



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Jubilee Court

**Jubilee Court
Jubille Road
Eston
Middlesbrough
TS6 9QQ**

Lead Inspector
Jane Bassett

Key Unannounced Inspection
19th March 2007 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

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	Jubilee Court
Address	Jubilee Court Jubille Road Eston Middlesbrough TS6 9QQ
Telephone number	01642 457250
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Anchor Trust Integrated Care and Housing
Name of registered manager (if applicable)	Mrs Catherine Gwyneth Flanagan
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

1. This large Agency is registered to provide a service to users whose primary needs come within the following categories:
Older People OP
People with sensory impairment SI(E)
Mental Health MD(E)

Date of last inspection No previous inspection.

Brief Description of the Service:

This Domiciliary Care agency operates within the Integrated Care and Housing Scheme at Jubilee Court. The service is available 24hours a day.

Fees charged £9.50 - £11.75 per hour.

SUMMARY

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

The agency was registered in November 2006.

The inspection was carried out by one inspector over six and a half hours and included a visit to the office, visiting three service users in their own flats, talking to four staff members and the manager.

Records examined included service users care plan documentation, complaints records and staff files.

Five service users and six care staff returned questionnaires to CSCI as part of the inspection. At the time of the inspection the agency was providing care to twenty-four service users.

The agency completed and returned a pre inspection questionnaire and self audit prior to the inspection.

What the service does well:

The agency provides a flexible service that meets service users needs and promotes independence. Service users who spoke to the inspector all commented on the friendly, respectful and caring approach of the manager and care staff.

Comments received included 'the staff act on my needs', 'they are always friendly and helpful' and 'very nice a good team'.

What has improved since the last inspection?

The agency was first registered in November 2006 and this is the first key inspection.

What they could do better:

The recoding of medication administered must be improved to promote the safety and well being of service users. Practice would be further enhanced by the inclusion of competency assessments for those staff who administer medication.

Service users plans of care would benefit from further development to include detail as to how care is to be offered. These should reflect the individual's capabilities, limitations and preferences.

The process of staff recruitment and selection must be made more robust to ensure the appropriate and satisfactory checks have been received prior to any person delivering personal care.

Work should continue to implement the training programme for all staff to promote the well being of services users and the quality of the service provided.

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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Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

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

The Commission considers Standard 2 the key standard to be inspected.

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

Outcomes for Standards 1, 2, 3, 5, & 6 were looked at.
Quality in this outcome area is **good**.

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

Evidence seen indicated that service users needs are assessed by the agency ensuring personal care needs can be met. There is a range of information for people using the service.

EVIDENCE:

During the inspection three service user files were examined. These were found to contain evidence of assessment carried out by the funding authority.

Evidence was seen that indicated the agency carries out assessments including risk assessment.

Each file was seen to contain care service agreements signed by the service users.

The manager told the inspectors that prospective service users are encouraged to visit the scheme prior to any service being given. Service users receive a service user guide in relation to the service provided by the agency which includes information on fees payable.

These were seen to be available within the complex along with information in relation to complaints.

Service users who spoke to the inspector confirmed they had access to the appropriate information. All who spoke to the inspector and responses to questionnaires indicated people were very happy with the support and care they receive, and their privacy and dignity are respected. Service users indicated the service is responsive to their needs and can be flexible to meet changing circumstances.

The majority of service users who responded indicated that visits lasted the appropriate time and were always covered, however one person stated that not all visits fully covered the allocated time. The manager told the inspector that length of visits varied to meet needs but overall the full allocated time was used. Staff provide a flexible service including response to alarm calls.

Due to the availability of the care staff twenty-four hours a day the manager must be mindful that the service remains domiciliary care and not a residential care service.

Records within the agency office were seen to be stored securely.

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):

Outcomes for Standards 7, 8, 9, & 10 were looked at.
Quality in this outcome area is **adequate**

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

Care planning will be done in conjunction with other key sources and ensure that a holistic view of the service users needs are taken. Service users receive clear feedback on all decisions and actions that affect their individual care. Medication practices and procedures are in place, however there may be gaps or inconsistency and there are ways in which the service can improve its practice in this area.

EVIDENCE:

A total of three service users files were examined. These were found to contain assessment of need, risk assessment and plans of care. Information in plans of care identified the task to be carried out and some specific detail. However these would benefit from further development to fully reflect the individuals capabilities / limitations and preferences.

The files were also seen to contain detailed safe handling plans.

Evidence was seen that indicated care needs are discussed and agreed with the individual service users. Service user who spoke to the inspector confirmed this. Plans of care were seen to be reviewed and evaluated as necessary.

The agency has a key worker system. One service user told the inspector she can talk to her key worker on a regular basis regarding her care and how it is given. Records of keyworker / service user dialog were seen.

Staff keep a log of each visit, these were evidenced during visits to the service users own homes.

Service users who spoke to the inspector all commented on the friendly but respectful approach of the staff. All said their care needs were met. Comments received included 'they are wonderful', 'They are a good team' and 'they act on my needs'.

Service users spoken to during the inspection confirmed that their privacy and dignity is respected. One service user told the inspector 'when staff come they always knock'.

The agency has recently reviewed and developed the medication policy. Evidence was seen that indicated staff have received training in relation to the administration of medication in the form of a work book and it is planned for staff to complete Safe handling of medication training. This would be further enhanced by the inclusion of competency assessments for those staff who administer medication.

The inspector was told that staff would only administer medication from a blister pack and then record the number of tablets given. During a visit to one service users flat it was seen the blister pack being used did not include details of the persons name and medication within the pack. Recordings indicated that some medication had been refused at times, however it was not possible to identify which medication had been taken and which refused. The inspector was also told that one medication dosage altered from day to day, again it was not clear from recording as to when the differences occurred.

Records maintained in respect of medication must detail the medication to be administered, the frequency of administration and by whom it is administered. Medication must remain in the containers in which they are dispensed and these must clearly indicate the person for whom the medication is intended, the dosage to be administered, the required time of administration and a description of the medication contained within. The agency must ensure that medication that care staff administer, received from the pharmacist, is in appropriately labelled containers.

Another blister pack seen during the inspection was found to be labelled appropriately.

Assistance required with medication is contained within the service users plan of care.

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):

Outcomes for Standards 11, 12, 13, & 14 were looked at.
Quality in this outcome area is **good**.

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

There are comprehensive procedures in place and evidence that these are actively used to promote the service users safety and wellbeing.

EVIDENCE:

During the inspection it was seen the agency has a range of policies and procedures in relation to health and safety of both service users and staff. All staff receive an induction including a handbook that contains appropriate information.

Service users files seen were found to contain assessment of risk in relation to care tasks and equipment used.

Accidents are recorded appropriately. Financial transactions were seen to be recorded. One service user confirmed staff always gave him / her a receipt for any shopping they do.

Records seen indicated staff receive regular training in relation to moving and handling, fire safety and first aid. Staff who spoke to the inspector confirmed this.

The agency has a policy on whistle blowing and the protection of vulnerable adults. Staff who spoke to the inspector were able to demonstrate the actions they would take to report any concerns.

All staff who spoke to the inspector confirmed senior staff were always contactable for advice and guidance.

Service users who spoke to the inspector expressed their confidence in the service provided and their satisfaction with the care received.

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):

Outcomes for Standards 17, 19, 20, & 21 were looked at.
Quality in this outcome area is **adequate**.

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

There are policies and procedures in place in relation to recruitment and selection, however gaps were identified. All staff were clear regarding their role and what is expected of them. Service users report that staff working with them know what they are meant to do, and are able to meet their needs.

EVIDENCE:

During the inspection five staff files were examined. These were found to contain documentation in relation to recruitment. All had application forms however the employment history included in a number of these was incomplete. Histories did not always include full details of employment dates and/or details of exploration in employment gaps.

Four of the files contained confirmation of CRB or PoVA first checks, however one did not. The inspector was told that this person was completing her induction and had undertaken some shadowing shifts.

One file examined did not contain any references, another only one. Again the inspector was told that the staff involved were completing induction and shadowing.

Reference request forms would benefit from further development to include details of dates of employment.

Staff must not deliver any personal care to service users prior to the receipt of satisfactory recruitment checks.

Records seen indicated staff have completed or are undergoing induction training. Staff who spoke to the inspector confirmed they have completed training in relation to fire safety, protection of vulnerable adults, back care, and basic food hygiene. All said they had completed the medication workbook or safe handling of medication training.

The inspector was told there is to be further training in relation to safe handling of medication and first aid.

Information received by the inspector indicated six staff have completed NVQ at level 2 or above and a further 4 are undertaking the training.

The manager has partly completed the Registered manager's award.

The agency has commenced a programme of supervision and appraisal. This includes an agreed supervision contract, self-appraisal, annual appraisal, and six monthly review.

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):

Outcomes for Standards 22, 24, 26, & 27 were looked at.
Quality in this outcome area is **good**.

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

Most users will confirm they feel they have had a satisfactory response to complaints and issues raised. Service user expressed confidence in the service.

EVIDENCE:

The agency is run from an office within the complex. Care is only given to people who live at Jubilee Court.

The agency has been subject to a quality audit and has carried out a customer satisfaction survey. The survey would benefit from further development to include the date carried out analysis and plan of any required action.

Responses to the survey were seen by the inspector, one service users raised a specific concern. Evidence was seen that this had been acted upon appropriately.

The agency has not received any complaints since registration. Service users who spoke to the inspector told her they were satisfied with the care received and had no concerns.

Staff and service users confirmed they were aware of how to raise any concerns and had access to the complaints procedure.

Comments received from service users included 'it is wonderful' and 'staff are always respectful and good'.

Comments received from staff who either spoke to the inspector or returned a questionnaire indicated communication was good and they feel well supported by the manager and senior staff.

Issues can be raised at regular tenant and staff meetings.

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	3
2	3
3	3
4	X
5	3
6	3

Managers and Staff	
Standard No	Score
17	2
18	X
19	2
20	2
21	3

Personal Care	
Standard No	Score
7	2
8	3
9	3
10	2

Organisation And Running Of The Business	
Standard No	Score
22	3
23	X
24	3
25	X
26	3
27	2

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

Are there any outstanding requirements from the last inspection?

No previous inspection.

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1	DO10	14	The administration and recording of medication must be maintained appropriately. Records maintained in respect of medication must detail the medication to be administered, the frequency of administration and by whom it is administered. Medication must remain in the containers in which they are dispensed and these must clearly indicate the person for whom the medication is intended, the dosage to be administered, the required time of administration and a description of the medication contained within.	01/07/07
2	DO17	12	Staff must not be employed to deliver any personal care prior to the receipt of satisfactory recruitment checks including references and CRB.	01/05/07

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	DO7	Service users plans of care would benefit from further development to fully reflect the individuals capabilities / limitations and preferences.
2	DO10	The training in relation to administration of medication would be further enhanced by the inclusion of competency assessments for those staff who administer medication.
3	DO17	Reference request forms should be developed to include dates of employment.
4	DO19	Work should continue to ensure staff receive the appropriate training as identified in the training programme.
5	DO20	50% of care staff should hold their National Vocational Qualification level 2 or above in care by 1 st April 2008.
6	DO20	The registered manager should complete the RMA by 2008.
7	DO27	The quality assurance survey would benefit from further development to include details of dates, analysis and plan of any required action.

Commission for Social Care Inspection

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