



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

The Homecare Provider Ltd

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

Lead Inspector
Caroline
Baker

Announced
10th & 11th October 2005

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
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Reader Information

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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 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

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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 2JU
Telephone number	01934 733337
Fax number	
Email address	office@thcp.fsnet.co.uk
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 Agency
No. of places registered (if applicable)	N/A
Category(ies) of registration, with number of places	

SERVICE INFORMATION

Conditions of registration:

The agency to operate as a Small Domiciliary Care Agency.

The agency to provide a service for older people.

The agency to provide a service for people with dementia.

The agency to provide a service for adults with mental health problems.

The agency to provide a service for adults with learning disabilities.

The agency to provide a service for adults with terminal illness.

The agency to provide a service for adults who are ill (other than a terminal illness).

The agency to provide a service for adults who are recovering from illness.

Date of last inspection 6th 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 is the first inspection of the agency under the current management. (The last announced inspection took place on 6th/7th October 2004 when 11 recommendations were made.)

This announced inspection took place over one day by two inspectors, including telephoning service users (13 hours). At the time of this inspection the recommendations had been partly actioned.

The agency provides a service for up to 75 service users, which includes domestic and/or personal care. At the time of this inspection more than 75% of service users were receiving personal care.

The CSCI sent comment cards to service users, their relatives/representatives and staff with good positive responses. Four service users, three relatives and one advocate were contacted by telephone.

All made positive comments about the service provided by the agency.

Records relating to the care of the service users, staff and health and safety were examined. The agency was assessed against all of the National Minimum Standards (NMS) for Domiciliary Care at this inspection. The providers own comprehensive self-audit of the NMS was discussed and taken into consideration.

The registered manager Jane Tunnicliffe was available throughout the inspection.

What the service does well:

Service users were satisfied with the service provided by the agency.

Service users commented on the helpfulness and reliability of regular carers.

All staff had received a comprehensive annual appraisal at which training needs were identified.

The manager is systematically reviewing and up-dating the agency policies and procedures.

What has improved since the last inspection?

At the first inspection by CSCI the agency was owned by other providers. Mrs Tunnicliffe has used this initial inspection report as a basis of her action plan to develop the agency and had addressed many of the recommendations.

What they could do better:

It was evident that whilst the manager had reviewed the agencies existing policies and procedures relating to most aspects of the operation of the agency these had not been fully communicated to the staff responsible for implementing them.

A programme of coaching and supervision must be implemented to ensure that practice and record keeping in the service users homes reflects the stated policy of the agency.

Records of medication support must be kept.

Records of any financial transactions undertaken carers on service users behalf must be kept.

The policies of the agency relating to pensions must be adhered to.

The agency risk assessments must be completed for all service users.

Manual handling training must be provided to all staff prior to commencement of work with service users. Regular up-dates must be provided.

The manager had recently become aware of the current guidance with regard to CRB checks and POVA guidance. This has meant that potentially recruitment practices have been unsound.

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 or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

Organisation and Running of the business (Standards 22-27)

Scoring of Standards

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 standard(s) 1 2 3 4 5 6.

Service users are provided with information about the agency to allow them to make an informed choice.

The agency was able to demonstrate that service users are fully assessed prior to admission to ensure their needs can be met.

Once the choice is made service users are issued with a contract.

Carers have the skills and competence to deliver the care.

Staff are reliable and treat all information in regard to service users confidentially.

EVIDENCE:

The agency had a detailed Statement of Purpose, and a Service User Guide, which is supplied to service users in line with NMS. This has been recently updated. Service users and relatives spoken to over the telephone during the inspection confirmed that they had received a service user guide.

The certificate of registration was seen displayed at the agency office.

It was evident from examining a sample of care plans/records of individual service users – including one plan from a service users home - that an assessment of care needs is undertaken to ensure that the agency can meet the needs of the service users.

The co-ordinators will visit all prospective service users to ensure their needs can be met.

Evidence of service user input to their assessment plans was not seen. Service users spoken to over the telephone confirmed their awareness of the care assessment plans. The manager has developed assessment documentation that will be used with all future service users.

Staff involved in undertaking assessments will need training in this area.

Evidence was noted through examination of training records and speaking with staff during the inspection that the staff individually and collectively have the skills and experience to deliver services and care to persons in their own homes.

Consideration is given to “matching” service users and carers. Specialist training has been planned in dementia care and ms awareness. Staff have been trained to administer eye drops.

Service users contracts were inspected and were seen to outline terms and conditions in line with this standard.

All records were stored appropriately at the agency in line with Data Protection.

Service users spoken to during inspection confirmed that they had received a flexible and reliable personal care service. The inspectors were able to see samples of rotas used for service users on the agency’s database.

Comment cards received by the CSCI both indicated that service users felt that the care workers treat them well. It was evident that the same carers arrived at agreed times.

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 standard(s) 7 8 9 10.

The agencies care planning systems must be developed to ensure that carers have detailed records to enable them to deliver the care. Paperwork was not always signed or reflected client input or their name.

The systems and procedures of supervised administration of medications were generally good however they must be fully implemented and records of administration must be kept.

Service users are encouraged to maintain their independence.

Service users were treated with kindness and respect.

EVIDENCE:

Seven individual service user files stored at the office and one care plan from a service users home were assessed. There are plans to implement a comprehensive set of care planning documents. It was evident that currently the recording of care needs, wishes, preferences and personal goals for each individual are not recorded.

All paperwork used within the care plans must reflect the author, date written, service users name and their input and agreement to the plan should be reflected.

All the service users spoken to stated that the care workers treat them with respect. They commented on how their right to privacy was upheld. 100% of comment cards received by the CSCI indicated that service users felt that their privacy is respected. 100% of comment cards received from relatives/carers indicated that they were satisfied with the overall care provided.

Service users are assisted to make their own decisions, control their own lives, and are supported in maintaining their independence. This was evident through case tracking and speaking to service users. .

Service users spoken to were aware of the inspection taking place.

The agency holds a clear and comprehensive medication policy the manager must ensure this is understood and implemented by all staff. Records of medication support provided must be kept in the service users homes. Service users or their representative must sign a consent form if they require assistance with medication. This was not seen in the file available.

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 standard(s) 11 12 13 14 15 16

Service users are protected by the policies and procedures in place, which are implemented at the agency.

EVIDENCE:

The agency has a comprehensive and well written, health and safety policy in place. Evidence was seen in the records maintained that staff had received Health and safety, manual handling and food hygiene training.

The health and safety of service users and care support staff is promoted and protected. This was evident from the policies, induction programme, risk assessments and care needs assessments seen through case tracking.

Induction and training records confirmed staff received health and safety training. They were provided with equipment to protect them, for example gloves, aprons, first aid boxes for personal use, alcohol gel and uniforms. Staff use their own mobile phones.

Evidence was seen at the inspection of some risk assessments undertaken. There are comprehensive risk assessment documents that are prepared but not fully implemented for all service users.

The inspectors discussed with the manager the creation of a company manual-handling trainer. Staff could then be trained and up-dated as required. Manual handling training had been organised.

Car insurance is checked at an early stage during application for employment and evidence of this was seen in the recruitment files examined during the inspection.

The agency has an on call system during core hours.

The induction programme has been formalised in line with TOPPS guidance. It contained detailed and comprehensive guidance on prevention of abuse.

The responsible individual and manager of the agency had only recently become aware of its responsibilities with regard to ensuring all staff have had enhanced Criminal Record Bureau (CRB) checks and since July 2004 Protection of Vulnerable Adults (POVA) checks. The agency is now aware that CRB certificates are not transferable.

Care workers are required to wear an identity badge (ID) and service users spoken to confirmed that the staff always wear them. The date of issue and expiry date are recorded in the ID card. There is also a photograph and signature of the care worker.

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 standard(s) 17 18 19 20 21

There is a need to ensure that recruitment procedures in place at the agency fully protect service users.

Service users benefit from appropriately trained, supervised and competent staff.

EVIDENCE:

The manager had taken action to ensure all staff now have POVA checks prior to employment and is aware that CRB checks cannot be transferred from one employer to another.

Completed application forms for three staff were observed. The manager confirmed that staff had received a face-to-face interview at the agency before commencing. There was no record of the interview or evidence of issues addressed during the interview.

Documents required by legislation were observed. References should be dated and signed by the referee and the date they are received in the office must be noted.

The induction programme is structured and is linked to the General Social Care Council (GSCC) and TOPSS induction foundation training.

There was evidence of staff supervision in the files reviewed.

Staff receive an informative UKCHA handbook and a copy of the GSC codes of practice on appointment. They also receive a job description and copies of the grievance and disciplinary procedure within their induction packs.

Sixteen community carers are employed at the agency. According to the pre-inspection questionnaire 3 of the staff have achieved NVQ in care and 10 are undertaking courses at this time. There are staff who are trained to do Makaton. NVQs are by the trainer/assessor from the local college.

The Registered Manager has commenced the Registered Managers Award (RMA).

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 standard(s) 22 23 24 25 26 27

Jane Tunnicliffe is an enthusiastic and committed manager and is implementing new policies and procedures to improve the effective management of the agency.

A complaints procedure is made available to service users to allow them to raise any concerns.

Quality Assurance processes have been designed to ensure that the agency is run in the best interests of service users. These systems have not yet been fully implemented.

Systems were in place to ensure the health and safety of service users and staff.

EVIDENCE:

The business operates from permanent premises. The offices are fully equipped to ensure the smooth running of the business with up to date back up systems for all the data stored on computers.

Systems are in place so that accurate calculation can be made of the charges for the service; invoices are sent to service users and were detailed and easy to understand. The agency's minimum charge is for half an hour of care and this is an issue for some service users who require a shorter visit.

Independent qualified accountants carry out financial audits annually.

A current Employers Liability Insurance Certificate was displayed in the office.

All records examined were in line with current legislation and stored in line with the Data Protection Act 1998.

Service users and their representatives could have access to the their records.

As discussed at inspection all records pertaining to individual care should be signed, reflect the service users name, and be dated.

The policies and procedures examined at inspection were robust and detailed to ensure that service users rights and best interests are safeguarded.

The complaints procedure could be found within the current Statement of Purpose and Service User Guide. It was detailed and easily understood.

A complaints and compliments register is kept and the inspectors saw evidence of one complaint recorded and fully investigated. Compliments were also seen.

A Quality Statement was in place. There are plans to carry out an annual visit by a care co-ordinator and the registered manager. An annual postal client satisfaction questionnaire is planned. It was not possible to fully assess this standard at this inspection and it will be fully reviewed on the next occasion.

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

User Focused Services	
Standard Number	Score
1	3
2	3
3	3
4	3
5	3
6	3

Managers and Staff	
Standard Number	Score
17	1
18	3
19	2
20	3
21	3

Personal Care	
Standard Number	Score
7	1
8	3
9	3
10	1

Organisation and running of the business	
Standard Number	Score
22	3
23	3
24	2
25	3
26	3
27	X

Protection	
Standard Number	Score
11	2
12	1
13	1
14	2
15	3
16	1

yes

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 2003 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	DO 24	12/19	All records relating to staff and service users must be signed and dated.	1/11/05
2.	DO17	12	Staff must be recruited in line with Regulation 12 and Schedule 3.	1/11/05
3.	DO7	14(2)(4)	Careplans must be sufficiently detailed to reflect care needs and guidance provided in NMS 7	1/12/05
4.	DO 10	14(6) (7)	The agency medication policy must be followed with regard to supporting service users with medication and keeping records.	1/11/05
5.	DO 13	14(6)d	Staff must adhere to the company policy of dealing with service users finances. Records must be kept.	1/11/05
6.	DO 16	19(2) 13 (a)	There must be records in the service users home that comply with NMS 16.	1/11/05

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
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1.	12	References should be stamped with the date received in the office.
2.	DO18/19	Senior care staff should receive a programme of training and supervision to ensure they are clear about the agency's up-dated policies and procedures.

Commission for Social Care Inspection

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