care plans were person-centred and reflected people's rights, choices and wishes. Care needs were regularly discussed with people and changes were reflected in care plans.

The service is currently going through a period of change and planned to engage with people to ensure that it was as person-centred as possible.

We saw that staff were very passionate about their role and commented "It's so interesting being part of people's Dementia journey." "It's a real lifeline for people and their families."

The impact that the service has on families was clear, comments included; "I think it's brilliant, he looks forward to his visits." "The girls are all lovely, he was wary at first but now he looks forward to it."

"Very happy with the service, the staff member is lovely, very patient and tries to engage him." "The support gives me time out as I trust the staff, they've built a good relationship with him." "It's a brilliant brilliant service, it's like having friends to the house."

## 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 ensure that the content and quality of service users support plans is enhanced. This should include, but is not limited to:

- detail of service users' needs
- specific detail of how needs will be met
- on-going evaluation of support provided, and the impact on desired outcomes

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 needs will be met, as well as wishes and choices' (HSCS 1.15).

**This area for improvement was made on 3 February 2020.**

#### Action taken since then

The service has put new care plan proforma in place, this includes the person's needs and how they will be met. The service evaluates this at regular intervals with the person to determine what they are working towards and what they have done to achieve this, and how staff should best support the person.

This includes new "getting to know you" information. We saw examples shared about how people had been supported to meet their outcomes.

Staff have regular interaction with service users and will continually seek feedback to ensure that their wishes and preferences are captured and met.

This area for improvement has been met.

### Previous area for improvement 2

To ensure care and support continues to meet service user's needs, the service provider should enhance the content and quality of care reviews. These should provide a clear account of conversations had during the review process, and detail the specific actions to be taken to address any changing needs or desired outcomes.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 3 February 2020.**

#### Action taken since then

The review proforma has been amended to be more in-depth detailing how the person had worked towards their outcomes and any areas that could enhance their life. This also prompts that any conversation is documented, and actions specified.

Any updates or changes are communicated to the allocated worker and coordinator.

There is also a new referral process to assess the person, this cannot move forward if there is insufficient information available.

This area for improvement has been met.

### Previous area for improvement 3

The service provider should increase staffs learning and skills in supporting people with dementia. This should include being trained to 'Enhanced' level within the training outcomes outlined in the Promoting Excellence in Dementia Care Framework, developed by Scottish Social Service Council and NHS Scotland as part of the Scottish Governments Dementia Strategies.

This is to ensure 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' (HSCS 4.11).

**This area for improvement was made on 3 February 2020.**

#### Action taken since then

All had staff completed Promoting Excellence training to enhanced level in June 2023. When new staff start this training is arranged as a matter of course. We saw good use of the workbooks to gauge staffs empathy, understanding and how they recognised good or poor practice.

This area for improvement has been met.

## Previous area for improvement 4

The service provider should put in place and implement a robust process for setting and assessing staffs practice. This should include, but is not limited to:

- annual objective setting to develop staffs current practice
- measurement of achieving objectives through regular supervisions
- where issues are identified, specific, measurable, achievable, realistic and time-framed actions should be set
- gain feedback from service users on staffs practice to underpin and illustrate work completed and competence.

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).

**This area for improvement was made on 3 February 2020.**

### Action taken since then

Regular supervision takes place with all staff, objective setting is detailed within that. Feedback was gathered from people experiencing care and used to develop staff practice.

The service actively engages with people to gather feedback and make improvements to the service provided. This has provided some excellent feedback.

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

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