

# Inspection report

## Hanover Care at Home Service - East Support Service Care at Home

95 MacDonald Road  
Edinburgh  
EH7 4NS

**Inspected by:** Kellie Anne Davidson  
**(Care Commission officer)**

**Type of inspection:** Announced

**Inspection completed on:** 11 January 2011

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

**Service provider number:**  
SP2003001576

**Care service number:**  
CS2007142388

**Contact details for the Care Commission officer who inspected this service:**

Kellie Anne Davidson  
Telephone 0131 653 4100 Lo-call: 0845 600 8335  
Email [enquiries@carecommission.com](mailto:enquiries@carecommission.com)

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## Easy read summary of this inspection report


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We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:

 6       5       4       3       2       1  
excellent      very good      good      adequate      weak      unsatisfactory

### We gave the service these grades

Quality of Care and Support	 5	Very Good
Quality of Staffing		N/A
Quality of Management and Leadership		N/A

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

### What the service does well

Hanover Care at Home currently provides a person centred service to all of their service users. They have good systems in place to evaluate, and gain feedback about the service, these include, formal and informal reviews and regular telephone contact. Through talking with two service users it was apparent that the care workers have a good understanding of the individual support needs.

We also spoke with two support workers who informed us about the high level of support that they received from their line managers.

### **What the service could do better**

The service should consider using an independent facilitator to chair some of their service users meetings.

The service should keep records of when and why the times of service users support are changed.

### **What the service has done since the last inspection**

The service has met the one requirement and one recommendation that was made at the previous inspection.

### **Conclusion**

Hanover Care at Home offers a very good standard of care. The service users that we spoke with during the inspection process, were very happy with the service that they received.

The manager and care workers appeared to be committed to delivering a good needs led service.

### **Who did this inspection**

#### **Lead Care Commission Officer**

Kellie Anne Davidson

#### **Other Care Commission Officers**

#### **Lay Assessor**

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Booksource  
50 Cambuslang Road  
Cambuslang Investment Park  
Glasgow  
G32 8NB  
Tel: 0845 370 0067  
Fax: 0845 370 0068  
Email: [scottishgovernment@booksource.net](mailto:scottishgovernment@booksource.net)

# What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

### **Recommendations, requirements and complaints**

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

**Complaints:** We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

## How we decided what to inspect

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### **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

### **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

# What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## **How grading works.**

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

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Hanover Care at Home Services East, is operated as part of Hanover Housing and was registered with the Care Commission April 2007. The service has an office based within the North East area of Edinburgh and offers a service throughout Edinburgh.

The service began to actively support service users within their own homes from March 2009. The Care at Home Service is currently delivered to three older people and one person with learning disabilities by a core staff team.

The objectives of the service are to:

'Provide a high quality service which meets the agreed needs of the service user.  
Provide a range of support such as assistance with personal care, housework, shopping, companionship and short breaks from caring.  
Help maintain people in their own home and to keep in contact with family and friend.  
To work with the service user, Community Health and Social Care Partnerships and other appropriate organisations to reduce admissions to nursing, residential or hospital care'

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

<b>Quality of Care and Support</b>	<b>5 - Very Good</b>
<b>Quality of Staffing</b>	<b>N/A</b>
<b>Quality of Management and Leadership</b>	<b>N/A</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### **What activities did we undertake during the inspection**

From October 2010 the Care Commission has temporarily introduced an additional less intense inspection approach for services which have previously reached a good level of performance. This service qualified for this reduced inspection approach and was therefore inspected only against the Quality Theme Care and Support at this inspection.

We compiled the report following an announced inspection. The inspection was carried out by Care Commission Officer Kellie Davidson. The inspection process was carried out on 11 January 2011. During the inspection evidence was gathered from a number of sources. This included reviewing a range of policies, procedures, records and other documentation including the following:

Certificate of Registration  
Certificate of Insurance  
Clients personal plans  
Observation of the interaction between staff and service users  
Conversations with service users  
Conversations with support workers  
Service user meetings  
Service users handbook

### **Inspection Focus Areas (IFAs)**

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

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### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Has the service had to take any actions as a result of or since our last inspection?**

The Provider must ensure that, where staff to be employed are required by law to be registered with an appropriate professional body, checks on the validity of such registrations are carried out, and results clearly evidenced. This is in order to comply with SSI 2002/114 Regulations 9(2)(c) Fitness of employees and 19(2)(d) Records. It also takes into account Scottish Social Services Council Code of Practice for Employers of Social Service Workers Section 1.2 Timescale for Implementation: Within 2 weeks of receipt of the Safer Recruitment Audit letter.

### **Action taken on the Requirement**

The Provider had updated their Recruitment Policy to include a section on 'Checking Applicants' Registration Status'. This clearly outlined the responsibility of the Provider to check candidates' status with regard to having or obtaining an appropriate type and level of registration with a professional body. There had been no staff employed that registration applied to since the last audit.

### **The requirement is:**

Met

### **Actions Taken on Recommendations Outstanding**

It is recommended that the service should develop a procedure for recording, the amount, when Midazolam is removed from the service users home and again when returned. This is in keeping with the National Care Standards Care at Home, standard 8- Keeping Well, medication

The service now have in place a procedure for the recording of controlled medication.

Met

### **The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

**Annual Return Received**

Yes

**Comments on Self Assessment**

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 relevant information they had given us for each of the headings that we grade them under

**Taking the views of people using the care service into account**

During the inspection we spoke with two clients who use the service. comments included:

In regards to personal care: 'don't feel embarrassed somehow'

' quite pleased'

' X is great'

' meets all my needs'

' don't think there is anything they could be doing better'

**Taking carers' views into account**

No carers were spoken to as part of the inspection.

## 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 service had a written plan, which described how they would try to involve service users and carers in improving the service in the service that was delivered. This was called the Participation Strategy.

This included the distribution of a Hanover Housing service users newsletter, which gave dates of service users forums, information about any changes to service and any special events. Annual reports were also distributed.

The Care at Home service held service user meetings, which we saw the minutes of. These meetings were an opportunity for service users to bring things to the attention of the manager and to discuss any ideas or changes they would like to see made. Whilst looking through the minutes we saw that when the manager had discussed the participation strategy with the service users they had feedback that it was too long and complex. The manager acknowledged this and developed a shorter, simplified document that still held all the important information. This was distributed to the service users and positive feedback was given.

The service had also produced and distributed questionnaires, which were sent out to all service users. The manager explained to us that the questionnaires were just one of the ways in which they received feedback from the people who use the service. The questionnaires sent out asked about appropriate topics about the service. These included, starting to use the service, provision of the service, information and communication and quality of service. There was also the option to give your name or be anonymous. We saw that the findings of these questionnaires were then collated and an action plan made, that was shared with the service users. We looked at the questionnaires as part of the inspection and found that they were very positive.

The service reviewed service users care on a regular basis with staff, service users and their families. Reviews were carried out on a formal basis but also in an informal manner through regular phone calls and contact sheets. We spoke with two of the service users as part of the inspection. Both told us that if they had anything to discuss they would either address it with their support staff or phone the manager at the main office. Both also indicated that they had regular contact with the manager by phone and would raise any concerns then.

Each service user had a copy of Hanover Housings service users handbook which included information on the ways in which service users could participate and influence the service that they were being provided.

We saw that service users had a consistent staff group that supported them. This encouraged positive relationships and openness. The manager explained that if a service user was not being supported by their regular staff then they would be informed about this as soon as possible.

The manager discussed with us that they work informally with Hanover's Tenant Participation Officer, seeking ideas and advice when required.

During the inspection the manager told us and we saw evidence that service users had been involved in the Self Assessment and grading process. The manager explained that they had held a service users meeting and with support from staff had encouraged service users to grade the service that they received. We saw the minutes of the meeting and found that the service users had contributed well.

The service had a complaints procedure in place. We looked at an informal complaint that had been made to the service and were able to follow this through to the resolution, which was suitable for all parties involved.

Through discussion with the service users, family, staff and the manager we found that the service was person centred. The service users determined the time of the support, what the support was for and who supported them.

#### **Areas for Improvement**

The manager should consider sending the service users a copy of the agenda out to service users prior to any future service user meetings. This would give them time to prepare and decide if they wanted to add anything to the agenda.

The service may benefit from using an external facilitator at the service users meeting. This would encourage openness and for the meeting to be totally service user orientated.

The service may want to consider changing the Care Commission contact details form Dundee to Musselburgh, as that is their local Care Commission office.

#### **Grade awarded for this statement**

5 - Very Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

## **Statement 2**

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

### **Service Strengths**

The people supported within Hanover Housing Care at Home were fully involved in all decision making regarding their support and reaching their potential.

During the inspection we looked at three service users care plans. The care plans held information on the individual and their support needs, how these would be met, risk assessments emergency contact and their individual Support Agreements. Within each part of the care plan's was information about how to support the person on each task whilst maximising independence. For example, supporting a person to select the correct clothing, whilst encouraging them to dress independently. We saw that these plans were reviewed on a regular basis with the service users and any other relevant person. Whilst speaking with staff they indicated that prior to supporting any new service users they are given time to go to the office to read their care plan and discuss any concerns with the manager. The manager had devised a key point's summary for each service user. This was a very basis summery of the support that they required that could be used as a refresher for a support worker who had maybe not supported that service user for a period of time.

We sampled some of the service users support agreements and found that the maximising of independence was highlighted throughout them all. This was confirmed when we spoke with the service users. They said that the way that staff support them is with a 'do with, not for' attitude.

During the inspection we spoke with two members of staff. They spoke about the importance of giving service user choice and support and ensuring the service user led their support. They gave us an example of a service user who may receive an hour support for housework and preparing a meal. If this service user wanted to use the first fifteen minutes of support for a general conversation and the remainder for housework then they would do this. The staff recognised the importance of social interaction along with practical support.

The service had a medication policy in place which they were seen to be following.

We saw that within the service user handbook there was information on how each service user can be supported to access independent advocates if they wanted to.

### **Areas for Improvement**

When support is given at a different time from that which is stated on the service users care plan this should be recorded in the daily contact sheets with the reason for the change.

The service should continue with the very good practise.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## Other Information

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### Complaints

### Enforcements

### Additional Information

During the inspection we spoke with two members of staff. comments made were:

' one of the best jobs I've ever had'

' good back up in the office'

'love every minute of it'

' been well supported to return to work'

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## Summary of Grades

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<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - Not Assessed</b>	
<b>Quality of Management and Leadership - Not Assessed</b>	

## Inspection and Grading History

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<b>Date</b>	<b>Type</b>	<b>Gradings</b>						
12 Nov 2009	Announced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td><i>Not Assessed</i></td> </tr> </table>	Care and support	4 - Good	Staffing	4 - Good	Management and Leadership	<i>Not Assessed</i>
Care and support	4 - Good							
Staffing	4 - Good							
Management and Leadership	<i>Not Assessed</i>							

## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

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

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

অনুবাদেরসহ এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هذه بای تفسردی مرون ابز رگی د روا رولکش رگی د رپ شرازگ ت عا ش ا هی

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**Telephone: 0845 603 0890**

**Email: [enquiries@carecommission.com](mailto:enquiries@carecommission.com)**

**Web: [www.carecommission.com](http://www.carecommission.com)**

Improving care in Scotland