

# Hanover Care at Home Service - North Area Support Service

Chandlers Rise  
Elgin  
IV30 4GF

Telephone: 01343 614163

**Type of inspection:**  
Unannounced

**Completed on:**  
11 July 2024

**Service provided by:**  
Hanover (Scotland) Housing  
Association Ltd

**Service provider number:**  
SP2003001576

**Service no:**  
CS2006139633

## About the service

Hanover Care at Home Service - North Area, is a care at home service providing care and support in the Elgin and Forres areas of Moray. The service operates at present from three Hanover owned, purpose-built sheltered housing/very sheltered housing complexes. This comprises of:

Chandlers Court (Elgin) - There are 25 one-bedroom flats across the two floors of the development with a lift between the floors. There is a communal lounge and dining room as well as a number of seating areas. The kitchen provides two meals daily for residents.

Varis Court (Forres) - The development provides 33 individual flats for older people including those with dementia and people who need extra care facilities. The development benefits from additional communal facilities including two courtyards. Health and Social Care Moray lease four properties within Varis Court providing a unscheduled short stay facility with referral via social work or NHS. The main service can provide prepared meals for the tenants to eat communally or within their own flats.

Linkwood View (Elgin) - The development includes 30 individual two-bedroom flats for people with dementia, older adults, people with physical and/or learning disabilities and people with mental health conditions. The development is wheelchair adapted and provides extra care facilities. The accommodation benefits from additional communal facilities and a shared courtyard garden.

In all three developments, tenants have access to care and support provided by on-site staff, though they can choose to have support from another provider. There are one or two staff available overnight in each site to support tenants.

The overall registered manager was responsible for the day-to-day running of the service and is supported in this by a manager and team leaders in each of the sites. During the inspection we visited two of the developments.

## About the inspection

This was an unannounced inspection which took place on 8 and 9 July 2024. 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 since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and six of their family
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents.

We reviewed completed survey responses from people, staff and visiting professionals. We received a total of 67 responses.

## Key messages

- People's dietary needs were supported well.
- People had formed good relationships with staff.
- The provider was responsive to complaints.
- Staff felt supported by leaders.
- Improvements were needed to ensure that people benefitted from referrals to professionals.
- Quality assurance processes did not always result in service improvements.
- Safer staffing and recruitment processes required improvement.
- Care plans required more detail and more regular review.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People's personal care needs were supported well and they appeared clean and well dressed. People could look and feel their best.

Staff were seen to have good relationships with people; however, people could have been referred to in more person centred ways. Staff referred to people by their flat number when communicating with colleagues. Staff often used terms of endearment, rather than their names when speaking to people directly. People should be referred to respectfully at all times. We have encouraged leaders to discuss this with staff teams, to enable improvement in this area.

People's dietary needs were supported well. Where meals were provided, these appeared appetising, with fruit and fresh vegetables made available. One person told us, "The food here is good". People could choose to eat in the communal dining area or if preferred, in the comfort of their own tenancy. Meals were delivered by care staff, ensuring these were hot on arrival. In developments where meals were not provided, people were supported to prepare meals in their own tenancies. People were supported with food and drink, in a way that met their needs.

Medication was stored in people's own tenancies and where staff were responsible to do so, medication was audited regularly. 'As required' medications did not have accompanying care plans. This meant that staff did not always know when to give these medications. Staff did not always record the outcome of people taking 'as required' medications. This meant that the effectiveness of the medication could not be monitored. The service should make improvements to the care planning and recording of 'as required' medications. **(See Area for improvement 1)**

Incident records evidenced a high number of medication errors within the service. This could result in people experiencing poor health outcomes. We were assured that the provider is currently reviewing medication procedures. A provider audit was carried out and detailed actions to improve medication care planning, reviewing and training. The provider should continue to analyse the impact these changes have on medication error frequency. **(See Area for improvement 1)**

People were supported to access health care to maintain good general health. Staff were responsive to changes in people's health, for example, appropriate referrals were made when one person's urine output had decreased. However, referrals were not always followed up, resulting in less positive outcomes for people. The service failed to escalate concerns relating to one person's care and support, when referrals had not been responded to appropriately. This resulted in the person becoming isolated and spending most of their time in bed. The bed had bedrails and was not supported by an up to date risk assessment. We highlighted this at the time of inspection and the provider has assured us that a review has since been booked and the care package reviewed. This should improve outcomes for the person. The provider should ensure that referrals are monitored to ensure that they improve people's outcomes. **(See Requirement 1)**

Falls in the service were reported appropriately. Records in one of the developments showed that there was a rise in fall reports between January and April. Falls analysis in this development had not been done since April. We were not confident that the service was effectively analysing fall frequency, to reduce the risk to people. We highlighted good practice guidance for falls, on the Care Inspectorate Hub. (See Requirement 1 under 'How good is our leadership?')

Adult protection concerns were managed well by the service. We were confident that appropriate referrals had been made, including following up with relevant agencies. This meant that people were safeguarded against potential harm.

Both developments that we visited were maintained to a high standard, attractive both internally and externally. People were supported to make their tenancies their own. People with memory impairments were supported with visual aids to support them maintain independence in their tenancies. The service should consider expanding on this positive use of visual aids to support people orientate themselves in communal areas and halls.

## Requirements

1. By 11 November 2024, the provider must ensure that people's health and wellbeing benefits from their care and support.

To do this the provider must at a minimum:

- a) Ensure referrals to health professionals or funding authorities are followed up appropriately.
- b) Where referrals do not lead to improved outcomes, concerns must be escalated to ensure a review of care is arranged.
- c) Ensure all people who are subject to restraint, for example bed rails, have a risk assessment in place that is reviewed regularly.

This is to comply with Regulation 4(1)(a) and (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13);  
and

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

## Areas for improvement

1. To ensure that people benefit from safe medication procedures and practices the provider should ensure, that 'as required' medication is supported by appropriate care plans and recordings. The provider should also analyse the impact of its medication procedure review, to ensure this has a positive impact on reducing medication errors in the service.

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).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Leaders were supportive. One staff member told us, "I feel supported, I am confident in raising issues". Leaders interacted well with staff and were visible to tenants throughout inspection. Leaders were available to both people and staff, supporting an open culture in the service.

Audits and reports that should inform leaders of areas of development, were not always effective. For example, the training report was not current and did not give leaders an accurate view of what training staff required. Audits were task focussed and did not focus on the experiences of people. Service leaders did not have audit tools to support them in auditing people's care, for example, a tool to guide leaders to audit care plans. The provider should review quality assurance tools to ensure they meet the needs of the service. **(See Requirement 1)**

Service Improvement Plans (SIPs) were completed for each development. These were not always reviewed regularly and did not always highlight if improvements had been made. SIPs did not reflect feedback from people or families. People were not being actively involved in shaping their service. The provider should review how it seeks feedback from people and their families, to inform service improvements. **(See Area for improvement 1)**

Unplanned events, such as accidents, incidents and medication errors, were recorded consistently by the service. Leaders investigated these events; however, learning was not shared within the team to support improvement. The service should ensure that it communicates learning from unplanned events with staff, to reduce the likelihood of reoccurrence. We will review this at future inspections.

Appropriate notifications following unplanned events, such as accidents, incidents and adult protection concerns, were not always reported to the Care Inspectorate. We highlighted our guidance for 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. (See 'What the service has done to meet any areas for improvement made at or since our last inspection')

Complaints were managed well by the service. One person told us, "I worked with [the manager] and things have improved". We highlighted the importance of oversight over less serious concerns and compliments, so that patterns can be identified and improvements made. We will review this at future inspections.

## Requirements

1. By 11 November 2024, the provider must ensure that people benefit from quality assurance tools and processes.

To do this the provider must at a minimum:

- a) Review current audit tools used in the service to ensure that they focus on people's experiences.
- b) Ensure that reporting systems inform leaders to enable them to make improvements, for example, in relation to training reports.
- c) Ensure leaders monitor, analyse and respond to people's experiences, for example, analysis of falls.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

## Areas for improvement

1. To ensure people benefit from a culture of continuous improvement, the provider should develop a service improvement plan that is informed by people, families and staff. This plan should be updated regularly and drive forward improvements in 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); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff had formed positive relationships with people. One person told us, "I can't fault the place, lovely staff and a lovely facility". Another person told us that staff responded quickly when they, "buzzed for help". Some staff told us they, "don't feel rushed" and we saw that staff had time to stop and chat with people. We highlighted that the mealtime experience could be further enhanced by reviewing how staff supported this. Staff appeared to be more task orientated at this point, resulting in people experiencing less compassionate care. We have encouraged leaders to discuss this with staff teams, to plan how they can make the mealtime service a more enjoyable experience. We will review this at future inspections.

Each development had a process for the handover of information to support consistent care. Leaders should quality assure these processes to ensure that they meet the needs of people. In one development, staff relied on daily notes to inform care; however, these were not filled out daily. The service should ensure that handover systems and documents inform staff so that people can receive consistent care and support. (See Area for improvement under 'How well is our care and support planned?')



Shift patterns and rotas were developed based on people's identified needs and assessed care packages. The provider had an agreement with funding authorities, that they could provide additional care at short notice, without approval. This meant people did not have to wait for the care they needed. Leaders told us that each service had been risk assessed and that there was a minimum staffing level identified to provide safe care and support. Staff were not always aware of what the minimum staffing level was. We advised the provider to communicate this with staff, to ensure staff could respond appropriately in times of low staffing. We will review this at future inspections.

Staff matching was considered when allocating staff. For example, one person's care plan stated they could only be supported by female staff. We saw the service respected this on the rota. People could be assured that the service would respect their wishes, where possible, in relation to staffing.

Some people told us they did not know when staff would be supporting them. People did not have accessible information in their tenancies, that told them what time staff were to be expected or which staff member would be coming to visit. This could cause people to worry about when staff will arrive, particularly people with memory impairment. People should have access to this information. **(See Area for improvement 1)**

New staff benefitted from an induction with a two-week period of shadowing experienced staff. However, induction records indicated the quality of the staff induction process varied across the service. This meant that staff may not always have the knowledge and skills they require to deliver safe care and support. **(See Requirement 1)**

The service had a small staffing deficit. We were confident that the provider was advertising, with a view to recruit new staff. However, the provider did not consistently follow all aspects of safer recruitment guidance. The provider requires to understand the importance of safer recruitment to ensure people are not put at unnecessary risk. **(See Requirement 1)**

## Requirements

1. By 11 November 2024, the provider must ensure people are supported by staff who have been well recruited.

To do this the provider must at a minimum:

- a) ensure all aspects of safer recruitment guidance is followed at all times
- b) ensure all new staff follow a robust induction process.

This is to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## Areas for improvement

1. To ensure people are informed about their care and support, the provider should ensure people are informed of when they will be supported and by whom. This should be person centred and the information made accessible to the individual.

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); and

'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

## How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Care plans contained necessary legal documentation to support people with a welfare guardian or power of attorney. Families told us they were updated regularly about changes to people's needs. People could be confident that care plans supported positive relationships between welfare guardians and the provider.

Care plans and associated documents that direct care were in place across both developments. Some aspects of the plans were person centred, for example, the 'about me' care plan gave a good overview of the person's background, likes and dislikes. However, documentation in people's homes that directed staff, did not highlight key risks to people. For example, one person's documents did not highlight that a person required an altered texture diet to prevent choking. This could result in staff providing inconsistent care to people. The provider should review where information is stored to ensure staff can access this when supporting people in their home. **(See Requirement 1)**

Care plans did not have sufficient detail and we found that they were not consistently reviewed. For example, "carry out personal care" did not give staff sufficient information to offer a consistent and personalised approach. Care plans were not detailed for people who needed support with communication. The provider should ensure that care plans are sufficiently detailed to ensure staff can provide consistent care and support. **(See Requirement 1)**

Reviews were completed for most people; however, were not always outcome focussed. For example, there was no record of discussion to support a person who had experienced an increase in falls. When outcomes had been identified, we could not see that these were monitored to track progress. We were not confident that care plans and associated documents would support people to improve their outcomes. **(See Requirement 1)**

Daily notes were not completed regularly for all people. This can make it difficult to review people's experiences. As mentioned in 'How good is our staff team?' staff relied on daily notes to inform them prior to starting their shift. The service should ensure that people's health and wellbeing needs are recorded, to ensure consistent care and support. **(See Area for improvement 1)**

## Requirements

1. By 11 November 2024, the provider must ensure people's care plans and associated documents are up to date, accessible and used to direct care staff. Plans must enable people to get the support that is right for them.

To do this the provider must, at a minimum:

- a) Ensure that personal plans are accurate, outcome focussed, detailed and updated when people's needs change; and at least every six months.
- b) Ensure that reviews take place, at least every six month, and are outcome focussed.
- c) Ensure care plans and information required to direct care staff are accessible in people's tenancies.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

## Areas for improvement

1. To ensure people's health and wellbeing needs inform current and future care, the provider should ensure that daily recordings are made consistently.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

## 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

Management need to implement the guidance in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. This is in order to keep the Care Inspectorate updated on important events.

This is also to ensure that the service is consistent with the Health and Social Care Standards (HSCS) which states:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 12 March 2020.**

#### Action taken since then

Accident and incident records were completed by the service. However, we found that events were not always reported to the Care Inspectorate. This included, accidents and incidents, an adult protection concern as well as several medication errors.

We have highlighted the guidance again to managers and have been assured that leaders on all sites will discuss the guidance at a, "managers development day" in the near future.

**This area for improvement has not been met and will be reinstated.**

### 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.