



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Oldham Scope

**Heath Bank
82 Windsor Road
Oldham
OL8 1RP**

Lead Inspector
Michelle Haller

Key Inspection
07th August 2007 11:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Oldham Scope
Address	Heath Bank 82 Windsor Road Oldham OL8 1RP
Telephone number	0161 624 1405
Fax number	F/P 0161 624 1405
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Oldham Scope
Name of registered manager (if applicable)	Mrs Diane Jones
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 8th November 2006

Brief Description of the Service:

Oldham Scope Domiciliary Agency is a small agency providing home support to people who live in their own homes. The agency currently provides support to nine people, five who live in a group home and four who live in single dwelling situations.

The office is conveniently situated and suitable for the service provided.

The agency charges £10.85 per hour. A copy of the last inspection was available on request.

SUMMARY

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

This was a key inspection, which included a site visit to the agency.

The inspection process included, consideration of the findings at previous the Commission for Social Care Inspection (CSCI) inspection and information received about the service since that inspection, case tracking and examination of care files for two people, examination of other files associated with the running of the agency, for example staff recruitment files, accident records, medication charts and discussion with the manager, members of the management team, one person in receipt of services and a member of staff.

The temporary manager Amanda Marshall assisted with the inspection process.

Observation of the interaction of staff with a service user was also undertaken.

The agency is small; this report has been written in general terms and the outcomes do not relate to a specific person.

What the service does well:

The agency responds well to families and people using the service and is flexible.

The agency's relationship with health and social care professionals is good and people receive the health and social care they need.

The agency's staff receive training to enable them to promote the health and well being of people accessing the service.

Recruitment practices are robust and supervision is effective and promotes the safety of people using the agency.

What has improved since the last inspection?

Since the last inspection the agency has revised their adult protection policy and protected disclosure (whistle-blowing) policy and included this topic in all supervision sessions.

What they could do better:

The agency must ensure that the CSCI is informed if the manager is to be absent for a period of 28 days or over.

The complaints procedure needs updating and should be produced in a format that is more accessible to the people using the service. The agency should ensure that all available means to improve communication for people using the service are utilised.

Now that the agency is branching out to provide support to people whose predominant needs are outside of their usual area of expertise, which is generally services for people with learning disabilities, they must make sure that staff receive training concerned with supporting people with, for example, physical disabilities, mental health needs and dementia care. This is because unfamiliar techniques, ways of interaction, laws, philosophy of care and other considerations will need to be understood by carers.

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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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

Quality in this outcome area is **adequate**. This judgement has been made using available evidence including a visit to this service.

Generally the manager had ensured that a comprehensive assessment of care needs was undertaken, however, if the agency is to provide a service to people who fall outside of their usual area of expertise, which is learning disabilities, they must ensure receipt of a relevant needs assessment and be able to demonstrate awareness of the specialist needs related to these conditions.

EVIDENCE:

The assessments for the most recent referrals were examined. Although an assessment had been completed and risk assessments were in place the information did not identify all the primary needs. Information was available,

however, concerning personal care and physical wellbeing, family involvement, sensory and communication needs.

It is essential that the agency ensure that assessments are completely person centred and identify the specialist health needs of individuals. This will demonstrate that the agency recognises the needs, and are prepared to employ different techniques to ensure appropriate care and support is provided.

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

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

A positive state of wellbeing is promoted because support and care is provided individually and is delivered in a respectful manner; the right to dignity, privacy and choice is also promoted.

EVIDENCE:

The care plans examined provided detailed information about the manner in which support was to be provided. Information included preferences relating to communication, diet, general interests, moving and handling and tissue viability, and other independence skills such as general hygiene, dressing and undressing.

Care plans had been reviewed and the attendance list and other notes confirmed that people and their families were actively involved in this process. Daily records and other correspondence confirmed that action was taken in response to any requests and stated preferences.

The attendance list in care plan reviews, daily records, letters and other correspondence also demonstrated that the agency has an effective relationship with health and social care professionals, who are readily available to provide specialist intervention and advice when requested.

One person was interviewed and this person was keen to say that staff were always pleasant, and took steps to maintain their privacy including, making sure that doors and curtains were closed during personal care and by knocking on the door before entering her bedroom. 'Staff are very good, they ask me about what I want, yes they listen, they keep me covered- I would say if they didn't.'

Daily records were written respectfully, however for one person the reports were task orientated and impersonal, focusing on the functional care and support provided. Additional observations that reflect the emotional wellbeing of people are also required so that this can also be monitored.

The agency generally provide services to people with learning disabilities; this is now changing and they are beginning to accept clients whose needs are predominantly physical disabilities. The agency must demonstrate that they are aware of the different approaches and methods of personal support.

The agency should develop specialist person centred care plans and also employ all available communication aids to enable people to become involved in updating their daily reports.

The medication policy was examined and this information needs to be reviewed.

The medication administration recording and storage systems were checked in one person's home. The file did not contain sample signatures of staff that administer medication, however the medication record sheets had been completed accurately and no gaps were noticed. Staff on duty stated that they had received training and certificates confirmed that this had been provided within the last 12 months. Supervision records also identified that staff performance and competency in this area was regularly monitored and remedial steps were taken if their practice fell below an acceptable standard.

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

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

People who use the service are safe and secure and can be confident that their welfare and safety needs are promoted through the actions taken by the agency.

EVIDENCE:

Risk assessments for each person were in place and these provided detailed information about the actions staff must take to promote health and safety.

There are two moving and handling facilitators employed by the agency, however one person was currently unavailable. Certification confirmed that both had updated their skills with an approved training body.

All manual handling equipment is the provided by the housing association or hospital loans service.

Staff files contained copies of the information provided to staff and this included the code of social care conduct and instructions about gifts, handling money and behaviours that constituted gross misconduct.

The agency has investigated allegations of abuse in a transparent and appropriate manner involving the family, social services, police and other professional bodies. The management team indicated that they had learnt from the experience in respect of reiterating the agency's whistle blowing procedure and working with people who have made a 'protected disclosure.' The final outcome from this investigation is still to be resolved.

The agency's adult protection procedure was examined and this provided staff with detailed information about the behaviours and omissions that could be considered as abuse and the steps they must take if they were witness to or suspected abuse.

The training records confirmed that all staff has completed protection of vulnerable adult training within the past two years, furthermore supervision records suggests that this topic is discussed on a one-to-one. Staff who were interviewed were very clear about the action they would take if they suspected or witnessed abuse, and they were confident that any concerns they expressed would be dealt with fairly and quickly.

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

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The agency is appropriately managed with systems in place to provide management continuity (in the absence of the registered manager) which ensures the staff are able to provide a quality service.

EVIDENCE:

The registered manager is currently not available for work. In the interim period arrangements have been made for a member of staff with experience within the agency to "act up" into the management position.

The person currently managing the service stated that she feels supported by the Oldham Scope organisation. This person indicated that she has attained

the Registered Manager Award; National Vocational Qualification (NVQ) level 4 in care management and keeps herself updated in all aspects of care provision. She has also worked for the organisation for 5 years.

One of the directors for Oldham Scope was interviewed and he concluded that the support and care provided continued to meet the needs of those concerned.

Four staff files were examined and each contained a copy of a completed application form, two references, a photograph, and Criminal records bureau (CRB) checks. Completed Skills for Care induction workbooks were also on file demonstrating that new staff had received adequate training and support prior to working unsupervised.

As previously identified staff receive adequate supervision from senior staff and are guided to work safely and in keeping with the principles of promoting independence.

In the main staff receive training appropriate to the tasks they are expected to complete. This finding is supported by the certificates awarded to staff in the past 12 months. These have included, medication training, health and safety awareness, first aid awareness, percutaneous endoscopic gastrostomy (PEG) feeding, stoma care, food hygiene, protection of vulnerable adults, manual handling and managing dysphagia. The manager and staff reported that training was also provided by health professionals in how to meet specific needs, such as positioning in respect of pressure area care and emergency treatment in respect of epilepsy care.

Staff also require training in the different techniques and aspects of care that require consideration when supporting people without a learning disability and whose predominant needs may relate to a physical disability or mental health diagnosis.

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

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The agency ensures that managers and staff make use of the resources available to them to the benefit of people using the service.

EVIDENCE:

The manager stated that she was currently in negotiation with the Local Authority with regard to the development and cost effectiveness of the agency. The manager stressed that the organisation continues to be 'not for profit'.

The complaints procedure was examined and this requires updating and should be produced in a format that is more accessible to the people using the service. The complaints record was also examined and it was noted that complaints were fully investigated, with the outcome recorded and discussed with the complainant and other relevant people.

The person who was interviewed stated that if she had any complaints she would speak to the deputy manager and she was certain that the matter would be dealt with immediately.

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	3
18	X
19	3
20	X
21	3

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

Organisation And Running Of The Business	
Standard No	Score
22	3
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

No

Are there any outstanding requirements from the last 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	DO22	24	The agency must ensure that it keeps the CSCI informed as to the absence of the manager.	30/09/07

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.	DO8	The registered person should develop a training calendar that reflects the changing client groups that staff are expected to support, this is to ensure that support providing matches the needs of the individual.
2.	DO19	The registered person should make sure that staff receive training concerned with supporting people with physical disabilities, mental health needs, dementia care and so on. This is because unfamiliar techniques including modes of interaction, laws, philosophy of care and other issues will need to be understood by carers. This will assist staff in understanding and responding to needs in an appropriate manner that promotes physical health and mental well-being.

3	DO26	The complaints procedure requires updating and should be produced in a format that is more accessible to the people using the service.
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