

Hanover Care at Home Service - North Area Support Service

Chandlers Rise
Elgin
IV30 4GF

Telephone: 01343 614163

Type of inspection:
Unannounced

Completed on:
4 December 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 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.

At the time of inspection, 78 people were receiving care and support.

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 follow-up inspection which took place on 3 and 4 December 2024. The inspection was carried out by two inspectors from the Care Inspectorate. This follow-up inspection focused on the requirements and areas for improvement made during previous inspections and evaluated how the service had addressed these to improve outcomes for people.

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 two people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Improvements had been made to ensure that people benefitted from referrals to professionals.
- Quality assurance processes and tools required further review and development.
- Access to recruitment information had improved; however, further improvement was required to ensure that all aspect of safer recruitment was followed.
- Work was underway to improve the detail in personal plans but this was not consistent across all plans.
- Medication procedures and documentation regarding 'as required' medication required further improvement.
- The service had started looking at ways to gather feedback from people, families and staff, to inform the service improvement plan.
- Photo boards were in place to let people know which staff were on duty.
- Staff were completing daily records regularly, which should result in more consistent care.
- Leaders were following notification guidance and had started analysing incidents regularly.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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).

This requirement was made on 11 July 2024.

Action taken on previous requirement

Referrals were made to relevant professionals, leading to improved outcomes for people. One referral led to an increase in staffing, resulting in improved care and support for the person. When a referral did not lead to the desired outcome, the service requested a review with the relevant professional. People could be confident that the service was more responsive to their changing needs.

Risk assessments were in place for people who were subject to restraint. However, they did not highlight the risk of using these restraints. For example, bed rail risk assessments did not consistently highlight the importance of their safe use, or when they should be used. This could result in the improper use of bedrails. The provider must ensure that all forms of restraint have a sufficient risk assessment and care plan in place.

This requirement had not been met and we have agreed an extension until 28 February 2025.

Not met

Requirement 2

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).

This requirement was made on 11 July 2024.

Action taken on previous requirement

The service had developed a monthly summary for the analysis of falls and medication errors; however, this was not consistently completed at all locations. The provider should continue to develop how they analyse and respond to people's experiences across all locations within the service. This should result in people experiencing care that is responsive to their changing needs.

Leaders had begun to review the quality assurance tools and processes used in the service. Training reports clearly identified what training the staff had to do. The service must now ensure that outstanding training is completed. This should result in people being supported by adequately trained staff.

Leaders recognised that further development was required, to improve quality assurance tools, processes and audits. We were assured that this was ongoing and will review this at future inspections.

This requirement had not been met and we have agreed an extension until 28 February 2025.

Not met

Requirement 3

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).

This requirement was made on 11 July 2024.

Action taken on previous requirement

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. We could not be assured that all staff had been deemed competent to give medication. The provider should review the induction process to ensure that all staff benefit from a quality induction. This should ensure that all staff have the knowledge and skills they require to deliver safe care and support.

The provider had made improvements in relation to safer recruitment and could evidence appropriate checks of identification. However, we were not assured that all areas of the safer recruitment guidance had been followed during the recruitment process. For example, ensuring references provide sufficient information. The provider should review the safer recruitment guidance and ensure that all aspects of this are followed. This should ensure that people are not put at unnecessary risk.

This requirement had not been met and we have agreed an extension until 28 February 2025.

Not met

Requirement 4

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 months, 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).

This requirement was made on 11 July 2024.

Action taken on previous requirement

The service had done a lot of work to improve care plans. Care plans were more accessible. Documents that directed care were now in people's own tenancies. Plans were more person centred and focussed on the care and support that people wanted. However, the care plans were not consistently updated when people's needs changed. This could result in people receiving incorrect care and support. The provider should ensure that care plans are updated when people's needs change.

Reviews were held regularly. Some reviews were outcome focussed; however, this was not consistent. The provider should ensure that all reviews are outcome focussed and lead to improved care and support for all people.

This requirement had not been met and we have agreed an extension until 28 February 2025.

Not met

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

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).

This area for improvement was made on 11 July 2024.

Action taken since then

Although some improvement had been made, some people's 'as required' medications did not have accompanying care plans. This meant that staff may not always know when to give these medications. Staff did not always record the outcome of people taking 'as required' medications. Furthermore, staff did not check the time that one medication was given. This resulted in one person receiving a medication at the incorrect time. To ensure that people benefit from safe medication practices, the provider should improve care planning and recording of 'as required' medications.

The service monitored the impact of its medication procedure review, by analysing medication error events. Although medication errors continue to occur, it was positive that the leadership team reviewed this regularly. The provider should continue to review medication error trends and continually aim to improve people's care, in relation to medication.

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

Previous area for improvement 2

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).

This area for improvement was made on 11 July 2024.

Action taken since then

Service Improvement Plans (SIP) were in place for each site, with an overall SIP for the whole service. Leaders had begun to look at ways of gathering feedback from people and families to inform the improvement plans. At one of the sites an 'improvement tree' had been added to the wall at the main entrance and people had begun to add comments to this. As part of a culture of continuous improvement the provider should continue to look at ways of involving people, families and staff, as part of their improvement plans. This should ensure that people are involved in service improvements.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 11 July 2024.

Action taken since then

The service had begun to communicate staffing arrangements with people. Staff wore photographic identity badges. Each site had a staff board with staff names and photographs. This had been well received by people. Most people could identify staff members who were on duty. This could be further developed, by considering people who cannot access the staff board with ease.

Further improvement is required to ensure that people know when to expect a care visit. People were not always aware of the time they should expect staff and their visit time was not always recorded in their care plan. This could result in people becoming anxious or missing the care and support that they require. The provider should ensure that people's care and support time is agreed, recorded and delivered.

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

Previous area for improvement 4

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).

This area for improvement was made on 11 July 2024.

Action taken since then

People's personal plans and daily recordings were now being kept in their flats. In the files that we sampled staff were consistently completing daily recordings. This meant that staff had access to the information they needed to support people safely and sensitively. This should result in people receiving consistent care and support.

This area for improvement has been met.

Previous area for improvement 5

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

People could be assured that the service was responsive when unplanned events happened. Record keeping in relation to unplanned events, like accident and incidents, had improved. The service had developed a monthly summary for falls and medication errors. This meant that leaders could identify corrective action when it was required.

Leaders had implemented our guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. Appropriate notifications to the Care Inspectorate had improved, resulting in a more transparent culture within the service.

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.

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 iartras.

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.