



*Making Social Care  
Better for People*

# inspection report

## DOMICILIARY CARE AGENCY

**The Homecare Provider Ltd**

**15 - 16 Badgworth Barns  
Notting Hill Way  
Weare  
Axbridge  
Somerset  
BS26 2 JU**

*Lead Inspector*  
Caroline Baker

*Announced Inspection*  
5<sup>th</sup> April 2006      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

**Name of service** The Homecare Provider Ltd

**Address** 15 - 16 Badgworth Barns  
Notting Hill Way  
Weare  
Axbridge  
Somerset  
BS26 2 JU

**Telephone number** 01934 733337

**Fax number**

**Email address**

**Provider Web address**

**Name of registered provider(s)/company (if applicable)** The Homecare Provider Ltd

**Name of registered manager (if applicable)** Mrs Jane Tunnicliffe

**Type of registration** Domiciliary Care Agencies

**Category(ies) of registration, with number of places**

# **SERVICE INFORMATION**

## **Conditions of registration:**

1. The agency to operate as a Small Domiciliary Care Agency.
2. The agency to provide a service for older people.
3. The agency to provide a service for people with dementia.
4. The agency to provide a service for adults with mental health problems.
5. The agency to provide a service for adults with learning disabilities.
6. The agency to provide a service for adults with terminal illness.
7. The agency to provide a service for adults who are ill (other than a terminal illness).
8. The agency to provide a service for adults who are recovering from illness.

**Date of last inspection**          10th October 2005

## **Brief Description of the Service:**

The Registered Manager of the Homecare Provider is Mrs. Jane Tunnicliffe who was appointed in May 2005. The service is registered with the Commission for Social Care Inspection (CSCI) to provide personal care to persons in their own homes.

The Homecare Provider is based in two small self-contained offices outside the village of Weare. It operates as a 'Small' domiciliary care agency. The offices are single storey and there is plenty of parking. Additional larger rooms can be accessed. There is adequate equipment and resources for the efficient and effective management of the service.

**The agency provides care for up to 75 service users at present. Not all of whom receive personal care. The agency can be contacted 24-hours per day, 7 days per week.**

# **SUMMARY**

This is an overview of what the inspector found during the inspection.

This announced inspection was carried out by two inspectors over 9 ½ hours. All requirements and recommendations made at the last inspection had been actioned and met.

The inspectors spoke with three members of staff. Five service users and one relative were contacted by telephone. The CSCI received comment cards from seven service users, three relatives/representatives and four staff.

Records relating to the care of service users, staff recruitment and training were viewed. All of the key national minimum standards were assessed.

Jane Tunncliffe, registered manager was available throughout the inspection. The inspectors would like to thank service users and staff for their time and involvement in the inspection process.

## **What the service does well:**

Service users are generally very satisfied with the service provided by the agency.

Care plans are comprehensive and detailed providing clear guidance for staff to follow.

The agency is well run and managed. Staff feel well supported.

Service users commented that the staff are kind and helpful.

## **What has improved since the last inspection?**

The agency has implemented quality assurance processes. A questionnaire was sent out to service users recently. Responses had been collated.

The manager is implementing a policies and procedures awareness workbook to be used when training new staff.

Staff observation and supervision sessions have been introduced.

Records of medication support are available and signed.

A clear record of financial transactions undertaken by staff on behalf of service users is now in place.

New staff have received moving and handling training.

POVA first checks and CRB disclosures have been obtained for new staff.

### **What they could do better:**

The agency must evidence that service users have been involved in their care planning.

All induction and supervision records should be signed by staff.

The agency should obtain an accident book that complies with the Data Protection Act 1998.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# User Focused Services

## The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

**The Commission considers Standard 2 the key standard to be inspected at least once during a 12 month period.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

2, 5, 6

The agency assesses service user's needs prior to offering care.

Staff maintain service user's confidentiality.

Staff provide a consistent and reliable service.

## **EVIDENCE:**

The inspectors viewed three service users' care plans. These contained care needs assessments undertaken by social services prior to the provision of care. These assessments were used to develop the care plan. The manager also visits service users to ensure that the agency can meet their needs. Staff

record changes to care needs in the care plan and report changes to the manager.

Staff spoken with were aware of the agency's confidentiality policy and the need for confidentiality. Service users confirmed that staff don't share their personal information.

Service users confirmed that staff are reliable and don't miss visits. 92% of service users contacted confirmed that staff always or usually arrive on time. 83% of service users confirmed that they are advised of any changes and regularly have the same team of care workers. Comments included 'staff are kind and do little extras that help to cheer the day' and 'the staff provide useful tips relating to my care needs'.

## Personal Care

### **The intended outcomes for Standard 7 – 10 are:**

- 7.** The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
- 8.** Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
- 9.** Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
- 10.** The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

**The Commission considers Standards 8 and 10 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 10.

Care plans are comprehensive and detailed. They provide clear guidance for staff to follow.

Staff respect service user's privacy and dignity.

The agency's medication procedures assist service users to maintain responsibility for their own medication.

### **EVIDENCE:**

Three service user's care plans were sampled. These were 'live' care plans that had been removed from service user's homes. The care plans provided clear detailed information and guidance on how to meet service user's needs. The care plans contained individual risk assessments. The staff write a daily update and the care plans are reviewed on a regular basis. The inspectors brought it to the attention of the manager that errors in the care plan should be crossed through with a single line, with 'error' written next to it. The

member of staff should initial the change. One care plan contained good detailed information relating to encouraging independence in mobility. Another care plan considered the service user's cultural needs. The care plans viewed had not been signed by service users. These must be signed to evidence that the service user has been involved in their care planning.

Staff spoken with demonstrated a good awareness of how to respect service user's privacy and dignity. Service users confirmed that staff are polite and treat them with respect.

The manager has recently reviewed the agency's medication policy. A clear record of medication support is held in individual service user's homes. Service users sign a consent form to confirm that they are happy for staff to support and assist them with their medication. The manager is currently arranging medication training for staff.

## Protection

### The intended outcomes for Standards 11 - 16 are:

11. The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
12. The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
13. The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
14. Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
15. Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
16. The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

**The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

11, 12, 13, 14, 16

Staff are aware of the agency's policies relating to health, safety and welfare.

Risk assessments are clear.

Service users money is protected by the agency's policies.

Staff are aware of the agency's abuse procedures.

Service users have access to their own care plans.

### **EVIDENCE:**

Staff confirmed that they are aware of the agency's policies relating to health, safety and welfare. The care plans viewed contained good risk assessments which provided clear information. The risk assessments are undertaken by the manager and co-ordinator.

Staff spoken with confirmed that they have received training in health and safety, first aid, manual handling and food hygiene. The agency provides gloves, aprons and alcohol gel for staff use.

There had been two accidents since the last inspection. These had been recorded in the agency's accident book. The inspectors recommended that the agency should obtain an accident book with perforated pages that complies with the Data Protection Act 1998.

The manager and co-ordinator are on call and contactable when care and support staff are on duty.

Staff are aware of the agency's policies relating to finance. Each care plan sampled contained a finance section. This contained an appropriate record of all financial transactions undertaken by staff on behalf of service users. The agency has implemented risk assessments to minimise the risk where service users are unable to manage their own finances.

The agency has policies relating to abuse. The staff induction includes abuse awareness and further training for staff has been planned for May 2006. Staff spoken with were aware of the steps to take if they suspected or become aware of abuse.

All service users contacted confirmed that they hold a copy of their care plan in their own home. Service users sign to confirm that staff have visited. Staff confirmed that if service users choose not to keep their records in their own home they sign a statement to confirm this choice.

## **Managers and Staff**

### **The intended outcomes for Standards 17 - 21 are:**

- 17.** The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
- 18.** Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- 19.** Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- 20.** The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- 21.** Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

**The Commission considers Standards 17, 19 and 21 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

17, 19, 21.

Recruitment processes protect service users from harm.

Staff are trained to meet the needs of service users.

Staff receive observation and regular supervision.

### **EVIDENCE:**

The agency completes a POVA first check prior to staff commencing work. Three staff files were viewed. These all contained CRB disclosures.

Staff files contained completed application forms, proof of identity, references, fitness checks, certificates and interview record forms. New staff spoken with confirmed that they attended an interview at the office. Staff confirmed that they have been issued with a job description and the GSCC code of practice.

All staff who completed comment cards confirmed that the agency provides funding and time for relevant training. Staff training records and training plans were available.

New staff undertake an induction and complete an induction workbook. The new member of staff should sign the workbook on completion. A policies and procedures awareness workbook is also being implemented. New staff confirmed that they had shadowed experienced staff initially. The manager undertakes an observation to ensure new staff are able to meet service user's needs appropriately.

Six staff have completed NVQ 2. Eight staff are currently studying NVQ 2. Staff spoken with confirmed they had attended a talk on Multiple Sclerosis.

Staff spoken with demonstrated a good awareness of how to meet service user's needs. One service user's relative spoken with complimented the staff on the action they took when the service user was ill and the staff phoned for an ambulance.

Staff spoken with confirmed that they receive regular supervision. The manager keeps written records on the content of each meeting. The member of staff should sign the supervision record.

## **Organisation and Running of the Business**

### **The intended outcomes for Standards 22 – 27 are:**

- 22.** Service users receive a consistent, well managed and planned service.
- 23.** The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24.** The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25.** The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26.** Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27.** The service is run in the best interests of its service users.

**The Commission considers Standards 22 and 26 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

22, 24, 26, 27.

The agency is well run. The manager is committed to providing an effective service.

Accurate and up-to-date records are maintained.

The agency has a complaints procedure.

Quality assurance processes have been implemented.

### **EVIDENCE:**

The agency operates from permanent premises. However, the manager advised that the agency will be moving to new offices later this month.

During the inspection Jane Tunnicliffe, registered manager was available. Jane is committed to providing a good service and has made improvements since the last inspection. Staff confirmed they feel well supported, enjoy their work and find the manager approachable. The manager advised that the agency will

be recruiting two senior staff for client liaison and to ensure records are maintained appropriately.

Records viewed were up-to-date and stored securely in accordance with the Data Protection Act 1998.

The agency has a complaints procedure that can be found within the service user's guide. All service users contacted knew who to speak to if they had any concerns. None of these service users have ever made a complaint. The agency had not received any complaints since the last inspection.

The agency has started to implement quality assurance processes. Service users were recently consulted about their care through a questionnaire that was sent out to their homes. Thirty four service users responded and the results have been collated for audit purposes.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

**4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion  
 “N/A” in the standard met box denotes standard not applicable

<b>User Focused Services</b>	
<b>Standard Number</b>	<b>Score</b>
<b>1</b>	X
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	3
<b>6</b>	3

<b>Managers and Staff</b>	
<b>Standard Number</b>	<b>Score</b>
<b>17</b>	3
<b>18</b>	X
<b>19</b>	3
<b>20</b>	X
<b>21</b>	3

<b>Personal Care</b>	
<b>Standard Number</b>	<b>Score</b>
<b>7</b>	2
<b>8</b>	3
<b>9</b>	X
<b>10</b>	3

<b>Organisation and running of the business</b>	
<b>Standard Number</b>	<b>Score</b>
<b>22</b>	3
<b>23</b>	X
<b>24</b>	3
<b>25</b>	X
<b>26</b>	3
<b>27</b>	3

<b>Protection</b>	
<b>Standard Number</b>	<b>Score</b>
<b>11</b>	3
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	X
<b>16</b>	3

No

Are there any outstanding requirements from the last inspection?

### **STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	DO7	14(3)	Service users must sign their care plans to evidence their involvement.	10/06/06

### **RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	DO11	The agency should obtain an accident book that complies with the Data Protection Act 1998.
2	DO19	All induction and supervision records should be signed by staff.

## **Commission for Social Care Inspection**

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