

Dumfries Supported Living Housing Support Service

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Telephone: 01387 721 432

Type of inspection:
Unannounced

Completed on:
4 February 2026

Service provided by:
Voyage 1 Limited

Service provider number:
SP2004005660

Service no:
CS2004082190

About the service

Dumfries Supported Living is registered to provide housing support and care at home services. The service is provided to adults with learning disabilities, physical and sensory impairment and mental health problems.

The service provider is Voyage 1 Limited.

The service comprises of two separate locations of independent living homes in Dumfries; Fraser Court which accommodates 13 people, while Lincluden Court accommodates eight people. The service also supports people within the wider community.

The registered manager coordinates the overall running of the service from an office base within Fraser Court. Hours of support varies from a few hours to 24-hours support per day.

At the time of the inspection, there were 21 people being supported by the service.

About the inspection

This was an unannounced inspection which commenced on 2 February and continued on 3 February 2026 between 10:45 and 19:15. Inspection feedback was provided on 4 February 2026. 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 seven people using the service and received feedback via our survey from 10 people supported and their relatives.
- Spoke with 11 staff and management and received feedback via our survey from 20 staff.
- Received feedback from two visiting professionals.
- Observed practice and daily life.
- Reviewed documentation.

Key messages

- People experienced good outcomes due to kind and caring support from staff.
- Staffing numbers were sufficient to meet the needs of people supported.
- Reporting of information to the Care Inspectorate should improve.
- The service demonstrated strong partnership working with external health and social care professionals.
- We have continued two areas for improvement in relation to medication management and the application of quality assurance processes.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our staff team? | 4 - Good |
| How well is our care and support planned? | 4 - 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. We found the standard of supporting people's wellbeing to be good.

People experienced good outcomes because staff provided kind, compassionate and respectful support. Staff demonstrated a good understanding of people's routines, preferences and health conditions. This enabled them to provide appropriate care and support.

We visited people in their homes, people appeared relaxed and comfortable during support. People told us: "Staff help them with day-to-day things and to go out to places", "[they] can speak with some staff if something is bothering them" and they "like most of the staff who supports them." Other people told us: "Reviews are not always done on time and get cancelled and not rearranged" and "support that is given is not always used to focus on what is in the plan." Overall, people were satisfied with their care and support.

Systems were in place to support people to manage their medication. We have reported on this under "What the service has done to meet any areas for improvement we made at or since the last inspection".

While some areas required further development, particularly around consistency of support, medication recording and governance. these did not significantly reduce people's positive experiences of care.

People were supported to maintain skills. This included managing their own medication and finances, as well as participating in work, education, and social opportunities. These approaches helped to promote and sustain people's independence.

Adult Support and Protection procedures were in place, and appropriate protection concerns were escalated to social work. However, oversight of the outcomes of referrals required improvement.

The provider demonstrated effective partnership working, with concerns about people's wellbeing raised promptly and a multi-agency response used for individuals with higher levels of need. However, we identified that the Care Inspectorate had not been notified of all incidents that required reporting. This is significant, as such information helps us assess the effectiveness of the systems in place and the actions taken by the provider (see area for improvement 1).

Staff engaged with external health and social care professionals. Such as GPs, NHS24, social work and the mental health team. Staff recognised when people mental and physical health deteriorated and reported concerns so that appropriate and timely action could be taken to support people to maintain good physical and mental wellbeing.

Feedback from professionals included: "Manager provides strong, consistent leadership. They are accessible, actively supports staff, and has an in-depth understanding of both individual support needs and relevant legal frameworks" and "staff are welcoming, approachable, and maintain positive relationships with the people they support."

People were supported to go shopping, meal planning and meal preparation took place where required. People chose what they wanted to eat and staff supported people to consider healthy options.

Areas for improvement

1. The provider should ensure that the Care Inspectorate are notified of all significant events as per Care Inspectorate Notification Guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

How good is our staff team?

4 - Good

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

Staff were safely recruited, with appropriate pre employment checks completed before staff commenced work. New employees completed an induction programme which included shadowing more experienced staff members on visits. This ensured staff had the necessary knowledge and skill to carry out their role to the expected standard.

The provider had a system in place for assessing staffing levels. Staffing levels were generally aligned with the assessed needs of people supported. Contingency arrangements were in place to manage staff levels. These included over recruiting and use of bank staff to cover absences. There were no reported missed visits because of staffing shortages.

Staff were employed to work for the service. To offer consistency and continuity staff were deployed to work within a specific location. However, staff were flexible and when required would 'cover' the other sites where care and support was provided.

Supervision and appraisal systems were in place, with records showing regular discussions about staff wellbeing, training needs, performance, and practice. Staff described positive relationships with the people they supported and a strong commitment to providing good care. Feedback highlighted access to training and development opportunities, including mandatory and role-specific learning. Staff were supported to develop skills relevant to people's needs. There was also evidence of staff completing SVQs and progressing into promoted roles.

Team meetings took place, minutes did not evidence issues raised by staff or how actions would be followed up. Staff reported that their views were listened to and that they could raise concerns informally or through staff questionnaires. Overall, staff felt supported by management and confident in raising any issues.

Staff feedback reflected both strengths and challenges within the service. Many staff felt confident in their roles, described a positive atmosphere, and valued the range of training available. However, some highlighted periods of low morale, inconsistent management support, and a lack of senior presence. Concerns were also raised about communication. Suggestions included clearer communication systems and more consistent leadership across all sites.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. We reviewed how well care was planned to reflect people's outcomes and wishes. There were a number of strengths which, taken together, outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a positive impact on people's experiences.

Prior to accessing a service people's needs were assessed; This enabled the registered manager to ensure that they were confident that they could provide the required care and support.

Transition work was completed to support the person to move into their new tenancy and supported living routine. This included supporting with transition from hospital to people's new accommodation.

The provider was now using an electronic care planning system. Staff were becoming familiar with this and ongoing training was being provided. The new system should support improved recording and accessibility of information.

All people supported now had an electronic personal plan in place. The provider should review how people supported and their relatives or representative access the plan in a format of their choice.

Personal plans were in place which included assessments, risk assessments and care plans. Plans reflected people's needs, preferences, and outcomes. Inspectors observed staff using their knowledge of individuals to tailor support, and people were seen to be involved in day to day decisions about their routines and activities. Daily recordings were completed on the electronic timeline which evidenced events and interactions which took place. Care plans reviews took place and information was updated where required.

There were some discrepancies in relation to some assessment information. We discussed the importance of staff understanding the assessment tools that were in place and the application of these.

People supported also had a file stored within their home which contained, need to know information as well as other documents such as medication and budgeting records and health and safety checklists.

Person-centred reviews, where completed, were detailed and included multidisciplinary and family involvement where appropriate. Where legal powers were in place, there was evidence of involvement from those authorised to support decision-making. However, six-monthly reviews were not always carried out at the required frequency, and actions identified during reviews were not consistently monitored or signed off as completed. The registered manager should improve the oversight of these.

The provider had a key worker system in place to support people; however, there were inconsistencies in the completion of key worker records. Monthly key worker meetings did not always clearly show who had attended or contributed. Documentation was not consistently completed, with some records lacked dates, and identified outcomes. Strengthening oversight of review processes would help ensure that people's outcomes were effectively monitored.

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 medication management is improved within the service. The staff team should adhere to the provider's medication policies and procedures, and medication audits should be completed in more detail.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 26 May 2023.

Action taken since then

Staff had completed medication training, and medication competency checks had been carried out. A medication management procedure and policy were in place, along with guidance on responding to medication incidents. However, despite these systems, we identified some gaps in medication administration record (MAR) entries. Incomplete 'as required' medication documentation, and inconsistent completion of medication audits. In addition, some medication errors had not been reported to the Care Inspectorate as per guidance. We have continued this area for improvement.

This area for improvement had not been met.

Previous area for improvement 2

The service provider should ensure completion of the quality assurance processes in place in order to support improvements 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).

This area for improvement was made on 26 May 2023.

Action taken since then

An action plan was not submitted to the Care Inspectorate outlining how the areas for improvement identified at the previous inspection would be addressed.

The provider had quality assurance processes in place; however, these were not all being completed as intended. Responsibility for completing audits had been allocated to different team members, but there was no clear accountability for monitoring their completion, associated actions, or outcomes. The service would benefit from strengthening its oversight arrangements. The service was also unable to demonstrate how people supported were involved in quality improvement activities. Addressing these gaps would promote continuous improvement within the service.

This area for improvement had not 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.

Detailed evaluations

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| 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 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? | 4 - Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good |

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