

Hanover Care at Home Service - Scottish Borders Support Service

Glenfield Court
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Galashiels
TD1 2UD

Telephone: 01896 753960

Type of inspection: Unannounced
Inspection completed on: 7 December 2017

Service provided by:
Hanover (Scotland) Housing Association
Ltd

Service provider number:
SP2003001576

Care service number:
CS2013319417

About the service

This service was registered with the Care Inspectorate on 27 March 2014. The care at home service became operational in November 2014.

Care at home is provided to tenants of Hanover Housing in Galashiels, Jedburgh and Innerleithen. Care at home is primarily provided by staff working in one of the three sites however staff may on occasions work between sites.

What people told us

We received a range of positive comments from people who used this service. The following are statements are typical of comments we received talking to people who received care. We have also included comments made by people who returned Care Standard Questionnaires.

"The staff are always on time."

"They ask me what I want."

"The staff are very good. "

"The carers are very attentive."

"The carers are grand."

"The carers are wonderful they look after me."

"They are all very good."

"They are fine I have no complaints."

Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

From 1 April 2018 the new "Health and Social Care Standards" will replace the existing Care Standards. These Standards seek to provide better outcomes for people who experience care, and services should now be familiarising themselves with these. We would encourage services to prepare for the implementation of the standards by working with staff and people experiencing care to raise awareness and explore what they mean in their specific setting, and consider how they impact on their work.

From this inspection we graded this service as:

| | |
|--------------------------------------|--------------|
| Quality of care and support | 4 - Good |
| Quality of staffing | 4 - Good |
| Quality of management and leadership | 3 - Adequate |

Quality of care and support

Findings from the inspection

People who used this service were being supported by small staff teams. This allowed staff and people receiving care to get to know each other over time. The benefits of this were evident in the positive, easy rapport we saw between people using the service and the staff providing their care. This continuity of care was a key strength of the service. We saw good working relationships. People who used the service described high levels of satisfaction with the staff providing their care. Staff were described as caring and helpful. We saw staff using humour appropriately.

We saw staff offering choice and checking with people they were happy with the choices they had made. We also observed staff treating people with respect and encouraging independence.

The previous inspection report had made recommendations about personal plans. We found general improvements in personal planning. We found several personal plans which were well ordered making them easy to read. Staff could quickly access the information that they needed to provide consistent care. The better personal plans we found included clear guidance to staff written in the first person. These were being used as examples to raise the standard of personal plans across the service. These described how individuals wanted their care to be provided. We found clear descriptions of care tasks. Alongside this were clear descriptions of background information pertinent to the persons care including preferred routines, likes and dislikes. We saw evidence of personal plans being updated as staff got to know people.

The reviews we sampled were all up to date.

We did find some differences in the quality of personal plans in the individual houses we visited. While overall improvements were noted this was not consistent in all plans sampled. A recommendation about personal plans made following the previous inspection is repeated.
(See recommendation 1)

We found several unaccounted for gaps in the medication records we looked at. These were particularly prevalent in topical medication recording where staff were applying creams or lotions. All care visits were taking place and staff were aware of their responsibilities to record the medication they administered. We conclude this indicated poor recording rather than poor care however medication recording needs to improve to ensure to ensure health and well being is being promoted.
(See requirement 1)

Requirements

Number of requirements: 1

1. The service provider must ensure that all medication records are accurately and consistently maintained.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users – a requirement that a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: Within 24 hours from the receipt of this report.

Recommendations

Number of recommendations: 1

1. The provider should improve the quality of all personal plans. Plans should be detailed, outcome focused, personalised for each service user.

National Care Standards. Care at home. Standard 3 Your personal plan

Grade: 4 – good

Quality of staffing

Findings from the inspection

We were impressed by the staff we met. Staff were motivated and described high levels of commitment to meeting the care needs of the individuals they were working with. We saw this in action while observing staff working with people. Staff continued to display the caring and compassionate approach described in previous inspection reports.

Staff were knowledgeable about the needs of individuals describing people and the care they required in ways which were consistent with the information recorded in personal plans.

We observed staff communicating well with and on behalf of the people they were providing care to. We observed positive communication between managers and staff. We observed staff communicating well with colleagues passing on information to ensure consistent care was being provided. Staff were helpful and supportive in ensuring that people receiving care were involved and could participate in the inspection process.

Staff meetings were being held. Meetings were well documented and staff told us they felt confident of raising issues or concerns and generally contributing to team meetings.

Some staff had undertaken eLearning courses. Staff completion of eLearning courses was being logged however there were no processes in place to evaluate eLearning in terms of what individual staff were getting out of the training they were undertaking. We discussed the need for evaluation of what individual staff are getting from the training in terms of their care practice and how this benefits the service and people receiving care.

We discussed quality assurance and auditing systems as part of the inspection feedback this was primarily related to the management of the care service. However staff also have a responsibility for quality assurance linked to people's health and wellbeing for example checking if medication records on a previous shift had been completed and reporting any omissions.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The majority of staff we spoke to described managers and seniors as approachable and supportive. One member of staff told us that they "never felt out on a limb".

We saw that induction records were well maintained and staff described positive experiences of starting work with the care service.

Records were well managed, as information became out of date it was removed from personal plans and archived.

We found evidence that personal plans were being audited resulting in the improvements noted in some of the personal plans we sampled.

We saw that further improvements were needed in Quality Assurance. In particular the auditing of medication records was needed to ensure these were being correctly maintained. **(See requirement 1)**

Linked to this we discussed at feedback the advantages of more spot checks to ensure all staff were working correctly and consistently. Additional managerial time for the service in the form of increased senior care had been discussed.

The previous inspection included a recommendation about the need to ensure all notifiable events were being reported to the Care Inspectorate. We were told of one event which needed to be reported but was only reported after the inspection. A recommendation made in the previous report is repeated.
(See recommendation 1)

Previous reports have described the need for individual one to one staff supervision to be provided in line with the services policy. We did find some good examples of supervision which was detailed and well recorded. However this was not consistent for all staff and we saw examples of long gaps in the supervision records of several individual staff. A recommendation made in the previous report is repeated.
(See recommendation 2)

The service was changing the way training records were being maintained. Identifying the training history of individual staff members during the inspection was time consuming. It was difficult to establish when training was due. Looking at how information was presented on the new electronic system we could see once fully implemented this would provide managers with the information they needed quickly. A recommendation made at the previous inspection is repeated.
(See recommendation 3)

Requirements

Number of requirements: 1

1. The provider must ensure that medication records are audited on a regular basis to ensure records are being accurately and consistently maintained.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: Within one week from the receipt of this report.

Recommendations

Number of recommendations: 3

1. The provider should notify the Care inspectorate of all notifiable events using the eform system.
National Care standards . Care at home . Standard 4 . Management and staffing.

2. Clear systems should be put in place to plan and record staff supervision. This should allow for an easier audit of supervision to ensure it is being provided regularly to all staff.
National Care standards . Care at home . Standard 4 . Management and Staffing.

3. The service should have a training plan which is regularly updated, the manager should have an overview of training which would allow any gaps in individual training to be identified and met.
National Care standards . Care at home . Standard 4 . Management and staffing

Grade: 3 - adequate

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The provider should improve the quality of all personal plans. Plans should be detailed, outcome focused, personalised for each service user.

National Care Standards. Care at home. Standard 3 Your personal plan

This recommendation was made on 26 April 2016.

Action taken on previous recommendation

We saw progress in this area including some examples of good individual personal plans however this standard was not consistent in all plans sampled.

This recommendation is not fully met and is repeated.

Recommendation 2

The provider should ensure that accurate records are held about how service users are supported with their medication. It should be clear whether a service user requires support by prompting, assisting or administering and relevant recording and reviews are carried out.

National Care Standards. Care at home. Standard 8 Keeping well medication.

This recommendation was made on 26 April 2016.

Action taken on previous recommendation

Some improvements noted however further improvements needed with recording.

We have made a requirement in relation to medication recording.

Recommendation 3

Any handwritten additions to personal plans should be dated and signed to record the name of the person making the entry.

National Care Standards. Care at home. Standard 3 Your personal plan.

This recommendation was made on 26 April 2016.

Action taken on previous recommendation

This recommendation had been met.

Recommendation 4

The provider must notify the Care inspectorate of all notifiable events using the eform system.

National Care standards. Care at home. Standard 4. Management and staffing.

This recommendation was made on 26 April 2016.

Action taken on previous recommendation

This recommendation had not been fully met and is repeated.

Recommendation 5

Clear systems should be put in place to plan and record staff supervision. This should allow for an easier audit of supervision to ensure it is being provided regularly to all staff.

National Care standards. Care at home. Standard 4. Management and staffing.

This recommendation was made on 26 April 2016.

Action taken on previous recommendation

Staff supervision was not being provided consistently to all staff.

This recommendation had not been met and is repeated.

Recommendation 6

The service should have a training plan which is regularly updated, the manager should have an overview of training which would allow any gaps in individual training to be identified and met.

National Care standards. Care at home. Standard 4. Management and staffing

This recommendation was made on 26 April 2016.

Action taken on previous recommendation

This recommendation had not been fully met and is repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

| Date | Type | Gradings | |
|-------------|-------------|---------------------------|--------------|
| 9 Mar 2016 | Unannounced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 3 - Adequate |
| 12 Mar 2015 | Unannounced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |

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