



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Dove Home Care Agency

**First Floor
48 Fentham Road
Hampton in Arden
Solihull
West Midlands
B92 0AY**

Lead Inspector
Sara Gibson

Key Unannounced Inspection
21st November 2006 09:30

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

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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	First Floor 48 Fentham Road Hampton in Arden Solihull West Midlands B92 0AY
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

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 Commission for Social Care Inspection that the Responsible Individual / Registered Manager, and staff, have successfully completed child protection training.

Date of last inspection 06/10/05

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 operates from a suite of offices located in the village of Hampton-in-Arden.

SUMMARY

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

The inspection process took place over a number of weeks. Evidence gathered during that time form the basis of this report. Four service users care was followed through in depth. These were all service users who had received a service from the Agency for varying lengths of time and who had differing needs.

The process involved face-to-face interviews with the service users and key staff delivering their care. Detailed examination of service user and staff records. In addition a number of service users and staff were randomly sent questionnaires.

Time was then spent at the Agency office examining a number of records, additional service user and staff files and interviewing the Manager. The Agency completed a pre-inspection questionnaire. Feedback was given once all the data had been collated and analysed.

The findings from this process inform the judgements.

What the service does well:

Dove Homecare provide a comprehensive range of clear, accurate and accessible information for service users in a range of formats.

The assessment process asks service users in detail about what they need so that the service will flexibly meet the service users expressed needs, preferences and lifestyle taking into account service users cultural, religious, physical and complex needs.

Continuity of care is very good. Staff are flexible, accommodating and provide a consistent, reliable service to cover when regular staff are not on duty.

“Safe care” is a feature of service delivery and is evident in their records, risk assessments and actual service activities carried out.

Staff are inducted, supervised and trained to exceed the required Skills for Care standards, and National Minimum Standards.

Service users confirm that they receive a reliable service from staff who are courteous, respectful, communicate well, are trained and experienced, and deliver services in a responsible and professional manner. Comments included: “Lovely girls, they are great” “We have a very good relationship with the girls” “They are very good, I am happy, they do their job well” “Very happy with the service received”

The agency continually seeks improvement through research, and by keeping up-to-date with best practice in all areas of domiciliary care.

Staff commented: "The management team are very good" "I would definitely recommend working for them" "They are the best agency I have ever worked for, very professional".

What has improved since the last inspection?

All the requirements from the last inspection have been met.

Each service user has an individual service contract for the provision of care from the agency, which is signed by the service user.

The agency has introduced clear protocols which address consent, confidentiality and when information must or should be shared.

The care plans reflect the service users actual needs, wishes, preferences and personal goals. The care plan is used as a working tool between the service user and the care worker, and positively supports delivery of an effective and positive service.

Staff are inducted, supervised and trained to exceed the required Skills for Care standards. Performance monitoring, spot checks, and on-the-job supervision are regularly carried out and formally documented.

Since the last inspection the agency has relocated to new premises. The new premises are suitable for the purpose intended and are accessible, safe and well-maintained.

What they could do better:

The supervision record form needs further development to cover all areas of care practice.

Further work is needed on the complaints log to show the nature of the complaint, investigations undertaken, outcomes reached and the date of closure.

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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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 and 6

The quality outcome for this area is excellent.

The judgement is based on available evidence including a visit to the service.

Services are centred on the needs, wishes and views of those who use them. Service users have clear information to help them choose the service that meets their needs. They have their needs assessed and a contract which sets out full details of the service they will receive. Service users confidentiality is respected and protected.

EVIDENCE:

There is a comprehensive range of clear, accurate and accessible information for people who use the services from Dove Homecare including an excellent

website. Information is available in a range of formats including large print, and the agency are currently working on easy read and picture information for service users with learning disabilities, following a suggestion from a care worker who works with learning disability service users.

The agency has a clear and explicit referral and assessment process with timescales and information for service users about what they can expect and when.

Service users are always asked in detail about what they need, and this is explored fully and sensitively with them, so that the service can flexibly meet their expressed needs, preferences and lifestyle taking into account service users cultural, religious, physical and complex needs. "They always ask me what I would like". The service user is seen as a "whole person" and the agency works well with other services to ensure that whole needs are met.

The care needs assessment identifies the particular needs of the service user, how these needs are to be met and the outcomes for the service users. Service users and their relatives/representatives actively participate in the assessment and this is reflected in the care plan.

Individual choices are promoted for people who use the service, including times for service delivery. Dependents needs are also considered, for example help with shopping, laundry or housework.

Staff have the skills and competence to meet the care needs of each service user. Staff undertake a thorough induction programme and have an ongoing training plan to enable them to further develop their skills, whilst continuing to provide "person-centred care".

Each service user has an individual service contract for the provision of care from the agency, which is signed by the service user.

Service users personal information is handled appropriately and confidences are respected. The agency has clear protocols which address consent, confidentiality and when information must or should be shared. Service users are informed of these protocols and their rights relating to them.

Continuity of care is very good. Service users receive a roster for the following week telling them which carer is coming and at what time. Service users commented: "We are always told in advance which carer to expect" " We get a list telling us who is coming and when" "We have a regular team of carers" " Their timekeeping is very good".

Staff are flexible, accommodating and provide a consistent, reliable service to cover when regular staff are not on duty. Staff are given full information on new service users prior to undertaking the care package, including a printed

service user detail sheet which reflects the care plan, and details the service users individual needs. Staff stated: "Excellent care plan information is given to us before we start a new care package, we have all the information we need".

The agency has good knowledge of the diversity of the local population, and are able to respond positively to any new request for a service and be fully aware of their diversity needs through discussion and accurate assessments. Service users feel that their needs have been recognised and addressed including dietary, religious preferences, accessibility and gender. The agency continually seeks improvement through research, and by keeping up-to-date with best practice in the areas of equality and diversity. The agency has an excellent anti-discriminatory policy, and staff are updated regularly.

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 and 10

The quality outcome for this area is excellent.

The judgement is based on available evidence including a visit to the service.

The health and personal care which service users receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice.

EVIDENCE:

Service users are actively encouraged to be involved in their care plan development and subsequent reviews. Every attempt is made to deliver the service in a way that meets the expressed needs of the service user.

The care plan reflects the service users needs, wishes, preferences and personal goals. The care plan is used as a working tool between the service user and the care worker, and positively supports the delivery of an effective and positive service.

Individual needs and wishes regarding privacy, dignity, autonomy, independence and lifestyle are always established before the provision of personal care and support, and are recorded in the care plan with specific details of how these are to be addressed.

The outline of tasks on the care plans seen describe the expected standards of service delivery. Performance monitoring, spot checks and supervision are undertaken regularly and enable the management team to assess whether services are being delivered in a sensitive and non-intrusive way.

It was evident from reading the communication books that the care workers respond to individual needs and requirements on a daily basis and report any concerns to the office. The agency is then quick to respond to the changes in service user needs and these changes are reflected in the care plan. Systems are in place to review and update the care plans on a regular basis.

Staff and service users confirmed that personal care and support is provided in a way that maintains and respects privacy, dignity and lifestyle.

Service users commented: " They always ask if there is anything else I want doing" "They are very friendly, efficient, I feel very comfortable with them" "They listen to me and ask what I would like".

The policies and procedures in relation to medication from Dove Homecare clearly state that staff can only provide assistance with medication. Service users care plans detail the individual assistance required.

Staff records, questionnaires and interviews confirm that staff receive guidance relating to the assistance with medication through induction, training, staff meetings and one-to-one supervision. The staff interviewed had a very good understanding of the medication policy and would report any concerns regarding medication to their line manager.

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 and 14

The quality outcome for this area is good.

The judgement is based on available evidence including a visit to the service.

People who use services are safe, secure and feel confident that their welfare and safety needs are always promoted.

EVIDENCE:

The service has clear Health & Safety policies. The safeguarding of service users is paramount to the service, and this is reflected in their records and policies.

“Safe care” is a feature of the service delivery and is evident in their records, risk assessments and the actual service activities carried out.

Risk assessments seen balance risks and benefits including the promotion of independence with appropriate actions identified. The care plan details the individual procedures for service users in relation to the taking of risks in daily living. The management of these risks is detailed in both the care plan and the risk assessment. Key areas such as manual handling, and the safety & security of the home are assessed prior to the care package commencing.

Staff interviewed had a good understanding of the potential indicators of abuse and what to do if they become aware of a potentially abusive situation. This was evidenced by staff training files, and policies and procedures on adult protection issued to staff.

There was no indication of missed calls and service users confirmed they are always informed of any changes to their care worker or service delivery in advance.

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 and 21

The quality outcome for this area is good.

The judgement is based on available evidence including a visit to the service.

The service is led by respected and authoritative managers who promote clear visions and values. Staff are trained, skilled and are provided in sufficient numbers to deliver a high quality service.

EVIDENCE:

The service has a robust recruitment policy. All the relevant checks in line with the agency's policies and procedures, equality and diversity, and legislative requirements are carried out prior to the staff commencing employment. Criminal Records Bureau (CRB) and Protection of Vulnerable Adults (POVA) checks are obtained on each member of staff to further safeguard service users.

Staff are inducted, supervised and trained to exceed the required Skills for Care standards and National Minimum Standards.

A training needs analysis is carried out and this is incorporated into the staff training and development plan. Systems are in place which produce monthly updates to show when staff require training refreshers in certain areas. The agency provides "in-house" training and also has links with Solihull Partnership in Care Training (SPICT) who provide training in Manual Handling, Health & Safety, Protection of Vulnerable Adults (POVA), Food Hygiene, Dementia Care, and Violence & Aggression.

All staff currently hold or are working towards a National Vocational Qualification (NVQ) in Care.

Staff stated: "Lots of training, its all relevant and helps us to do our job better" "I have been using hoists for the last 5 years, I did the hoist training course a couple of weeks ago and learnt so many new things, its really helped me" "The induction and training is very thorough, it covers everything we need to know"

Staff were very positive about their initial induction and ongoing updated training in particular the specialist training offered to help meet the needs of additional service users, such as Dementia Care, Basic Rehabilitation, Nutrition, Continence Promotion and Infection Control.

There is a commitment to regular structured staff supervision and this is evidenced in records, although the supervision recording document requires further work to ensure all areas of practice are covered.

Performance monitoring, spot checks and on-the-job supervisions are regularly carried out and documented.

Staff were positive about their supervision and felt it improved the service and their sense of being supported and enabled.

There is a strong, consistent and appropriately qualified and experienced management team. Managers demonstrably provide good leadership to the staff team and work to ensure that the staff are appropriately resourced, trained and supported. Staff comments included: "They are always there to support us" "Very flexible with shifts, they fit them into what we want to do" "Don't feel at all pressured to take on extra calls" "They are a very approachable team" "Always available to talk to us at any time" "I see them as colleagues, not management".

Staff demonstrate their commitment to achieving best outcomes for service users in their daily interactions with service users.

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 and 27

The quality outcome for this area is good.

The judgement is based on available evidence including a visit to the service.

Managers and staff make best use of the available resources to deliver a high quality service.

EVIDENCE:

Service users receive a consistent, well-managed and planned service. There are clear evaluation systems in place to continually improve services including the Quality Assurance system which gathers feedback from all interested parties in a variety of ways such as service user reviews, questionnaires and spot checks. Any issues raised via this process are acted upon by the management team to improve service delivery.

Since the last inspection the agency has relocated to new premises. The premises are suitable for the purpose intended, and are accessible, safe and well-maintained.

The agency has a clear and satisfactory complaints procedure which includes independent resolution and clear timescales. Complaints are viewed by the management team as contributing to service development and improvement. Further work is needed on the complaints log to clearly show the nature of the complaint, investigations undertaken, outcomes reached and the date of closure. Overall service users felt that issues were addressed promptly and satisfactorily.

There are good management support structures in place in the office, and information received via surveys and interviews indicated that the management team responds positively to any service user or staff concerns.

Service users confirm that they receive a reliable service from staff who are courteous, respectful, communicate well, are trained and experienced, and deliver services in a responsible and professional manner.

Service users commented: " Very happy with the care mother receives, hence being with them for 3 years" "They are efficient, friendly, helpful, neat and tidy" "No improvements could be made, I am very happy with the service received" "No reason for any complaints or concerns in the 6 years we have been with them".

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	4
2	4
3	X
4	3
5	3
6	4

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

Personal Care	
Standard No	Score
7	4
8	4
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

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 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
1.	DO21	The supervision form could be further developed to include all areas of practice, more detail to be written on the forms.
2.	DO26	The complaints log needs a front sheet to show the investigation undertaken, outcomes reached and the date the complaint is closed, to make it easier to follow the procedure through.

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