

Dalmuir Park Housing Association Sheltered Housing Service Housing Support Service

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Unannounced

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Service provided by:
Dalmuir Park Housing Association
Limited

Service provider number:
SP2004006161

Service no:
CS2004063084

About the service

The sheltered housing service previously registered their housing support service with the Care Commission on 15 December 2004 and transferred its registration to the Care Inspectorate on 1 April 2011. On 8 June 2011 they registered a care at home service. This is now a combined housing support and care at home service.

The service provides support to people living in Dalmuir Park Housing's 70 self-contained sheltered properties split between two nearby sites within the Dalmuir area of Clydebank, West Dunbartonshire.

The service provides on-site support for residents and an alarm service is operational 24 hours. Another Telecare organisation provides the alarm service cover when support staff are not on duty. People have easy access to public transport and local shops.

The service aims:

"To ensure that older people and people with disabilities can live independently for as long as possible within their own homes and as far as is possible offer them a choice in the way the service is provided".

About the inspection

This was a full inspection which took place on the 17th, 18th and 19th of July 2023. 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 previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with nine people using the service and one of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

The service is well led. Quality assurance processes drive change and improvement.

People living in the sheltered housing complex are included in decision making and their needs and wishes are used to shape their support.

People are supported to build, maintain or re-gain social connections and are enabled to get the most out of life.

People are enabled to make informed health and lifestyle choices that contribute to positive physical and mental health.

The feedback from people and their families about staff was very positive.

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?	5 - Very Good
How good is our leadership?	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?

5 - Very Good

We evaluated this key area as very good as we found major strengths in supporting people's wellbeing. The organisation promotes a culture of continuous improvement that strives for excellence.

During our inspection we observed people being supported with compassion because there were warm, encouraging and positive relationships between staff and people making use of the service. We spoke with residents who were participating in a chair exercise class in a common room as well as speaking to people within their own homes.

Some of the comments people made were as follows:

'Staff are good, very helpful, treat you well.'

'If needing help and mention it they will do it'.

'Always get a smile from staff'.

We found examples of staff helping people to achieve their goals by supporting them to participate in activities, helping to keep them safe and advocating for them with external agencies when they needed support to address any issues affecting them. Residents had access to a welfare rights surgery and could have appointments arranged at home. The organisation provided advocacy support to people to resolve local issues such as irresponsible parking in the sheltered housing area. People were also supported to apply for funding when they were entitled to it. Through the National Lottery Fund people benefitted from opportunities to learn how to cook economically, had been offered free meals as well as the opportunity to apply for food vouchers and support with the cost of living.

The organisation had good links with Health and Social Care Partnership (HSCP) and reported any changes to people's presentation which might require a review of their care needs. Any physical adaptations required were added to people's tenancies to support mobility and independence.

People's wishes and preferences for support were taken into account by the organisation. As well as holding regular individual reviews with people, the organisation held regular tenant meetings whereby people could make suggestions about what activities they would like to see provided by the organisation and could comment on any issues affecting them. For example, people had been consulted by the organisation on changes to the staffing structure. These meetings were documented and action plans from the meetings were clearly outlined.

This inclusive approach was further evidenced by the use of suggestion folders in the communal areas where people could propose group activities for those living in the sheltered housing complexes. For example, residents had arranged a 'trip down the water' which they participated in, independent of staff. People's experiences of involvement in activities was sought and any actions needed as a result of the feedback were noted. We evidenced very positive feedback from people involved in communal activities. This meant that people were involved in decisions about their service which were meaningful and felt empowered because their voices were heard and action was taken by the service to address any issues they had.

People regularly had fun and social bonds were strengthened by people's participation in common room activities, group outings and through links with other organisations in the community. The organisation has access to a communal garden, the 'moon garden', which residents could visit. There was also an allotment

which tenants had access to and could benefit from. There were local links being developed with shop mobility which would promote the use of equipment to maximise people's independence. This meant the service worked hard to support people to get the most out of life.

Some of the younger residents used the common room independently to socialise whilst others attend organised events such as bingo, lunch clubs, high teas, exercise classes and yoga classes. Staff work hard to encourage people to use the communal facilities and to participate in social events. People were encouraged to participate in decisions about how tenants funding should be used. This meant that the organisation encouraged people to develop a sense of fairness and co-operation with others.

Staff had a clear understanding of their responsibilities to protect people from harm, neglect, bullying and exploitation. There was evidence of staff taking action to refer people to appropriate agencies when they thought they were at risk of abuse from others. The right to make choices and take informed risk was also part of the culture of the organisation. For example, people were able to drink alcohol during social events and people were encouraged to be as independent as possible when participating in social events.

Staff worked collaboratively with the HSCP carers to support people out with the times when their direct care was provided by the HSCP. This was risk assessed. The organisation had sourced moving and assisting training for staff in order that they could offer more support to people in the event of emergencies. Some of staff had knowledge of enhanced dementia awareness and this was very beneficial in terms of recognising the needs of this group of people within the housing complex. The service provided an emergency response service which people could use when staff are not on duty. The service was working on developing this response service further to ensure that people have a quicker response when they use this system. This will involve a more local response which will be more tenant focused. Care plans were regularly reviewed updated to reflect changes in people's presentation.

People were encouraged to eat a well balanced diet. There was evidence of fruit being made available in communal areas and guides for older people to eat well were accessible. People were supported to make their own choices about food and drink that met their needs and wishes. This meant that people's health and wellbeing benefitted from their care and support.

How good is our leadership?

5 - Very Good

We evaluated this key area as very good as we found major strengths in the leadership team which supported positive outcomes for people using the service.

We found that staff continually evaluated people's experiences to ensure people were getting support that was right for them. People were given opportunities to give feedback after participating in group activities such as the recent coronation event. People had also been consulted on the lunch club and asked for suggestions for menu choices. People had opportunities to give feedback at tenants meetings and this feedback was discussed further at management meetings where future service developments were discussed. This meant that leaders were responsive to feedback and used learning to improve the service.

The health and social care standards were used by the service to inform staff practice and this was evident in their inclusive approach to working with people. People appeared confident giving feedback and raising concerns as they knew they would be supported. For example, people were supported to address issues with parking, close cleaning and garden maintenance.

The service received very few complaints. Complaints that were made were treated seriously and we saw evidence that leaders outlined detailed action plans and made any necessary improvements to the service in order to minimise the risk of things going wrong in the future. It was evident that leaders used complaints as a central means to improve the service. For example, the service had supported residents to address the issue of pavement parking outside their homes and this had been escalated to the local councillor.

Any accidents and incidents were recorded and any actions necessary were taken to minimise further risk to people. There were very few recorded accidents or incidents.

Leaders had a clear understanding of what was working well and what improvements were needed. For example, there was a continuous drive to encourage more people to participate in group activities and social events in order to reduce loneliness and isolation. There was sufficient skill and capacity within the staff team to effect positive change. This was demonstrated by the willingness of staff to engage in discussions about shift patterns in order to direct staffing resources at the best times for people. This was also evidenced in the willingness of staff to undertake enhanced training in order to support people using the service.

Leaders were also clear about the importance of staff being supported in their own wellbeing in order that they could continue to deliver a high quality service to people. Staff received regular one to one meetings to review their progress and to provide support.

The staff had access to a wellbeing colleague who they could talk to if they need emotional support. Staff were also directly involved in wellbeing groups where they discussed ways to improve the working environment. At team meetings there was evidence of kindness awards being presented to staff who have been recognised by colleagues and by people using the service for their acts of service. This meant that quality assurance drove positive changes in the organisation and that leaders had the skills and capacity to oversee improvement.

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 well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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