



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Home Life Carers Limited

**Unit 1
Cedar Court
Lowman Way
Tiverton
Devon
EX16 6GT**

Lead Inspector
Andy Towse

Unannounced Inspection
3rd and 4th April 2007 11:30

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

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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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	Home Life Carers Limited
Address	Unit 1 Cedar Court Lowman Way Tiverton Devon EX16 6GT
Telephone number	01884 233700
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Home Life Carers Limited
Name of registered manager (if applicable)	Mrs Kathleen Loosemore
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection Not Applicable

Brief Description of the Service:

This is a recently registered service. It is currently small, offering support to eight service users around the Tiverton area. It operates from an easily accessible office in Tiverton. Currently it employs, in addition to the proprietor, a registered manager and three staff.

Charges range from £11.15 to £13.05 for an hour.

SUMMARY

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

This is the first inspection this agency has had since it was registered. This was an unannounced inspection which took place over a period of seven hours. The information contained in this report came from surveys returned by five service users and two staff members together with a pre inspection questionnaire compiled by the proprietor.

This information was supplemented by that obtained during the inspection. During the inspection there was discussion with the proprietor, the registered manager and a newly recruited staff member. There was further discussion with the two remaining staff members over the telephone when questions were asked about training, supervision and the quality of care offered.

Three service users were visited at their homes where discussion took place regarding the quality of the service they received.

The inspection also included a look around the office occupied by the agency and inspection of policies and procedures, and other records, including care plans and the files relating to both service users and staff employed by the agency.

What the service does well:

The agency operates an effective admissions procedure. This involves the registered manager visiting prospective service users in their homes and compiling a written report which ensures that the agency can meet their needs.

Care Plans are written in a format which gives very clear instruction as to what duties the carer has to carry out and the means by which they are to be carried out.

The registered manager involves service users and their families in compiling care plans thereby ensuring that they meet the service users' needs.

Positive comments were received from all service users visited about the continuity of care, punctuality and high standard of care offered by this agency.

The agency offers its staff a good induction. This is thorough and staff commented favourably about what they learned from it.

Service users were aware of the agency's complaints procedure. Whilst all said that they had no reason to complain, all had met the registered manager and the proprietor and felt confident that they could approach them if they wanted to raise any issues about the service.

The proprietor is keen to obtain the views of service users and to develop a service which will meet their needs. He has already started a Quality Assurance System and forwarded questionnaires to service users, as well as personally visiting them in their homes.

The office is central to the area covered by the agency. It also has facilities to assist people with disabilities accessing it.

What has improved since the last inspection?

Not applicable as this is the first time this agency has been inspected by the Commission for Social Care Inspection

What they could do better:

This was a first inspection. This agency has only been operating for a few months. In this inspectional service users visited were extremely pleased with the service they received. Staff commented favourably upon the support and training offered. The proprietor demonstrated a focus on the needs of service users as did his manager and members of staff during discussion.

Although new, this agency is developing well and at this inspection, no requirements or recommendations have been made.

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. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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User Focused Services (Standards 1-6)

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 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.

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

2, 4 and 6

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The thorough admission and assessment procedure ensures that only service users whose needs can be met are accepted.

Service users benefit from clearly written contracts that enable them to understand fees and terms and conditions.

Service users benefit from a service which is consistent and also flexible in ensuring that their needs are met.

EVIDENCE:

The admissions process was discussed with the registered manager and the proprietor. They said that in all instances the registered manager visited prospective service users and carried out an assessment. This enabled the registered manager to determine whether the agency would be able to meet the prospective service user's needs.

The files of three service users were examined. They all contained assessments which had been carried out by the registered manager. The assessments were thorough and had been signed and dated by the registered manager and often the prospective service user and / or by members of his/her family. This showed the involvement of family and service user in the assessment process, and that the registered manager used information supplied by them to compliment the assessment she was carrying out.

Three service users were visited as part of the inspection. They all mentioned that they had been visited by the registered manager and that their needs had been assessed prior to the agency accepting responsibility for offering them care.

Whilst the inspection was in progress, the proprietor took a telephone call from a prospective service user. He was heard arranging an appointment for the registered manager to meet the prospective service user to carry out an assessment. This further confirmed that all prospective service users were assessed as part of the admissions procedure.

All files held within the office and also at the homes of service users were seen to contain individual service contracts. These were comprehensive, detailing what fees were to be paid and for what services, together with information relating to contacting the office, the rights and responsibilities of both parties, and arrangements for terminating contact if required.

The proprietor and registered manager spoke about continuity of care. This was discussed with service users, all of whom reported that they received a good continuity of care. They all spoke about the carer staying for the appropriate amount of time and arriving on time. These conversations were verified by the responses received from service users to the pre inspection survey forwarded by the Commission for Social Care Inspection. Two service users said that even if the carer was delayed by five minutes they would receive the courtesy of a phone call advising them of this.

One said that on every visit the carer always asked, upon completion of her allocated tasks, if there was anything else the service user wanted doing.

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.

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

8, 10

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Service users benefit from support which is sensitive to their individual requirements and respects their right to privacy and dignity.

Service users are protected by the agency's medication policies and procedures.

EVIDENCE:

The three service user files which were inspected all contained care plans. These had been compiled by the registered manager and were signed and dated by her. The service user and, where appropriate, the service user's family members, had also signed the care plan.

The signing of the care plan by the service user, or his/her relatives confirmed their agreement with its contents. In discussion, two sets of family members confirmed that the registered manager had sought their, and the service user's views regarding what should be contained in the care plan.

The care plans were written in a very explicit manner. They gave comprehensive details about what the service user needed in order that his/her care needs could be met. The duties of the carer were written in a simple, ordered fashion, which took into consideration the needs of the service user and also how these could be met in a safe, dignified and effective manner.

In discussion all three service users who were visited, or their families, confirmed that the carer treated them with respect and dignity.

The agency has clear written procedures relating to assistance with medication. To ensure that staff are aware of these procedures all new staff are given copies as part of their induction package. Staff also sign this document to confirm that they have read and understand it.

The procedures outline the responsibilities carers have relating to assisting with medication. Later telephone discussion with a staff member confirmed that she fully understood her responsibilities regarding assisting service users with medication.

The induction outlines the competencies staff need when assisting with medication and staff training includes watching DVDs on the subject with questionnaires to confirm their understanding of the information they have received.

Staff files contained certificates to confirm that they had completed training regarding medication.

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.

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

11, 12 and 14

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The agency has appropriate policies and procedures to ensure the safety of its staff and service users.

The risk of accidents or harm to staff and service users is reduced by the use of effective risk assessments.

EVIDENCE:

The agency has appropriate policies and procedures. These comply with the requirements of Health and Safety legislation. Policies included those relating to Control of Substances Harmful to Health (C.O.S.H.H), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (R.I.D.D.O.R), Manual Handling and Health and Safety. These are all kept in an indexed manual which is available to all staff and is kept in the agency's office. The induction offered to staff was seen to contain specific reference to safe working practices, including manual handling and the control of substances harmful to health.

The registered manager, in order to protect both staff and service users, carries out risk assessments. These were seen on all of the three files which were inspected. There were separate risk assessments for manual handling and control of substances harmful to health.

In addition to the above specific risk assessments, files also contained general risk assessments. These were written in a flow chart format. They described certain activities relevant to the care of the service user. They then discussed what could go wrong, assessed the possibility of things going wrong and then progressed to what action should be taken and by whom, if things did go wrong.

The agency has policies relating to the protection of service users from abuse. These also include a whistle blowing policy which protects staff who report abuse or poor practice.

The proprietor is aware of the need to refer staff who are considered unsuitable to work with vulnerable adults for possible inclusion on the Protection of Vulnerable Adults (P.O.V.A) register.

All staff receive as part of their induction, training relating to abuse. In discussion, staff were able to describe what constituted abuse.

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.

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

17, 19 and 21

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Service users are protected by the agency's thorough recruitment procedures.

Service users benefit from staff who have undergone a thorough induction to ensure their ability to offer appropriate care.

The agency's open door policy and supervision procedure ensures that staff are well supported.

EVIDENCE:

The agency operates a rigorous recruiting procedure. The files of three staff members were inspected. All contained application forms, and records of interviews. All files contained two references. In one, although two references had been received, a further one was being requested due to the non-committal nature of one response. This was not due to anything negative concerning the staff member. All files contained evidence that staff members were not on the register for the Protection of Vulnerable Adults, and this information was obtained in advance of the receipt of police checks. Photographic evidence, such as driving licences or passports, together with utility bills confirmed the identity of members of staff.

Staff also signed a form to state that they did not have any criminal convictions.

Staff all received, as part of their induction pack, copies of the General Social Care Council's Code of Practice. This sets out standards of practice expected of people working in the caring professions.

In discussion, one staff member spoke positively about the standard of the induction carried out at the agency. She spoke about the watching of informative DVDs being reinforced by a series of written tests. She also spoke about how the registered manager paused at different times during the playing of the DVDs to discuss the content of the DVD.

The staff member also spoke about how at the end of the induction, the registered manager accompanied her visiting service users. Only when the registered manager considered that the staff member had demonstrated her competence to work with service users was she allowed to do so.

A record on this staff member's file showed that the registered manager had shadowed her for a week at the end of her induction. The record gave information which demonstrated that the registered manager had assessed her as being competent to work alone with service users.

The proprietor, in discussion, showed that he has a commitment to staff development and training. He anticipates that the registered manager will attend an NVQ Assessor's course which will enable her to assist staff complete NVQ training. One of the support workers has NVQ 2 and has commenced NVQ 3 training. The proprietor intends to offer further training to his staff group.

This is a recently registered agency. Staff have only been employed for a few months. The registered manager has however commenced supervision and staff files contained signed contracts of supervision and in one, supervision notes were kept in a sealed envelope to ensure their confidentiality. There is regular contact between the staff and the registered manager, and one staff member spoke about the registered manager conducting an observational

supervision. Staff confirmed that the agency's management were very approachable and were in regular contact with them.

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.

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

22 , 26 and 27

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service

Service users and staff benefit from a centrally situated office, which has appropriate equipment, a training room and access for people with a disability.

The agency's complaints procedure and the approachability of the management ensures that service users feel confident that they could make a complaint.

Service users benefit from an agency run by management which actively seeks their view, both through Quality Assurance questionnaires and in face to face discussion when compiling care plans or carrying out assessments.

EVIDENCE:

The agency is run from a suite on an industrial estate. The positioning is central to the area covered by the agency. It is easily accessible to staff and service users.

The suite itself is on the ground floor. It has a level access and a toilet for people with disabilities. It comprises of two rooms. The smaller room can be used for interviews and training, as it was on the day of the inspection. The larger room has several desks, all with computers on them. The proprietor explained that one of the computers was for staff to assist them with writing reports.

The office premises are suitable for the running of this agency and are easily accessible.

The agency has an appropriate complaints procedure. It contains timescales for investigation of complaints and also gives contact details for the Commission for Social Care Inspection. This allows potential complainants to contact this Commission directly if they would rather do so.

Copies of the complaints procedure are included in the handbook and information given to all service users.

In discussion all service users said that if they wanted to make a complaint they would contact the registered manager or the proprietor. All were emphatic however that they had no complaints about the service and in some instances compared the standard of care offered by this service favourably in comparison to that received from other agencies.

All service users knew the registered manager and the proprietor had himself personally visited service users. In addition, although this is a new service, Quality Assurance questionnaires have already been forwarded to service users. This has been done to obtain the views of service users and enable the management of the agency to ensure that the service is meeting the service users' perceived needs.

One service user showed a copy of the timesheet which she completes each week which confirms that the agency has offered the service it should, at the time it should. She was very satisfied with the service offered, both in terms of punctuality and the standard of care received.

Service users all considered that the management of the agency was approachable and that they could contact them at any time for support. All knew the registered manager and the proprietor's home visits served to emphasise the approachability of the management of this agency.

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 No	Score
1	X
2	3
3	X
4	3
5	X
6	3

Managers and Staff	
Standard No	Score
17	3
18	X
19	3
20	X
21	3

Personal Care	
Standard No	Score
7	X
8	3
9	X
10	3

Organisation And Running Of The Business	
Standard No	Score
22	3
23	X
24	X
25	X
26	3
27	3

Protection	
Standard No	Score
11	3
12	3
13	X
14	3
15	X
16	X

N/A

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

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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