



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Dove Home Care Agency

**3 Craven Heights
Fentham Road
Hampton-in-Arden
Solihull
West Midlands
B92 0BB**

Lead Inspector
Yvonne Reay

Announced Inspection
6th October 2005 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 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	Dove Home Care Agency
Address	3 Craven Heights Fentham Road Hampton-in-Arden Solihull West Midlands B92 0BB
Telephone number	01675 442226
Fax number	01675 443839
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Jennifer Anne Oughton
Name of registered manager (if applicable)	Jennifer Anne Oughton
Type of registration	Domiciliary Care Agencies
No. of places registered (if applicable)	0
Category(ies) of registration, with number of places	

SERVICE INFORMATION

Conditions of registration:

1. May provide a domiciliary care service to older people, people with dementia, adults with mental health problems, learning disabilities, physical disabilities, sensory impairment, those who are ill and those suffering from a terminal illness.
2. May continue to provide care to 6 children with a learning and physical disability for whom care is provided at the date of registration.
3. May not provide services to any other children until confirmation has been received by the National Care Standards Commission that the Responsible Individual / Registered Manager, and staff, have successfully completed child protection training.

Date of last inspection 15th November 2004

Brief Description of the Service:

Dove Home Care has been operating since 1993. The Agency offers a wide range of services to clients living in their own homes for example personal care, domestic services, social support and live in care. The Agency also employs suitably skilled and experience care workers to meet the needs of the clients. The geographical area covered extends across the East and West Midlands and a 24 hour service is provided. The Agency currently operates from the Provider's own home however the office will be relocating to a suite of offices locally by the end of this year.

SUMMARY

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

This inspection took place over an 8-week period and the Registered Manager was present for the office inspection on 06 October.

Information was obtained about the service at a pre inspection visit and a list of staff and service users was provided. From this list a number of surveys were sent out from the CSCI to obtain feedback about the service the Agency provides. Three service users and five staff members were also interviewed. The CSCI also received a number of telephone calls from relatives of service users in support of the Agency services and one letter was received. The Agency has taken satisfactory action to address the Immediate Requirements left on the day of the office Inspection.

What the service does well:

Dove Home Care Agency staff mostly deliver care of a high standard and are flexible in their approach to meeting the changing needs of the service users. Staff appear to be professional in their approach and are mostly well trained to carry out their roles.

Management are approachable, communication is good and a consistent and flexible service is provided.

The Agency holds the Investors in People Award.

What has improved since the last inspection?

Information supplied to the Inspector stated that new paperwork had been devised and implemented in relation to Care Plans and Risk Assessments. The Agency has endeavoured to ensure a copy of the service users guide is available in each service users home.

Policies and Procedures are continually being updated in particular policies those relating to Adult and Child Protection.

What they could do better:

Whilst the Agency has implemented new paperwork it was clear that further development is required in this area. Care plans need to contain more detail about service users' care needs.

The induction process needs to be developed further in line with TOPSS standards. More regular 'in house training' is required to ensure staff are fully aware of the Agency's own Policies and Procedures in particular the Medication Policy. The Policies and Procedures are currently being updated however it

would be useful if staff were involved in the revision of these Policies where appropriate.

Recruitment procedures and practices need to be more robust and particular attention is to be given to the management of this for the 'live in ' care staff. Attention should also be given to the provision of some specialist training for care staff.

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 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):

1, 2, 4, 5, 6

Service users have sufficient information so they can make an informed decision on whether to engage the Agency's services. The Agency has the skills and competence required to meet the care needs of the service users and provides a flexible, consistent and reliable service.

EVIDENCE:

The Agency has a Statement of Purpose and Service User Guide providing comprehensive information about the services the Agency provides. The staff must ensure that all service users currently receiving a service have an up to date version of these documents.

A full assessment is carried out on all prospective service users before being offered a domiciliary care service and records were mostly in place to demonstrate this.

The Agency has a Certificate of Registration on display place and conditions of registration are being met.

The Inspector was informed that the Agency's written contract with service users is currently being revised in consultation with legal advisors.

One service user was concerned that care staff share information with her about other service users. This was explored in depth with the Manager on the day of the Inspection and appropriate action will be taken to reinforce with staff the importance of maintaining confidentiality.

Staff rotas were inspected and demonstrated that staff mostly arrive at service users' homes within the time bands specified, work the full amount of time allocated and continuity of staff is achieved where possible.

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

Service users are treated with respect and dignity and the standard of care provided is good. Further development is required to the care plans to ensure service users assessed needs are recorded accurately.

EVIDENCE:

Feedback from service users has been very positive about the service the Agency provides and a sample of comments are as follows:

'I am totally satisfied with the care I receive from Dove'

'The Agency does what is expected of them'

'The Agency is flexible with excellent care staff and communication is good'

'Staff are well trained and it is an excellent service'

'Staff turn up on time and there is continuity'

One relative stated that 'Dove Home Care allowed my mother to remain at home for longer and the care staff were well trained and suited to their role'

One service user did state however that it took a while for the staff to 'get it right' with her care in that care staff did not fully understand her needs.

However she then did state that there had been recent improvements to this and there was now a better match between herself and the care staff.

Although the Managers self-assessment indicated that there had been improvements to the care plans this was not demonstrated in full for those inspected. Care plans and assessment of need in some instances was brief and lacking in detail and there were no references to outcomes to be achieved for the service users. This is an area requiring further development.

In one service user's home a detailed task list had been compiled and covered all the care needs of the person however this had been done by the husband. Risk assessments had been carried out to a satisfactory standard.

There was no evidence that service users had received a copy of the Agency's complaints procedure.

There was a scheduled in place showing a plan of service user reviews to be carried out and where possible, there was some evidence of family/service user involvement in care plans. However this is a further area for development by the Agency to ensure these reviews are regularly and consistently carried out.

The care plan for the service user receiving 'live in' care was inspected. The detail was good in relation to her preferences but this document was not signed and it was not clear who had completed this record. There was also no evidence of any family involvement with the care planning process. It was also evident that the 'live in' carer assists with medication however she did not appear to have received any training in Dove's own Medication Policy.

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

The overall health, safety and welfare of service users and staff is promoted and protected by the Agency's policies, procedures and practices. However further development is required to the Agency's policies and procedures in the event of an allegation of abuse.

EVIDENCE:

There was evidence that staff are trained in Health and Safety and Manual Handling techniques and accidents are recorded appropriately. Manual Handling assessments were in place on those service users files inspected and risk assessments had been carried out. The Agency must ensure that information is available about the persons/organisation responsible for the maintenance of any equipment used by care staff to transfer service users.

The Agency has a policy on Adult Protection however this requires further development to ensure it is in line with a multi disciplinary approach to investigation and refers to involvement with Social Services and CSCI. All care and office staff are to be trained in these procedures.

Personal protective equipment is provided for staff in sufficient quantities.

Service users' personal allowances are not managed by the Agency.

There is always a responsible person on call out of office hours when care staff are on duty.

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, 18, 19, 21

Service users are not fully protected by the Agency's recruitment procedures. Staff are appropriately trained and supervised to ensure the assessed needs of the service users are met in full.

EVIDENCE:

The Agency employs a number of 'live in' care staff and some deliver personal care to their clients. The staff file was inspected for one of these employees and it was clear that a full and robust recruitment process had not been undertaken. For example:

- The work history was incomplete although a CV had been provided;
- The induction was incomplete and there was no record of training;
- There was no interview record and no recent photograph;
- References were not from the most recent employer however those on file were satisfactory.

These 'live in' carers live some distance from the Agency and it would appear the induction process may be brief at times and supervision is carried out by

telephone. Information supplied to the Inspector indicated that the Manager does visit the homes of these service users and incidents/complaints are followed up appropriately.

The recruitment, induction and training of these 'live in' carers must be consistently robust and in line with these Standards.

The remaining staff files inspected were of a variable standard.

References were on file and validated the work history however it was not easy to determine the start date for staff from the records and there did not appear to be any details of the next of kin. All had a contract of employment.

The records did not demonstrate that a full and robust recruitment process had been carried out. For example:

- There were no current photographs on 4 of the five files inspected;
- Employment gaps had not been explored and there was no record of interview;
- There were no details of current employment and no proof of identification;
- One file did not have an induction record.
- There was no statement by the Registered Person on any of the files that the carer was fit to work.

The application form currently in use does not require the applicant to go into sufficient detail and is likely not to meet the requirements of employment law. The reference forms also need to be developed further to ensure all information is elicited from the referee.

Consideration should be given to the regular updating of files for staff who have not worked for a period of time.

A training matrix was in place showing that staff are receiving appropriate mandatory training and copies of certificates of training were mostly on file however there did not appear to be any recent updates for this year. It was recommended that staff who carry out domestic duties receive training in lifting loads.

All files inspected had induction records however further development is required to the induction programme to ensure the areas covered are in line with National Occupational Standards for care staff. The Manager was advised to obtain information in relation to recent changes in this area. It would also be useful if staff were issued with induction workbooks.

Supervision records are kept on individual staff files and there was evidence of regular three monthly supervision either in the office or by telephone. There was no record of direct observations of the staff providing care to service users.

Feedback from the staff surveys indicated some inconsistencies in staff management for example:

- 5 said they had not received an induction;
- 3 said they had not had an ID badge issued;
- 5 say they had not had any team/group meetings;
- 3 staff had been asked to work outside their area of expertise.

One new member of staff informed the Inspector that she had not as yet received any statutory training however had only been employed for three months.

Consideration must be given to offering additional training to staff in particular Infection Control and Adult Protection.

It was of some concern that a member of staff had clearly not communicated to the Manager recent changes in a service users medication. Staff must be fully trained in the Agency's own policies and procedures for the assistance/administration of medication.

There are no volunteers employed by the Agency.

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, 26, 27

Service users receive a consistent and well-managed service. There was evidence that complaints are listened to, taken seriously and acted upon.

EVIDENCE:

The office structure provides good support for the Manager. There is a Deputy Manager in post and administrative, recruitment and payroll support. Feedback from staff surveys and interviews showed that management are 'friendly and approachable' and give good support to care staff. Service users appear to be placed as a priority and staff appear to be happy to be part of the team. One member of staff stated that 'This is a brilliant Agency to work for'

The Agency currently operates from the Providers own home. These premises are suitable for purpose and appear to provide a safe working environment for staff. Sufficient equipment and resources are available for the efficient and effective management of the service. The Agency plans to move to a suite of offices within the vicinity by the end of this year.

Service User satisfaction surveys have been recently sent out by the Agency and some feedback has been received. When all the surveys have been returned the information should be collated and acted upon where necessary.

The Agency's complaints policy meets this Standard. Twelve complaints had been received by the Agency since registration and of those complaints tracked all had been dealt with appropriately.

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	X
4	2
5	2
6	3

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

Personal Care	
Standard Number	Score
7	2
8	4
9	X
10	3

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

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

Are there any outstanding requirements from the last inspection?

No

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	D04	5(1)(a)	The Registered Person shall ensure that each service user has an up to date written copy of the agencies contract for the provision of care.	31/12/05
2	D05	13(e)	The Registered Person shall ensure that care staff respect information given by service users in confidence. All standards are ongoing and should be maintained once met.	20/09/05
3	D07	14(1)(2a,b) (3a-d)(4)	The Registered Person shall ensure that care plans set out in detail the action to be taken by care staff to meet the needs of the service users. The plan is to be drawn up with the involvement of the service user and representative wherever possible.	15/12/05
4	D014	14(6)(a)	The Registered Person shall ensure that the Agency's Policy on Adult Protection is in line with a multi disciplinary approach to investigation and refers to involvement with other agencies.	30/11/05

5	DO17	12 Sch 3	The Registered Person shall ensure that the well being and security of service users is protected by the Agency's Policies and Procedures on recruitment and selection. New staff are confirmed in post only following completion of satisfactory checks.	30/11/05
6	DO19	15(2)(a)	The Registered Person shall ensure that there is a structured induction process encompassing the revised TOPSS standards.	31/12/05
7	DO19	15(2)(a)	The Registered Person shall ensure staff receive training in <ul style="list-style-type: none"> ▪ The Agency's own medication policies and procedures; ▪ Adult Protection; ▪ Infection Control. 	31/12/05
8	DO21	15(4)	The Registered Person shall ensure records are kept of direct observation of staff delivering care to service users.	31/12/05
9	DO18	18	The Registered Person shall ensure that all staff are issued with an identification badge and service users are shown this identification at the start of each visit.	30/11/05

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
1	DO17	It is recommended that staff files are updated prior to recommencing work for those staff who have not worked for a period of time.
2	DO17	It is recommended that both the application form and reference forms be developed further.
3	DO19	It is recommended that for staff who carry out domestic duties training is provided in the lifting of loads.
4	DO19	It is recommended that staff be issued with induction workbooks.

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