

Care service inspection report

Full inspection

Hanover Care at Home / Housing Support Service - Dalry Support Service

Morris Court
James Street
Dalry

Service provided by: Hanover (Scotland) Housing Association Ltd

Service provider number: SP2003001576

Care service number: CS2010237392

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and 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.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

Individuals who live within Morris Court value the independence and security that living in the complex affords them.

Residents and their carers had opportunities to express their views and make suggestions about the service through the assessment and care planning process, day-to-day discussions with staff, monthly monitoring visits from the manager, six monthly reviews, regular meetings and quality surveys.

We heard that staff provided support, in a way which encouraged choice and independence, with a friendly and respectful rapport between staff and service users.

The service had good links with local health care services, to ensure that individual service users health care needs could be responded to quickly. 'Friends of Morris Court', continued to organise social events.

Staff were motivated and had access to a range of training opportunities. Staff met individually with their line manager and as a group, to discuss practice issues and ways that the outcomes for service users could continue to improve.

The provider had a range of checks and audits, to monitor the quality of the service provision.

What the service could do better

The service were implementing new personal plans. They were combining care at home and housing support plans into one format, where individuals were in receipt of both services. We found that the initial plans produced lacked detail, in terms of people's care needs and how they liked them to be met. The manager accepted that care documentation required to be more person centred.

The service prides itself in offering a responsive and flexible care at home service. Recording should be improved to evidence the extent of this and how outcomes for individuals are improved.

What the service has done since the last inspection

There had been a change in senior managers of the service. We heard that the service was also rebranding.

Conclusion

The management and staff demonstrated a commitment to continue to develop and improve the service. Through discussion with people who lived in Morris Court and their relatives, it was evident that the service achieved good outcomes for those who use the service.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Hanover Housing Support / Care at Home Service - Dalry provide a support service to older people and people with physical disabilities who live in their own homes in Morris Court. The service is provided from a purpose built premises, in a residential area of Dalry, North Ayrshire.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

What we did during the inspection

This inspection took place on 12 May 2015 between 1pm - 6pm and 10am - 5pm on 18 May 2015. One inspector conducted the inspection.

In the inspection, we gathered evidence from various sources including:

- evidence from the service's most recent self assessment
- information from notifications submitted by the service
- action plan from last report
- personal plans of people who use the service
- staff rotas
- quality surveys and evaluations
- six monthly review process
- service user meetings
- staff meetings
- staff recruitment and induction
- staff training and supervision records
- complaints records
- accident and incident records
- completed Care Inspectorate questionnaires
- audits and quality checks

Discussions with various people including:

- manager and staff
- people who use the service and their relatives

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe

what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: No

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us, for each heading we grade them under. The service provider identified what they thought they did well, some areas of development and any changes they had planned.

Taking the views of people using the care service into account

We spoke with 10 of the individuals living within Morris Court. They commented positively on their care arrangements. They told us that they received a reliable service from the care at home staff. Occasionally they ran a bit late, but they understood that staff had to respond to each person's needs. They knew the staff and their rotas. Some of the service users told us that they had used their alert to summon support from staff and they responded quickly.

Comments made included:

" Do not hear anyone complaining about care"

"girls are all nice"

" not pushy here"

" all very nice"

" lovely place, lovely view,, all the staff are so kind. lovely atmosphere here - it's all worked out so well"

"couldn't be better looked after, lovely place here, lovely gardens"

We received six completed questionnaires from service users. Five strongly agreed and one agreed that, overall, they were happy with the quality of the care service.

" I am more than happy with my care"

" I receive fair treatment and am confident that staff will attend if I need any assistance. I am happy when the carers come in and everyone who works with me makes me feel comfortable"

"The staff are brilliant, do anything for you no questions asked, great staff"

" I find the service of care and support I receive is excellent - considering that the staff always seem to be rushing from resident to resident- because of staff shortages? Otherwise I am very happy here"

Taking carers' views into account

We spoke with the relatives of three individuals living within Morris Court.

One family member told us they were happy with their relative's care arrangements. There was good communication from the staff. Their family member knew all their carers and got on well with them. They said that the manager responded to any issues raised.

A second family we met was also very happy with their relative's care. They confirmed that they attended reviews and that the staff were approachable.

A third relative said they had just been speaking about "how well looked after" their relative was.

We received four completed questionnaires from relatives. Three strongly agreed and one agreed that, overall, they were happy with the quality of the care service.

Comments made were as follows:

"I am so pleased with the way my mother is looked after. She is happy and safe in her environment"

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service Strengths

The grade achieved at the last inspection in May 2014 was 5 - Very Good. We sampled evidence against this statement and found that standards had been maintained and the grade remained at 5 - Very Good.

We concluded this from discussions with the manager and service users, relatives and staff. Other sampled evidence included:

- personal plans
- service user reviews
- completed care inspectorate questionnaires
- the service self assessment
- minutes of staff meeting
- minutes of service user meetings
- quality surveys
- records of monitoring visits

The provider had a participation policy, which evidenced the importance of consulting with service users and carers and how this should be done.

We noted that comments from service user meetings had been taken account of. This included arranging a weekly film show and coffee morning. Service users we met also told us how the manager tried to accommodate their individual routines/appointments when planning staff rotas. This showed that service users' views influence how the service is run.

The service continued to use six monthly quality surveys, as an additional means of seeking the views of service users and relatives. We noted that they showed very positive responses about all elements of the service. A specific meal survey had been completed and suggestions had been taken to the catering staff to amend the menu. The manager continued to record monthly discussions with each service user about the quality of the service.

The provider had a complaints procedure. We could see that, where concerns were raised, these were appropriately investigated and responded to.

The people who completed Care Inspectorate questionnaires, all expressed high levels of satisfaction with the service and made additional positive comments about the service and staff.

(See service user views).

Hanover continued to host tenant participation forums. No one from Morris Court chose to attend recent events.

Areas for improvement

We found that formal six monthly review notes lacked detail and did not evidence that a full review of the individuals' care and support arrangements had been discussed.

(See recommendation 1).

We also noted staff had signed some care plans instead of the service user, or authorised other.

(See recommendation 2).

The service should continue to develop the ways in which service users and relatives can participate in the development of the service. We noted that a number of service users suffered from varying degrees of dementia. The service should develop how they gather the views from people with cognitive impairment, or other communication difficulties.

The provider should involve residents, relatives and staff in the self assessment we ask the service to complete. Information from each perspective, may identify areas where developments could be made.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The content of formal care reviews should be improved to evidence that a full evaluation of the care arrangements/care plan has taken place and care plans update to reflect the outcome.

National Care Standards, Care at Home Standard 5: Management and Staffing and Standard 11: Expressing Your Views.

2. There should be evidence that all service users or their appointed representative have been involved in the personal planning process.

National Care Standards, Care at Home Standard 3: Your personal plan.

Statement 3

“We ensure that service users' health and wellbeing needs are met. ”

Service Strengths

The grade awarded at the last inspection in May 2014 was 5 - Very Good. This grade had been maintained.

The service users and relatives we met and those who completed our satisfaction surveys, spoke positively about their care and support arrangements. No concerns were raised with us.

Each service user had a personal plan kept in their home. They contained a variable level of detail, to direct staff about each person's support needs and how they liked them to be met. Some service users, or their representative, had signed their support plans. Personal plans continued to be evaluated and audited every month, to check and ensure that they accurately reflected each person's needs. Medication records were completed, where staff supported service users with prescribed medicines.

Individual risk assessments were completed where needed. These aimed to reduce risk and promote safety, whilst taking account of the choices made by service users.

Service users had alarm pull cords in their homes. Some service users we met used alert pendants. This allowed them to summon assistance from staff if needed. This was in addition to a staff "sleepover" arrangement in place, to deal with situations overnight. The people who used the service continued to find it reassuring that a known member of staff was available, if they needed help.

The service had a fairly stable team of housing support and care staff. New staff were introduced to service users as part of their induction training. Service users spoke positively about the continuity this offered them. A diary was used to promote communication across the team. Housing support staff had a

formal handover.

The manager prepared detailed rotas for care at home staff. There was a member of housing support staff available at all times and overnight this was a sleepover arrangement.

We heard that the staff were flexible and attentive. Service users told us that they knew the staff rotas and roughly when to expect them. There were no issues reported with staff timekeeping. Service users understood that staff could be delayed at times, but not significantly. Some service users commented that the staff were very busy. No missed visits were reported to us. Service users clearly enjoyed a good rapport with the staff team.

Housing support staff continued to make contact with individuals, every day, at an agreed time. This allowed staff to check on their wellbeing. This was in person or by telephone contact as agreed. Staff completed records of this type of contact made. Staff also checked that the alert system used to summon assistance was working every month. This helped to promote a feeling of safety and security.

There was an appropriate process for reporting accidents and incidents within the service and to the required external agencies.

Service users told us about the weekly social events organised by " Friends of Morris Court". A summer fete was planned to raise funds for social activities.

Records showed activities including regular musical entertainment, beauty treatments, DVD shows and board games continued to take place. Service users spoke positively about the service, offering the privacy of their own home and the opportunity to socialise with others, if they chose, in the public lounges and in the dining room at mealtimes.

Areas for improvement

At the last inspection we made a recommendation :

Previous Recommendation:

Medication administration records should be improved by:

(a) identifying the individual who authorised that a particular medicine should be discontinued.

(b) using the correct code to explain why a medication was not given.

(c) prescribed creams should be administered in accordance with the prescriber's instructions.

National Care Standards, Care at Home: 8 - Keeping Well - Medication.

Findings:

One of the service users gave us permission to check their stock of medicines and the records that staff completed. These were found to be in satisfactory order. The manager audited also medication records.

This recommendation is: met.

The service was implementing a revised system of personal planning. The reason for this was to combine the care at home and housing support plans, where people were receiving both services. This process was incomplete at the time of the inspection. We found that improvements were needed to the level of detail recorded within the plans. They did not contain enough information to direct staff in each individuals' support needs and how they preferred them to be met. We noted in particular, a lack of reference to an individual's cognitive impairment and another's skin care needs, including skin creams, within their care plans. We acknowledge that staff knew the residents well, however, personal planning should be improved.

(See recommendation 1).

The service took pride in being flexible and responsive to peoples' needs throughout the day. Service users we met confirmed this. Staff rotas also showed, to an extent, the support offered. However, we found that records were not well maintained, in respect of additional support offered to service users. We recommend that this is improved, so that the service is able to

evidence the full extent of care and support offered, in keeping with people's service agreements.

(See recommendation 2).

As an area of development, the service should ensure that service users or their representative are involved in the personal planning process, where appropriate.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Personal support plans should be more detailed, to offer clear direction to staff about people's care and support needs and how they like them to be met.

National Care Standards: Care at Home Standard 3 - Your personal plan.

2. Record keeping must be improved, to evidence the full extent of care and support offered to service users.

National Care Standards: Care at Home Standard 4 - Management and Staffing Arrangements.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service Strengths

This statement was selected to ensure that recruitment practice was in accordance with recommended best practice. We found the service performed to a very good standard. The grade awarded is 5 - Very Good.

There was a stable staff team at Morris Court. We sampled two staff files of individuals, who had been recruited since the last inspection.

We saw that safe recruitment procedures were followed, with staff required to complete an application form, be interviewed for the post, provide two references and complete a successful PVG check.

The provider had an induction policy. This involved a more experienced member of staff, confirming areas of practice and competence. We spoke with a new member of staff, who confirmed the induction process and advised that it included "shadow shifts" where they worked with a more experienced colleague. This allowed them to meet service users and become familiar with their care and support arrangements. Records confirmed completion of a probationary period.

We heard that service users and relatives declined to be involved in the recruitment process. The service should continue to offer them the opportunity to take part in any future recruitment.

Areas for improvement

The service should continue to apply safe recruitment processes.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

Service Strengths

The grade awarded at the last inspection in May 2014 was 5 - Very Good. We found that the care service had maintained this grade.

There was a care at home staff handbook, which included information on key aspects of care and maintaining the health and wellbeing of service users. Staff had access to a range of company policy documents, to direct them in their day-to-day working practice. Staff had continued to sign a document, to confirm that they were aware of policy changes. Best practice guidance information was available.

There was a staff newsletter, which kept staff up to date with company developments.

Care at home and housing support staff participated in team meetings. A range of relevant discussion topics were recorded in the minutes. Staff records showed that one to one supervision with the manager took place. This was in addition to an annual employee progress review. This process was used to establish staff training and development needs.

We spoke with staff and looked at training files and certificates. The training provided to the staff team included mandatory health and safety related training and other subjects, relevant to the needs of the service users, such as fire safety, health and safety, medication administration, dementia awareness, moving and handling, food hygiene, first aid and adult support and protection. Records showed that 11 staff had attended a framework for excellence presentation on dementia care. The manager was informed of the need to work through the separate modules, to complete the skilled level of this training package. Further information on the 'Promoting Excellence Framework' and

the recommended level of training linked to staff roles and responsibilities can be found on the Care Inspectorate website. (www.careinspectorate.com).

The manager had attended an instructors' course, to allow her to provide medication and moving and handling training to the staff.

Care staff had achieved or were working towards a minimum SVQ level II award. This met the requirements of the Scottish Social Services Council (SSSC).

The service manager had attended management and leadership training.

We spoke with staff who were positive about their work. They spoke of a supportive management, good team work and good relationships with service users. They described their daily workload as busy, but manageable.

Five staff returned our questionnaires. They indicated that they had no unmet training needs. Some staff made additional comments as follows:

"I have received all the appropriate training for my role as care assistant and all my training is refreshed every year. Hanover are a very good company to work for and very good at keeping all staff up to date with all their training".

"I enjoy my work as a support worker with Hanover Housing. I feel that the service provided by Hanover to all our residents is excellent. I feel that my employers give me every opportunity for on the job training".

Areas for improvement

We identified some areas of practice relating to care planning/record keeping in Theme 1 Statement 3 of this report. We made appropriate recommendations.

We heard that the provider was recruiting sessional bank staff to cover absence such as leave and training.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service Strengths

We found that the service was well-managed. The grade awarded is 5 - Very Good.

There was a clear management structure. This included a regional and service manager. In the absence of the manager the housing support worker was the designated individual in charge of the service overall. There was an on call system for advice out of hours if required by staff.

We know that the service manager was approachable. The manager had a good knowledge of the staff team and residents' care needs. We heard that the manager was approachable and responsive.

Staff had attended meetings and completed a staff questionnaire. There was evidence of individual time with the manager during individual staff reviews.

The service manager had attended Management and Leadership training to gain skills and knowledge in managing and leading people.

Areas for improvement

The service should continue to build upon the good practice in place.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

Service Strengths

The grade awarded at the last inspection in May 2014 was 5 - Very Good. We found that the care service had maintained this grade.

Strengths identified in Quality Theme 1, Statement 1, also apply to this statement.

We found very good quality assurance systems had been maintained.

The service manager continued to complete a monthly audit of care records. This included contact sheets, medication administration records, risk assessments and support plans. Service user or relative views were sought and recorded. Input from other stakeholders such as health professionals was recorded. Any action points to be followed up were documented.

The external manager continued to complete audits. This took account of staff training and development processes and vacancies. Monitoring of service users wellbeing took the form of sampling support plans, service user meetings and discussion about individual tenants. The external manager had highlighted deficits in care planning. An action plan had been produced to address other issues highlighted in the audit.

Comments cards and information about how to make a complaint had been given to service users. This was kept in a folder in their homes. We saw that comments made at service user meetings and concerns raised, had been addressed.

There was a system to record accidents or incidents. The care service had notified and cooperated with appropriate agencies where required.

Monitoring of standards was also undertaken by North Ayrshire Council who fund aspects of people's care and support arrangements. This included a self assessment.

Environmental health monitored food handling arrangements in the service.

Areas for improvement

The provider should continue to build upon the existing quality assurance processes in place.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

5 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

6 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. Previous recommendation:

1) Medication administration records should be improved by:

(a) identifying the individual who authorised that a particular medicine should be discontinued.

(b) using the correct code to explain why a medication was not given.

(c) Prescribed creams should be administered in accordance with the prescriber's instructions.

NCS, Care at Home: 8 - Keeping Well - Medication.

This recommendation was made on 12 May 2015

Please refer to quality theme 1, statement 3 for progress on this recommendation.

7 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

8 Enforcements

We have taken no enforcement action against this care service since the last inspection.

9 Additional Information

10 Inspection and grading history

Date	Type	Gradings
23 May 2013	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good

		Management and Leadership	5 - Very Good
11 Dec 2012	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
12 Oct 2011	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good

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