

## Care service inspection report

# Dunedin Canmore Housing Limited - Sheltered Housing Division

## Housing Support Service

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Edinburgh

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Telephone: 0131 624 5625

Type of inspection: Unannounced

Inspection completed on: 27 April 2015



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**Service provided by:**

Dunedin Canmore Housing Limited

**Service provider number:**

SP2004004483

**Care service number:**

CS2004076789

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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	4	Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The housing complexes looked well maintained and were in pleasant surroundings. People using the service were satisfied that the provider responded to requests for repairs promptly.

Some of the services had established good social activity that people were able to attend.

There was a good range of information brochures and leaflets which gave the tenants advice if they had problems.

### What the service could do better

Some of the services could do better at displaying information about what the provider had done when issues were raised at meetings or through other means. The complaint information should be updated to tell tenants that they are able to raise issues with the Care Inspectorate.

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

The provider had met one recommendation about staff training which was made at the last inspection.

The management were continuing to visit the complexes and discuss how to improve the services.

### **Conclusion**

The sheltered housing complexes we visited were in pleasant situations in local communities. The premises looked well-kept and maintained. This included gardens and surrounding areas.

Tenants told us that requests for repairs were dealt with promptly.

Cleaning of each of the services was of a good standard.

Communal laundry facilities were welcomed and extensively used by tenants.

# 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](http://www.careinspectorate.com)

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

## Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Dunedin Canmore Housing Association Ltd - Sheltered Housing Division provides a housing support service to around 340 tenants living in sheltered housing complexes across Edinburgh. Tenants have self contained flats and each complex has a communal lounge, kitchen and laundry facilities.

Each complex has a sheltered housing manager who can offer general support, help with security and safety of tenants' homes, help arrange repairs and aids and adaptations, help tenants to get in touch with other services they may need, help resolve neighbour disputes, carry out activity monitoring checks to monitor tenants' general welfare and encourage tenants to socialise and use local community facilities. The service is managed by a senior sheltered housing manager and the housing manager.

## **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 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 4 - 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](http://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

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 we did during the inspection

We wrote this report following an unannounced inspection. This inspection was carried out by one inspector from the Care inspectorate.

The inspection took place on 20, 21, 22 and 23 April 2015. We gave feedback to the manager of the service on 27 April 2015.

During this inspection process, we gathered evidence from various sources, including the following:

Annual return information.

The services self assessment.

Samples of service user support plans.

Connect which is a quarterly newsletter sent to service users.

Accident and Incident recording.

Complaint logging process.

Staff training matrix.

Tenants satisfaction survey results.

Staff meeting records

A range of information leaflets available to tenants and the brochures of the services.

Five sheltered housing sites were visited. We spoke with a number of people who were tenants in the sites.

We spoke directly with members of staff including the registered manager of the service and sheltered housing managers at each site.

We sent out 100 Care Standards Questionnaires for people who use this service and received 40 completed returns. We sent out 50 staff questionnaires and received 6 returns. We acknowledged that the service did not employ this amount of staff and there was a total of approximately 12 staff.

Visits to the sheltered housing sites gave us the opportunity to observe staff providing support and advice to tenants.

### **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.firelawscotland.org](http://www.firelawscotland.org)

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

One recommendation was met at this inspection about staff training records.

### **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:** Yes - Electronic

### **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.

This was completed as required by us.

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

We received a range of comments in response to user satisfaction questions. These included:

"I am very happy and like the scheme manager. She has a lot of patience and is very helpful".

"So far the warden had been helpful to all my needs and is very obliging in matters and confidential".

"happy with everything".

"...a new warden who started last year and what a difference she has made. She is kind and caring and nothing is too much trouble".

"I am treated with respect by the warden. She is approachable and has time to provide the support needed in the complex".

"I feel like the staff do not have the time to do everything. Not enough hours in the day".

"Poor service - no weekend morning call. No other contact apart from morning call during the week. No advanced warning if the normal warden is off - it's just a different voice".

We received a few comments where we thought that the respondents were unclear about who was asking them to respond to the questionnaire. They may have become confused by the services provided by external agencies providing care and not the service provided by Dunedin Canmore. For example one person responded: "My carers not only attend to my personal needs....."

Tenants we spoke with during the course of the inspection gave us positive comments about the wardens in the service.

We spoke with tenants in one service who were enjoying the morning coffee session. They were extremely positive about the support they were given by both the warden and other tenants they had made friends with.

### **Taking carers' views into account**

We did not meet with carers at this inspection.

### 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: 4 - 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**

To make our assessment of this statement we took into account information in the service, feedback from our questionnaires and views of tenants living in the services and staff working for Dunedin Canmore Housing Association.

The wardens gave good examples of where face to face contact with tenants had resulted in improvements or referrals to other agencies for additional resources to help the tenant remain independent and supported in their tenancy.

We had examples of where the warden was knowledgeable about the residents and could explain changes in their condition and abilities as they saw them each day.

Wardens told us that they were included in review meetings and kept support plans updated with relevant information about the tenant's needs.

The provider carried out surveys to gauge the satisfaction of tenants. The last was in March 2015. We saw that there had been recent consultation about the proposed 'handyman' service which meant that implementing this service would be beneficial in responding to requests from tenants.

We saw examples of minutes of meetings (dated 4 March 2015) in one service. This indicated that tenants were able to raise issues through this means and they also confirmed this when we spoke with them.

For example discussion was had about the installation of SKY, the lift upgrades and the use of the laundry facilities.

The manager confirmed that each tenant was given a copy of the minutes of meetings.

Actions were taken from the previous meeting where tenants had requested that the agenda and minutes be in larger print.

There were many brochures and leaflets available throughout the premises we visited. (This included the main office).

These were informative and told people about their tenancy, welfare rights and household visits.

The 'Connect' magazine was given to all service and tenants. This was well presented and easy to read. It kept tenants updated on any changes to the service provided, for example in respect of any works being carried out or planned repairs.

A newsletter was being sent out in April 2015. This was informing tenants that consultation was progressing about what people wished to see in sheltered housing. This was to help Dunedin Canmore develop and improve the service.

Each service had a suggestion box and we were told that these were taken to the manager's meetings to be reviewed.

We saw a good example of where table tennis facilities were provided to one service after a suggestion made by tenants.

### **Areas for improvement**

Whilst we saw that there were methods whereby tenants were able to make suggestions and express their views, the actions taken were not always displayed to show tenants that the provider had taken action and that they were listened to.

For example, we noted that there was two services displaying this information in the form of 'You said - we did' information boards.

The manager of the service acknowledged this and planned to take this forward in all services.

We discussed the content of information about the complaints in the individual service's brochure. We thought that there was the potential to confuse tenants.

Information should clearly explain that tenants can use our complaint process without the need for going through the provider.

We will monitor this at the next inspection.

This grade represents a high standard of performance and does not need considerable adjustment.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 6

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.

### Service strengths

To make our assessment of this statement we took into account information in the service, feedback from our questionnaires and views of tenants living in the services and staff working for Dunedin Canmore Housing Association.

We found that there was good information to inform prospective tenants about the services.

Each service has an individual 'handbook' which told people what they could expect from the service.

The handbooks were in an easy to read format and introduced people to the company. Included was:

A photo of the warden.

The times that the warden worked and their contact details.

An overview of the role of the warden.

Information on the use of the common areas.

Introductions to coffee mornings and activity.

Handbooks were compiled into different languages to cater for the clients in the services.

Warden told us how prospective tenants were able to make visits to the service before they made a decision to take up a tenancy.

Wardens were involved in interviewing and assessing the suitability of people for a tenancy. This was beneficial as they were familiar with the existing client group.

Discussion with wardens showed that they were familiar with tenants and that they were observant in monitoring changes in the tenant's needs.

We were given examples of where/when some individual's needs had increased and the warden took steps to have the tenant reassessed (with their agreement) for increased care and support.

At times, the sheltered housing complex was unsuitable for increasing needs of some people and the wardens explained how they supported individuals during the transition phase of moving to more suitable accommodation.

During the inspection, we saw that the wardens were responsive and positive in all interactions with the tenants.

### Areas for improvement

During our inspection, we heard from some of the tenants about their frustrations in respect of wardens telling them that they could not assist them with specific things. For example, changing a light bulb or assisting them with minor issues or helping them to enhance activity sessions.

These issues were not across all of the service but in three that provided minimal support services.

We acknowledge that there may have been some changes to what the services are able to provide however, this should clearly be discussed with the tenants.

We have heard from some tenants who have some unresolved issues and they cannot understand why wardens cannot do specific things. This has the potential to cause friction and conflict.

There needs to be consideration of what people's expectations are of sheltered housing and if there are changes in the services to what individuals 'signed up' for these should be explored and resolved.

The website with information about the services made reference to and provided links to the Care Inspectorate latest reports. These were considerably out of date.

The manager told us that this would be taken forward.

We have concluded that the service was assessed as performing at a good level for this statement.

Good grades signify a performance which has significant strengths. The service should take steps to address the areas for improvement identified.

We will monitor the areas for improvement at the next inspection.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

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 staffing in the service.

### Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement. We have also applied the grading of five "Very good" awarded in Quality Statement 1.1 to this Quality Statement.

### Areas for improvement

The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

**Grade awarded for this statement:** 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

To assess this statement we took into account our observations and discussions during the inspection. We looked at records of training.

The following recommendation was met at this inspection:

'Training records should be maintained in a way which allows managers to have an easily accessible overview of the training needs of staff. This should include information to alert managers as to when mandatory training needs to be updated. National Care Standards. Housing Support Services. Standard 3. Management and staffing arrangements.'

Action taken to meet recommendation:

The manager had compiled a training matrix which helped in identifying staff who had completed or were due to have updates in training. Staff told us that they valued the training that was provided by Dunedin Canmore.

Each warden had access to a database which recorded all of their employment history and training events they had attended. This was a good system.

Domestic staff spoken with told us that they felt supported and enjoyed working in the service.

They were given good supplies of equipment to do their job and we were told that they were given additional supplies if they requested without delay.

Staff told us that they had attended supervision sessions which are a good way for staff to raise issues and to be supported by managers.

Staff we spoke with during our inspection were clearly motivated and wished to provide a high quality service to the tenants.

### Areas for improvement

We assessed that the service was performing at a very good level for this statement. The service should continue to take opportunities to improve and strive to raise performance to excellent.

**Grade awarded for this statement:** 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 1**

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

### **Service strengths**

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement. We have also applied the grading of five "Very good" awarded in Quality Statement 1.1 to this Quality Statement.

### **Areas for improvement**

We have assessed that the service was performing at a very good level for this statement.

The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

**Grade awarded for this statement:** 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 manager of the service had good systems in place to monitor the quality of the service.

There was a good database for the reporting and collation of accidents and incidents. This gave the manager of the service oversight of each complex.

Records of complaints were managed by the manager.

There had been swift action taken from the results of the survey to begin to address issues which needed to be improved. This included the provision of activity in some services and to raise the awareness of the role of the warden.

The manager of the service routinely visited each of the sheltered housing complexes. She was in the process of carrying out consultation meetings with tenants to find out how best to develop the service.

### Areas for improvement

The manager had begun to address the issues we raised as a result of our inspection. For example to ensure that information was displayed accurately in each of the complexes.

We will monitor this at the next inspection.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

No Additional Information.

### 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 Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 6	4 - Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
13 Mar 2014	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
24 Aug 2012	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
17 Jun 2009	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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### Translations and alternative formats

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