



*Making Social Care  
Better for People*

# inspection report

## DOMICILIARY CARE AGENCY

### **Care Wey Care in the Home [Weymouth]**

**13 Carlton Road North  
Weymouth  
Dorset  
DT4 7PY**

*Lead Inspector*  
Tracey Cockburn

*Unannounced Inspection*  
4th November 2008      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

<b>Reader Information</b>	
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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Care Wey Care in the Home [Weymouth]
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<b>Name of registered provider(s)/company (if applicable)</b>	Altogether Care LLP
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Domiciliary Care Agencies

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      26th November 2007

## **Brief Description of the Service:**

The agency is one of four branches that operate in the Dorset area and are part of the organisation Altogether Care LLP. The office opening hours are from 8.30am - 5.00pm Monday to Friday. There is an out of hours on-call service for use when the office is closed. The service has a manager.

At the time of inspection the agency employed 30 care workers. Domiciliary care was provided to a total of 120 people. Care is provided to adults in the surrounding area of Weymouth, including older people who have a wide range of needs relating to physical health or disability, sensory loss, mental health and dementia.

As at November 2007 private fees are charged from £10.55 per hour with additional charges for weekends and public holidays. In addition to the private hourly pay rates, private travel expenses are charged on each assignment at 40p per mile from Care Wey's office to the clients home and return. A full range of charges can be provided upon request.

People funded through the Local Authority have a financial assessment carried out in accordance with Fair Access to Care Services procedures. Local Authority and Primary Care Trust charges are determined by individual need and circumstances. General information about fees and fair terms of contracts can be accessed from the Office of Fair Trading web site: [www.oft.gov.uk](http://www.oft.gov.uk)

The agency hold a copy of the published inspection report at the office, a copy is made readily available, on request.

# SUMMARY

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

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

The key inspection began unannounced at the agency's registered office and ended a few days' later following visits to people who use the service. The manager of the agency completed an annual quality assurance assessment (AQAA) and this was submitted to us and formed part of the planning process. During the visit we looked at care records, recruitment files, staff training records. We spoke to people who work for the agency as well as people who receive a service. We also spoke to the manager.

## What the service does well:

People experience a service where they feel they are treated with respect and they tell us that they are treated the way they want and prefer. They tell us that care staff are very supportive and they feel valued.

The agency has a medication policy and procedure, which enables people to maintain responsibility for their own medication. They train their care staff to be aware of good medication practice.

The agency provides training for their staff so they understand the importance of safeguarding people who use the service from abuse.

The agency has a complaints procedure which people are aware of and know how to use.

## What has improved since the last inspection?

At the end of the inspection in November 2007 there were six requirements and two recommendations.

Changes in the way staff are given information mean they always have access to the care needs assessments of people using the service. This happens before their first visit to the individual.

The agency monitor staff, in supervision, shadowing and with spot checks which means that people who use the service can be reassured that their competence is being monitored for their own safety.

Recruitment procedures are being followed which ensures that people who use the service are protected.

Training has improved and has been further developed to give staff the skills and knowledge they need to deliver a good service.

Supervision is taking place and care workers competence is monitored. This means that people using the service benefit from this support that staff receive.

The agency provides a consistent and well-planned service, which people can rely on.

### **What they could do better:**

At the end of this inspection there are no requirements and one recommendation. It is important that risk assessments are signed and dated to ensure everyone is clear on when risks were identified and the actions taken to minimise them so that people are protected.

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](mailto: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):

Quality in this outcome area is **good**

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

People have individual assessments of their needs and systems are in place to ensure that staff have the information they need to provide care well.

### EVIDENCE:

At the last inspection we were concerned that care staff were not getting the information they needed in the care plan and assessment in a timely way before they visited someone. We found at this inspection that the manager has improved the system and all staff come into the office at least once a week to

collect their time sheets and read the care files of any new clients. This means that they can be clear before they start working with someone that they know their care needs and the support they require.

The manager said that this all puts responsibility onto care staff to ensure they are fully aware of the care needs of the people they support.

One person we spoke to said " *she never had to tell care staff what to do*"

The manager said that their new system was working well. Each member of staff has a file where they collect their time sheet and pick up the information they need to read.

At the last inspection it was found that the domiciliary care folder, which contains information on the agency, the care to be delivered and any risk assessments were not in the individual's own home.

At this inspection we visited two people and on both occasions the information was in the individuals home in a folder and easily accessible.

People who use the service told us that they know what is in their care plan; we found that they are not always signed.

The annual quality assurance submitted by the service says:

*"To implement a swift action team who will undertake all new assessments and care plans for prospective clients, they will then conduct a weeks full assessments period with new clients before they integrate them into carers regular runs"*

## Personal Care

### The intended outcomes for Standard 7 – 10 are:

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

**The Commission considers Standards 8 and 10 the key standards to be inspected.**

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

#### **8,10**

Quality in this outcome area is **good**

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

People tell us they are respected and valued as individuals when staff come into their own homes.

Medication systems and practices promote safety and protect people who use the service.

### **EVIDENCE:**

We spoke to two people who use the service both said that care workers were very respectful when entering their homes. They also told us that in their experience staff were kind, knew what to do and were also was respectful of treating them and their home well.

People also told us that staff followed their care plans and did not have to be told what to do.

One person said that the care staff take time and talk to her while they are supporting her with personal care.

At the time of the assessment a medication record is made of current medication unfortunately this is not dated or signed so it is not a clear audit trail at the initial assessment. We spoke to the manager about this and during the inspection the master copy of the medication record was altered to allow for the date to be added.

The annual quality assurance assessment says:

*"we ensure all staff read service users care plans before visiting.*

*we have changed the format of care plans to ensure carers are informed of what service users can do, and that tasks are detailed plainly"*

We found that people are supported to manage their own medication. The two people we visited did not have support to manage their medication but their assessments showed that care staff were aware of the medication they take. We found that all staff receive medication awareness training.

# 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):**

Quality in this outcome area is **good**

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

An improvement in the system of monitoring safe working practices of staff protects the people who use the service. Systems are also in place to minimise risk and promote the health, safety and welfare of people using the service, consistent dating and signing of risk assessments will further enhance this process.

## **EVIDENCE:**

We made a requirement at the last inspection that staff must be monitored consistently to promote safe working practice. We found that the manager has put in place a system of monitoring new staff and has put in place training and is developing a team. We looked at supervision and shadowing in standards 19 and 21.

At the last inspection we recommended that risk assessment should be up to date and accurate. We found at this inspection in the two files we looked at that they were up to date and more detailed. We also found that the risk assessments are not always dated and signed.

The annual quality assurance assessment says:

*"we provide a safe working environment for all staff and clients*

*we provide an in house full day adult protection-training course, which is in conjunction with Dorset's local authority training courses, these are updated annually.*

*we provide full risk assessments undertaken via a qualified risk assessor"*

The manager explained that they are in the process of introducing a 'Swift Action Team' who will be the first point of contact for any new clients. The new team will provide all the care for the first two weeks of the new care package. They will then be transferred to the care co-ordinator and the Swift Team member will introduce the longer-term carer to the client. The team will be responsible for all spot checks on safe working practice and will undertake all reviews. The manager said she is confident that this new team will offer continuity. The manager is hopeful that this new team will start in November 2008.

## **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):**

Quality in this outcome area is **good**

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

Improvements in recruitment, training and supervision of care staff should give people more confidence that their care needs will be met by staff who have their training needs identified and their care practice monitored.

### **EVIDENCE:**

At the last inspection a requirement was made that staff must have their criminal records bureau checks and two written references before they start work for the agency. We looked at four staff files and found that recruitment checks were complete.

We found in all the files we looked at that staff started work after their criminal records bureau checks and protection of vulnerable adults check had been returned and were satisfactory. We found that references were received before

staff start work and that were references take some time to come through there is evidence of calls to chase the referee.

Induction is structured and follows the skills for care induction standards.

New staff spend a significant period of time shadowing a more experienced member of staff. The length of time is dependant on competence.

In one file we looked at shadowing had been increased due to the individual's lack of confidence. This was clearly evidenced in the supervision and monitoring notes.

At the last inspection we required the agency to continuing improving the training and development programme. We made this requirement for the fourth time at the last inspection. We found that the agency has specialist training in place and more is being developed. We found that staff are receiving training in dementia care and that very specific training is being provided to staff to meet individual needs.

We recommended at the last inspection that there should be a system in place for identifying any gaps in skills and knowledge of staff. The manager has begun to address this more consistently through supervision and in keeping a detailed spreadsheet of all staff their current training and when refresher training is required as well as additional training needs identified through supervision and in working with individuals.

The manager explained to us that staff are shown during induction a film about the day in the life of someone who has dementia. The hope is that care staff will understand how people can be affected by the condition and how they see the world.

Staff also have training on conditions such as diabetes, care of the dying, understanding stroke, Dementia care and care planning. A member of the team is trained in working with people who are bereaved and provides training for staff.

We found at the time of the inspection that six staff are on national vocational qualification training at level two.

At the last inspection we made a requirement that staff must have regular supervision. We looked at three staff files and found that there was structured monitoring of staff which included supervision and spot checks while they are working.

The annual quality assurance assessment says:

*"we provide a 4 day skills for care induction  
we provide carers with a 16 plus hour shadowing programme where new carers are taken out with a senior team member, we also conduct shadowing assessments that the senior carers undertake to assess carers competence.  
Supervisions are taken on a 3 monthly basis along with 3 monthly supervisions and annual appraisals."*

## 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):**

Quality in this outcome area is **good**

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

People benefit from a well managed, consistent and well-planned service, this means they can be confident that staff arrive when they should and are trained to provide their care needs safely. Complaints are listened to and acted upon according to the agency's own procedures.

### **EVIDENCE:**

The agency has recently moved to new permanent premises. There is suitable equipment and facilities including an out of office hours on call system. An administrator and a care co-ordinator support the manager in her role. During the inspection they were observed working well as a team, communicating changes to rotas and dealing with issues together in a planned way. The manager said that they all know each other's jobs which means they are able to cover the office when anyone is away or off sick.

People we spoke to said they experience a good service where staff turn up on time and they are informed of any changes.

Since the last inspection the service has had a change of manager. At the time of this inspection the manager was coming to the end of her probationary period and would be submitting an application to us for registration.

The manager told us she has the time she needs to manage the service. The requirement made at the last inspection has been addressed.

The agency has a complaints procedure and people told us they know who to complain to if they are unhappy with the service.

One person we spoke to said that the staff in the office are very helpful. There have been no complaints since the last inspection.

# 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

<b>User Focused Services</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	X
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X
<b>6</b>	X

<b>Managers and Staff</b>	
<b>Standard No</b>	<b>Score</b>
<b>17</b>	3
<b>18</b>	X
<b>19</b>	3
<b>20</b>	X
<b>21</b>	3

<b>Personal Care</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	X
<b>8</b>	3
<b>9</b>	X
<b>10</b>	3

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

<b>Protection</b>	
<b>Standard No</b>	<b>Score</b>
<b>11</b>	3
<b>12</b>	2
<b>13</b>	X
<b>14</b>	3
<b>15</b>	X
<b>16</b>	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
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**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.	DO12	The registered provider should ensure that risk assessments are signed and dated.

## **Commission for Social Care Inspection**

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