



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Care Wey Care in the Home (Bournemouth)

**Ground Floor Suite
6 Stratfield Saye
20-22 Wellington Road
Bournemouth
Dorset
BH8 8JN**

Lead Inspector
Heidi Banks

Key Unannounced Inspection
7th December 2007 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

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	Care Wey Care in the Home (Bournemouth)
Address	Ground Floor Suite 6 Stratfield Saye 20-22 Wellington Road Bournemouth Dorset BH8 8JN
Telephone number	01202 310222
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Provider Web address	www.altogethercare.co.uk
Name of registered provider(s)/company (if applicable)	Altogether Care LLP
Name of registered manager (if applicable)	Mrs Marie Linda Harvey-Wickens
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection

Not applicable

Brief Description of the Service:

The agency is one of three branches that operate in the Dorset area and is part of the organisation, Altogether Care LLP. The office opening hours are 0830 – 1700 hrs Monday to Friday and there is an out-of-hours on-call service for use when the office is closed. Mrs Marie Harvey-Wickens is the Registered Manager and is responsible for the day-to-day management of the service. Mr Brian Westlake is the proprietor and Responsible Individual for the company.

At the time of inspection the agency employed forty-one care workers providing approximately 2200 hours of support to people in the Bournemouth area. Support offered ranges from short visits to provision of live-in care. People who use the service have a wide range of needs relating to physical health or disability, sensory loss, mental health and dementia.

At the time of the inspection, private fees charged by the agency were from £12.10 per hour with additional charges for weekends and public holidays. In addition to the private hourly pay rate, travel expenses are charged for each assignment at 40p per mile from Care Wey's office to the client's home and return. A full range of charges can be provided by the agency on request. For people whose care is funded by the Local Authority or Primary Care Trust charges are determined through individual assessment of need. General information about fees and fair terms of contracts can be accessed from the Office of Fair Trading's website at www.oft.gov.uk.

SUMMARY

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

This was an unannounced key inspection of the service. The purpose of this inspection was to assess the agency's progress in meeting the Regulations and key National Minimum Standards since its registration as a domiciliary care service in April 2007. The on-site inspection took place on 7th December 2007 during which discussion took place with the Registered Manager, Mrs Marie Harvey-Wickens and some members of the staff team. A sample of records was examined including some policies and procedures, medication administration records, health and safety records and service user and staff files. Visits to some people who use the service were carried out on 11th December 2007.

Prior to the inspection, an Annual Quality Assurance Assessment (AQAA) was completed by the Registered Manager and submitted to the Commission. Surveys were distributed by the agency to people who use the service, care workers and care professionals on behalf of the Commission. A total of twenty-one surveys were received, information from these sources being reflected throughout this report.

The inspection process including planning, visits and evaluation took a total of twenty-one hours.

A total of eleven standards were assessed at this inspection.

What the service does well:

Since its registration as a care service in April 2007 the agency has put in place systems and processes to support an effective service.

People who use the agency have their needs assessed before they receive care to ensure that their needs and wishes are met by the service. Personal care is respectful of people's individual choices, independence, privacy and dignity and people who use the service told us that they were happy with their care workers and their choice of agency.

Safe practice is given high priority with policies and procedures being in place to promote people's welfare. Care workers are recruited through robust processes which ensures they are safe to work with vulnerable people and basic training is arranged for them to promote their confidence and competence in their role.

The service is well-managed and efficient with systems in place to ensure that people who use the service are listened to and that any concerns they raise are responded to effectively. Many positive comments were received from people who use the service, their relatives and care managers;

'Wonderful group of people!' (Service user)

'Am 100% confident with the care given' (Relative)

'Good, person-centred care' (Care Manager)

What has improved since the last inspection?

This was the first key inspection of the service since its registration in April 2007.

What they could do better:

Two recommendations have been made as a result of this inspection.

The agency should continue to look at ways in which formal training can be delivered to care workers in medication and specialist areas of care as part of their ongoing development. This will help ensure that people's individual requirements are always met by care workers who understand their different needs.

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

CONTENTS

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

People who use the service experience **excellent** quality outcomes in this area.

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

Effective assessment and review processes are in place to ensure that people who use the service benefit from care that is tailored to their needs and preferences.

EVIDENCE:

A sample of service user records was examined. All showed evidence of a care management assessment where this was appropriate and assessments having been undertaken by the agency prior to care being commenced.

The agency's own assessment document was seen to cover aspects of the person's health, mobility, communication, medication needs, personal safety and risk, specific condition-related needs, dietary requirements, social and cultural needs and information about family and carer involvement. Where individuals had specific needs these had been considered in the assessment document and there was evidence that the person using the service and their relatives had been consulted as appropriate. This was confirmed by service users and their relatives spoken with during the inspection.

One member of staff at the branch has responsibility for undertaking assessments and reviews of people's needs. A service user's relative spoken with during the inspection told us that they had been very impressed with the assessment process. They told us that the agency's monitoring officer had visited them in their home and spent two hours undertaking the assessment and documenting information. This had included observing the person's moving and handling needs to form part of the care plan. They informed us that issues they had raised during the assessment process had been taken on board positively and put into practice and that the agency had demonstrated excellent attention to detail, making sure they had all the information they needed on which to base a plan of care. This was echoed by a care manager who told us in a survey that the care service's assessment arrangements ensured that accurate information is gathered and that the right service is planned and given to individuals; *'Care Wey's paperwork is accurate, well-recorded and tailored to the individual.'* Care workers told us in surveys that information from assessments is made readily available to them so that they can visit a new service user prepared for the role they are to undertake and have a good awareness of the person's needs and preferences.

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 and 10

People who use the service experience **good** quality outcomes in this area.

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

People who use the service benefit from a good quality of care that meets their needs and is respectful of their privacy, dignity and rights.

EVIDENCE:

All seven service users who responded to our survey told us that they felt their privacy and dignity is always respected by the home carers; *'They look after me in a friendly, efficient and caring way'*. One relative told us that they felt the agency was *'dedicated to the welfare and needs of the service user with genuine concern for their well-being'*. This was echoed by the three people spoken with during the inspection who commented on care workers'

professionalism, friendliness and cheerful approach to their work. One person told us that the agency had respected their right to have a care worker of a particular gender to deliver their care. A care manager also told us that they had observed Care Wey staff to have developed excellent relationships with service users promoting their independence, dignity and respect, another care manager commenting that they had shown '*good comprehension of differing needs and appeared to be enthusiastic about supporting those needs*'.

Discussion with the Registered Manager and the office-based staff indicated that they have a very sound awareness of the needs and particular likes and dislikes of people who use their service. Inspection of records showed that these specific details had been included in individuals' support plans.

The agency has told us in their Annual Quality Assurance Assessment that they have a policy on administering medication to people, a copy of which was seen at the inspection. Discussion with the manager at the inspection indicated that the agency's policy is that staff can administer medication to people using the service if this is part of the written care plan. A sample of service user records inspected showed that information had been collected with regards to people's needs in relation to medication, for example, who will be responsible for ordering, collecting and administering medication, where medication is kept, a list of medication taken by the service user and the name of the pharmacy which supplies the medication.

Five out of twelve care workers indicated in their surveys that they were always confident that they have enough training and information about the health care needs of service users and handling medication. The remaining seven care workers indicated that this was usually the case. The manager told us that the agency's policy and procedures are discussed with care workers on the first day of the induction programme and they are introduced to the agency's medication administration record and how this needs to be completed. Review of people's records in their homes indicated that there is some variation in how medication administration / prompting records are completed by individual care workers and it is recommended that the agency looks at this issue to ensure recording is consistent.

At the time of the inspection the manager told us that she was researching the availability of accredited training in the administration of medication for care workers. She was aware of current guidance from the Commission in relation to this.

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

People who use the service experience **good** quality outcomes in this area.

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

People who use the service are protected from harm by robust procedures and practices that promote their safety and welfare.

EVIDENCE:

The agency has told us in their Annual Quality Assurance Assessment that they have a health and safety policy, a copy of which was seen at the inspection. This sets out the organisation's commitment to safe practice. Training records

showed that care workers attend training in safe food hygiene, health and safety, moving and handling and infection control as part of their induction programme and are introduced to company policies and procedures to ensure they are aware of safe practice. Information about safe practice is also included in the Home Care Workers' Handbook.

The sample of support plans seen referred to the need for staff to wear protective clothing and follow moving and handling and infection control procedures in providing care. Where individuals are particularly vulnerable specific information was included in their care plans and appropriate equipment had been made available in the person's home.

Records seen for people who use the service included risk assessments which identified actions to be taken by care workers to minimise risks. Where individuals had moving and handling needs, risk assessments had been carried out and there was evidence that care workers and professionals had worked together to ensure people's mobility needs are met. The agency's computer system showed that two members of staff were provided to people who require this to mobilise safely.

The agency has a policy on abuse which covers recognising and reporting abuse and action to be taken where abuse is suspected. Training in abuse awareness forms part of the agency's induction programme and care worker records seen confirmed this. All care workers responding to the survey indicated that they were aware of procedures on safeguarding adults and responding to emergency situations. Where a recent safeguarding issue had arisen with regards to a service user the agency had followed procedures and contacted appropriate agencies to report their concerns.

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

People who use the service experience **good** quality outcomes in this area.

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

The agency places a high priority on recruiting suitable staff and supporting them effectively to ensure positive outcomes for people who use the service.

EVIDENCE:

The recruitment records for two care workers were seen, both showing evidence that appropriate checks had been carried out including those with the Criminal Records Bureau and written references. Full employment histories had been obtained for both care workers. All care workers responding to the survey told us that they felt their recruitment had been done fairly and thoroughly.

Discussion with the manager indicated that priority is given to recruiting staff who are suitable for the post. A service user confirmed this by commenting in a survey; *'They work hard to recruit the right calibre of carers'* and another service user spoken with reported that the agency have recruited the *'right people for the job'*.

A four-day induction programme is in place for all new care workers which introduces staff to the terms and conditions of their employment, company policies and procedures, aspects of health and safety, emergency first aid, abuse awareness and promoting continence. Records showed evidence of new care workers completing this training. Eight out of twelve care workers responding to the survey told us that the induction programme covered what they needed to know 'very well' with four care workers saying this was 'mostly' the case. The agency has told us in their Annual Quality Assurance Assessment that they have implemented a 'buddy' system following the induction programme to support new care workers during shadowing.

Discussion with the manager indicated that the service is currently using staff meetings as a forum for facilitating learning around specialist health care issues, for example, dementia, multiple sclerosis and arthritis. Learning is supported through group discussion and handouts being given out to care workers. The manager has acknowledged in the agency's Annual Quality Assurance Assessment that there is some room for development in the provision of specialist training by the branch and reports that the possibility of the branch having a dedicated trainer is being considered. She also reported that she is currently investigating training courses in areas relevant to the people the agency supports including training on the Mental Capacity Act. Five out of the twelve care workers responding to the survey told us that they felt they had the right support and knowledge to meet the different needs of people who use the service, with seven stating that this was usually the case.

Care worker records showed evidence that they receive regular support and supervision in their roles. This was confirmed by the majority of care workers in surveys. The framework in place for supervision covers record-keeping, personal safety, policies and procedures, abuse and whistleblowing, confidentiality and personal care. Supervision records had been signed by the members of staff receiving supervision. Regular meetings are held for care workers and senior staff and comments received from care workers in surveys indicated that they felt able to go into the office at any time to ask for support or talk through concerns. It was suggested to the manager that minutes are kept for staff meetings so that there is a clear record of issues discussed. Several positive comments were received from care workers about the support they receive from the agency and the communication that exists between managers and staff; *'I enjoy my job and I feel I am supported in my role at all times'*; *'If we are unsure of anything at any time we can call and are fully supported'*; *'They support us and service users' needs always'*; *'Care Wey*

care about people and look after each other'; 'The manager is always available to talk to – very approachable'.

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 and 26

People who use the service experience **excellent** quality outcomes in this area.

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

People who use the service have confidence in the way the agency is run and the way the service is delivered.

EVIDENCE:

The agency occupies spacious premises on the ground floor of an office building within walking distance of Bournemouth town centre. There are three computer terminals, access to photocopying facilities and lockable storage for records. A separate room is available for meetings and training. Inspection of the agency showed record-keeping systems to be highly organised with a computer system that supports the service effectively.

The Registered Manager, Marie Harvey-Wickens, has a National Vocational Qualification at Level 4 and the Registered Manager's Award. She has nine years' experience of managing home care services. Marie Harvey-Wickens is supported by a full-time Co-ordinator and Administrator who are both office based. The agency also employs a full-time Monitoring Officer to undertake assessments of prospective service users and regular checks on care workers out in the community. Staff spoken with during the inspection presented as clear about their individual roles but also able to cover for each other as necessary to ensure people benefit from a consistent service. The structure of the agency reflects its current size and comments received from people who use the service and care workers indicated that the service is run effectively; *'A genuinely caring company...they respect and support their staff and service users'* (care worker); *'They are very efficient and organised'* (care worker); *'I don't think the agency can improve...I am very satisfied'* (service user); *'Have nothing but confidence in them'* (service user).

The agency has a complaints procedure, a copy of which was seen at the inspection. This specifies timescales by which complaints will be responded to by the agency and gives contact details for the Commission. People who use the service told us in their surveys that their care workers listen to and act on what they say; *'I feel comfortable approaching the agency with problems'*. They also said that they knew how to make a complaint if they needed to. Care workers also told us in surveys that they knew what to do if a service user or their relative had concerns about the agency.

A complaints record is in place although no formal complaints were reported to have been received to date. Inspection of service user records indicated that where a person had raised a concern the agency's on-call worker had been involved. There was clear written evidence on file of discussions held with the service user about their concern and a formal response by the Registered Manager the following day. The agency's Co-ordinator told us that contacts from service users are documented on the computer database as well as individual files. It was suggested to the Registered Manager that the agency considers implementing a single system for recording concerns and complaints so that they are in one place and any patterns can be identified.

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	X
5	X
6	X

Managers and Staff	
Standard No	Score
17	4
18	X
19	2
20	X
21	3

Personal Care	
Standard No	Score
7	X
8	4
9	X
10	2

Organisation And Running Of The Business	
Standard No	Score
22	4
23	X
24	X
25	X
26	3
27	X

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?

N/A

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.	DO10	All care workers who take responsibility for administering medication to people who use the service should undertake suitable accredited training to ensure their competence with this task. The agency should ensure that there is consistent completion of medication administration records by all care workers.
2.	DO19	The agency should continue to investigate specialist training for care workers that is relevant to service users' individual needs.

Commission for Social Care Inspection

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