

## Dumfries & Galloway Services Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 October 2025

**Service provided by:**  
Community Integrated Care

**Service provider number:**  
SP2003002599

**Service no:**  
CS2004073368

## About the service

Dumfries & Galloway Services is registered to provide care at home and housing support services. The service is provided to adults with learning difficulties, mental health needs and physical disabilities.

The provider is Community Integrated Care.

The service is provided at three separate locations. Two of these are in Dumfries and referred to as Ladyfield Villas and Swans Vennel, and one is in Kirkcudbright called School Close.

The registered manager is also the regional manager and has responsibility for other services. Service leads who report to the registered manager are located in the three areas within Dumfries and Galloway.

At the time of the inspection, 26 people were receiving support to live in their own homes. Hours of support varied depending on people's needs and includes overnight support where required.

## About the inspection

This was an unannounced inspection which commenced on 14 October and continued 15 and 16 October 2025 between 10:15 and 18:00 hours. Inspection feedback was provided on 20 October 2025. 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 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 received feedback via our survey from four people;
- spoke with and received feedback from five relatives;
- spoke with 19 staff and management, and received feedback via our survey from 22 staff;
- received feedback from five visiting professionals;
- observed practice and daily life;
- reviewed documentation.

## Key messages

- Most people we spoke with were positive about the care and support provided.
- People were supported to lead active lives.
- Staff consulted with community services to support people's health needs.
- The safe administration of medication needs to be improved.
- People's personal plans were person centred.
- Four areas for improvement made at the previous inspection had been met.
- The provider had carried out a self-evaluation of the service and had processes in place to support continuous improvement.

## 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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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 reviewed how well the service were supporting people's wellbeing. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences and we found the standard of supporting people's wellbeing to be good.

Most people spoke positively about the service and the staff team who provided this. We spent time talking with people who used the service and their family, and visited people in their home. We observed positive interaction between the staff team and people supported; staff were respectfully supporting people within the homes we visited or the communal spaces. Overall, we found people to be satisfied with the care and support provided.

Support was being provided by a more stable staff team. At the time of the inspection, all vacant positions had been filled, and agency staff were no longer required. This had made a significant improvement and offered people more continuity in their care and support.

A visiting professional told us, "Previous staffing issues have impacted on service provision at times, improvement in this area recently has benefitted the wellbeing of people supported."

Feedback regarding communication was mixed. While some people shared positive experiences and felt communication was good, some staff and relatives highlighted areas for improvement. This related to information shared about people's care. Whilst some good practice existed, further improvements were required across the service.

People's support hours were planned to support them in areas such as personal care, maintaining their home and taking part in hobbies or activities, they enjoy. People were also supported to be involved in their local community and use local services. This supported good physical and mental wellbeing.

Some technology was in place to support people to spend time independently, while still ensuring access to staff support when needed. This included overnight, with staff available to respond if assistance was required.

Staff demonstrated an understanding of their responsibilities regarding adult protection and had completed training to identify and report any concerns. People's personal plans and protocols were followed to reduce potential harm.

Improvements were needed in the safe administration of medication. There has been an increase in errors, with some people not receiving the correct medication at the correct time. These incidents had been reported and additional support was being provided to improve practice. We found weekly medication audits and oversight had failed to identify issues that were highlighted during the inspection. In cases where actions were recorded, there was no evidence of these being follow-up to completion. (See area for improvement 1).

People's physical and mental health needs were monitored and staff demonstrated their ability to recognise and report any changes. Staff liaised with external services, including GPs, social workers, and the community mental health team, ensuring appropriate escalation of concerns when required.

People were supported to access community healthcare services which included dental and optician appointments. These interventions helped people maintain the best possible physical and mental health.

Staff provided support with shopping and meal preparation where needed. There were examples of involvement from Speech and Language Therapy (SALT), and adjustments to mealtimes had been made to enhance individuals' enjoyment of meals. Where required, people's weights were being monitored, with appropriate actions and risk assessments in place for those at risk of poor nutrition or inadequate fluid intake. These measures collectively supported people's nutritional and hydration needs.

### Areas for improvement

1. The provider should improve the management of medication to ensure that people receiving the service are safeguarded and that their health needs are effectively met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

### How good is our leadership?

#### 4 - Good

We reviewed the leadership within the service and found there were a number of important strengths which clearly outweighed areas for improvement. We found the standard of leadership to be good.

The service demonstrated a structured approach to quality assurance. As part of a national organisation, it benefitted from access to resources from various departments, who supported the service to achieve an expected standard.

Staff from the organisation visited the service and completed audits, and actions were identified and included within the service's continuous improvement plan. A range of online platforms were used to implement quality assurance processes, providing good oversight of service performance and actions taken to address areas requiring improvement.

Improvements that were needed in relation to quality assurance was the standard of audits and checks completed by support staff. Examples of this included medication audits and financial oversight. (See area for improvement 1).

Feedback from people supported, relatives and staff was mostly positive about the management team and the improvements being introduced. However, some people reported that concerns raised with management were not always addressed, leading to a belief that action was not always taken.

Gathering feedback from people supported and other people who had contact with the service was inconsistent. The staff team should explore different ways to capture feedback which should then be used to inform the services continuous improvement plan.

The provider had a system in place to manage complaints, we found these were logged, investigated and concluded, and the outcomes of these were used to review practice.

Incidents and concerns were being escalated appropriately, with external agencies such as Social Work and the Care Inspectorate being notified. While notifications were being submitted to the Care Inspectorate, we

discussed the guidance in relation to timescales of submissions and submitting further actions taken and outcomes of these. Following incidents, debriefs and lessons learned took place to support staff and reflect on practice

It was positive to observe the service were referring to the Care Inspectorate's 'A quality framework for care homes for adults and older people'. This had been used to self-evaluate their performance against all core assurances and key questions within the framework. An improvement plan was in place to support continuous improvement within the service.

Staff were responsive and engaged throughout the inspection. When suggestions were offered, they were receptive and discussed the steps they planned to take.

## Areas for improvement

1. The provider should ensure that all staff follow quality assurance processes in place. This includes the completion of audits, recording actions required and following through actions to completion to support improvement within the service.

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

We reviewed how good the staff team and staffing arrangements were. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact. We have evaluated this key question as good.

Staff were recruited safely, with all pre-employment checks completed before staff began working within the service. New employees participated in a structured induction programme, which included shadowing experienced staff to build their knowledge and confidence in supporting people. The induction also featured a face-to-face welcome day, which received positive feedback. However, some staff expressed improvements could be made to the induction, including the benefits of receiving additional person-centred training, beyond the online training currently provided.

The registered manager had a system in place to assess staffing levels to match the hours of support which were to be delivered. Consideration was given to skill mix and experience of staff members. Principles of trauma-informed practice were also being followed in relation to shared decision making, listening and responding to the needs and choices of people supported.

Oversight of the care and support to be delivered was in place. Each person received a tailored support schedule, with times to meet their individual needs. People were often supported by the same staff member over a period of time, which enabled them to spend time away from home and engage in activities important to them. Staff reported having sufficient time to provide care and support.

Over the previous year, the service experienced a high turnover of staff and there was a frequent reliance on agency staff. There had also been changes within the onsite management teams. This has had an impact

on the service. Currently, staffing appears to be more stable, which is expected to contribute to greater continuity and improved outcomes over time.

Both formal and informal support was available for employees. Staff training was in place to support staff within their role, to enhance their skills and reinforce best practice. Staff were also being supported to complete their Scottish Vocational Qualification (SVQ) in order to meet their conditions or registration with the Scottish Social Services Council (SSSC). This supported staff in their professional development.

Team meetings took place and gave staff the opportunity to meet with the onsite management team and colleagues. Team meetings were used to share information with staff and gave staff the opportunity to raise questions or concerns. One-to-one supervision meetings referred to as 'You Can' were also held with staff to provide support.

Feedback in relation to team working was mixed and we heard very positive feedback where staff felt they worked well together as a team. Others felt areas, such as improved communication and more support at weekends, would improve team working.

## How well is our care and support planned?

## 5 - Very Good

We reviewed how well people's care and support was assessed and planned to meet their needs and wishes. We found major strengths in supporting positive outcomes for people. We have evaluated this key question as very good.

Prior to accessing the service, people's needs were assessed. The registered manager and staff team worked closely with different services and a multi-disciplinary approach was taken. Transition work was completed where possible to support the person to move into their new tenancy and supported living routine.

All people supported had a personal plan in place. These included assessments, risk assessments and care plans. Plans were person centred, detailed and evidenced people's needs, strengths and outcomes they wished to achieve. Conversations with people about what was important to them was reflected in their personal plans.

People's personal plans were reviewed and updated by staff members. The provider had a process in place to audit personal plans and we were confident that audits were identifying where information required to be updated, clarified or further action taken.

We have reported on the accessibility of people's personal plans under, 'What the service has done to meet any areas for improvement we made at or since the last inspection'. Staff had access to people's personal plans via a handheld electronic device; these were used to direct staff on the care and support to be provided. Daily entries were recorded within people's personal plans which staff providing subsequent support visits could access for up-to-date information.

An overview of people's care and support reviews were in place. The aim was for these to be carried out at least six-monthly, or earlier where required. Overall, the planned timescale for these was being achieved. Review meetings gave people the opportunity to evaluate if their care and support needs were being met.

Where appropriate, individuals' family members or representatives were included in the review process.

Where legal powers were in place, there was evidence of involvement from those authorised to support decision-making.

## 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 provider should have guidance available for agency staff relating to the role they are to perform. This should include information on people's support needs and essential information covering all aspects of health and safety.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 18 September 2023.**

#### Action taken since then

An information folder had been implemented at Ladyfield Villas containing essential information for new employees and agency staff. An induction checklist was also included in the folder for completion by agency staff. We asked the service lead to add further details, such as contact information and cross-references to other locations where useful information was stored. This was being actioned at the time of the inspection.

**This area for improvement had been met.**

#### Previous area for improvement 2

The provider should ensure people receiving care and support know in advance who will be arriving to provide this. This information should be included within people's schedule of support. People should be informed of any short notice changes which have to be made.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

**This area for improvement was made on 18 September 2023.**

#### Action taken since then

People supported received schedules that included the times of their support and the name of the staff member providing it. Some people found this helpful and received this information weekly, while others chose not to receive these details. The staff team assessed each person's needs individually and, where appropriate, provided support times only. This approach was taken to minimise the negative impact that excessive detail or last-minute changes to plans could have for some people.



**This area for improvement had been met.**

### Previous area for improvement 3

The provider should ensure that people supported, and where appropriate their relative or representative has a copy of their personal plan, minutes of review meetings should also be made available.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involve in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This area for improvement was made on 18 September 2023.**

#### Action taken since then

We were told that people supported could request a printed copy of their personal plans, as all personal plans were completed and stored electronically. However, we were also told that most people had not requested a copy of their personal plan.

We were unable to view any documentation to support this, as there was no recorded evidence of the offer or provision of a copy. It was suggested that this be documented within people's personal plans or offered during reviews or when care plans were updated. One person did confirm they had received a copy of their information.

Where appropriate people's family members had real-time access to their electronic personal plans, the access also informed them of the care and support their relative had received.

Review meeting minutes were shared with those who attended the review and a copy was stored with people's electronic personal plan.

**This area for improvement had been met.**

### Previous area for improvement 4

The provider should improve their oversight of the Scottish Social Services Council (SSSC) requirements and ensure staff are appropriately register within the required timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 18 September 2023.**

#### Action taken since then

Oversight of staff's SSSC registration status was in place; we discussed and viewed the system to manage this. From the information we reviewed, all staff were appropriately registered and new employees were in the process of being registered within the expected timescale.

**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?	4 - Good
1.3 People's health and wellbeing 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 arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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