



*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

Unannounced Inspection
8th July 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

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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	am.heathbank@zoom.co.uk
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 7th August 2007

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 depends on the individual care package. A copy of the last inspection was 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.

This was a key inspection that included an unannounced visit to the service. This means the manager did not know in advance that we were coming to do an inspection.

An expert-by-experience also assisted with this inspection. An expert by experience is a person who has accessed services that are regulated. This person spoke to two members of staff and one service user in his home.

During the visit we looked around the building, talked to customers of the domiciliary care agency and staff, including senior care staff, and the administrator.

We observed the interactions between people using the agency and examined care plans, files and other records concerned with the care and support provided by the agency.

We also looked at all the information that we have received or asked for since the last inspection. This included:

The annual quality assurance assessment (AQAA) that was sent to us by the service. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.

Information we have about how Oldham Scope Domiciliary Care Agency has managed any complaints and any adult protection issues that may have arisen.

Information about things that have happened in the home through 'notifications.'

We also received 12 Commission for Social Care Inspection (CSCI) surveys that were returned to us by people using the service and from other people with an interest in the service, such as staff and relatives.

We are not aware of any protection of vulnerable adult issues that have concerned Oldham Scope Domiciliary care agency.

What the service does well:

People's needs are fully assessed before the agency provides a service.

The agency's liaison with health and social care professionals effectively so that 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.

Comments about what the service did well included: 'Listening to my care needs, very person centred, they understand the problems I face and together problems are solved.'

What has improved since the last inspection?

The agency has understood the importance of ensuring that the CSCI is informed if a manager is to be absent for a period of 28 days or over.

The complaints procedure has been updated and is also produced in a format that is more accessible to the people using the service.

Staff receive training concerned with supporting people with, for example, physical disabilities, mental health needs and dementia care. So that they can learn about the different ways of interaction, laws, philosophy of care and other considerations in different specialist areas.

What they could do better:

Recruitment practices should be improved to make sure that they continue to be followed even if the management team changes.

The registered provider should be certain that the agency's adult protection procedure is in keeping with Oldham Metropolitan Borough Council's safeguarding protocol.

The registered provider should make sure that when staff provide important health information, this is used to update assessments, care plans and other information documents.

The agency manager should present a suitable person to become registered manager as soon as possible.

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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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

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

People using Oldham Scope domiciliary care agency have their care needs fully assessed before being offered a service.

EVIDENCE:

The assessments for the most recent referrals and people who were receiving domiciliary care from Oldham Scope were looked at.

These assessments were detailed and provided staff with full information about people's abilities and support promoting independence and wellbeing, all aspects of psychological, health and social care. This also including clear communication assessments.

These assessments were person centred, in that, the layout, style and content varied according to the individual. There was clear evidence provided through the attendance list of meetings, letters and other correspondence that the person, their families and appropriate health and social care professionals were involved in completing the assessment.

Comprehensive risk assessments were in place. Signed and dated updates and other documents describing the progress and effectiveness of support, confirmed that care plans were reviewed as regularly as necessary.

The majority of people who returned surveys felt that they had been given a choice in using the service and that they have been given a copy of a care plan.

A member of staff confirmed that people were fully assessed before receiving support from the service. People told the expert by experience that they felt that, service users are well assessed before coming to the service, and that the commitment and professionalism of the staff would help smooth any difficulties that might arise.

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.

Oldham Scope ensures that people using their service are treated with dignity and respect and have access to health and emotional care that promotes their independence and continued well-being.

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, behaviour and emotional management or support 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 continue to confirm that action is 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.

People who interviewed stated 'that his privacy is respected'. Staff also felt that they had a good attitude and understanding of how to promote the comfort and rights of people accessing the service. Their comments included: 'yes all the service users have a lot of support and are never rushed and given a good quality care'.

Daily records that were looked at were written respectfully and provided a full picture how people spent their time and the support provided by staff. Daily records also indicated how people responded to the support offered. This support was in keeping with instructions and guidance provided by the care plans and risk assessments.

Documents and records also confirmed that agency supported people in accessing routine health care, such as dental care and opticians, as well as attending outpatient appointments or going to the General Practitioner if they are unwell.

One of the care-plans examined was available in a format that included illustrations, and was written in a manner that confirmed their involvement in deciding on what the support should be.

Staff also complete a monthly report that provides an overview of the important occurrences or changes. A number were read during the inspection. It was noted that on some occasions the senior staff who had signed the documents had not made sure that appropriate action had been taken in response to the information provided. For example, to update care plans, pen pictures or other documents used to as a source of information. This matter was discussed with the person assisting with the inspection.

The medication administration recording and storage systems that were checked identified that more detail is necessary in relation to prescription of one item.

The file did not contain sample signatures of staff who administer medication, however the medication record sheets had been completed accurately and no gaps were noticed.

The majority of staff who returned surveys stated that they received medication administration training, and the training calendar also showed that the majority of staff had received this in 2007 or 2008. Staff are now receiving training to make them more equipped to deal with health needs and physical disability and this includes Multiple Sclerosis awareness training.

Staff comments included: 'Before I was able to give medication I had to go on a medication course.'

People who returned surveys indicated by their responses that they were always treated with dignity and respect and that the carer would change things if they were asked.

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 Oldham Scope have their health, welfare and safety needs promoted through the procedures in place and 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.

The manager who returned the AQAA confirmed that; 'We have two manual handling facilitators who ensure all manual handling risk assessments and staff are kept updated and service users' needs are met if change occurs.'

The training calendar also confirmed that all except two members of staff had received moving and handling training in the period between March 2007 and June 2008.

All manual handling equipment is provided and maintained 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. Staff mostly agreed that they received training and information that would help to keep them safe. The training calendar also confirmed that this was case. The training matrix and certificates in staff records confirmed that health and safety related training included: health and safety awareness, fire safety; first aid; food hygiene, and understanding anger and violence.

Comments from staff included: 'I know and understand the policies and procedures on working alone, dealing with service users' money, getting support in an emergency and adult protection.'

The agency has not investigated any allegations of abuse since the last inspection.

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 agency needs to be sure that this is in full keeping with the Oldham Metropolitan Borough Council's safeguarding adults protocol. The registered person also needs to demonstrate that the policy has been reviewed and, if necessary, updated.

The training records confirmed that staff continue to receive protection of vulnerable adult training and this subject is included in the Scope induction training, National Vocational Qualification (NVQ) level 2 in social care and the Learning Disability Award Framework (LDAF) completed by all staff.

Staff who were interviewed were very clear about the action they would take if they suspected or witnessed abuse, and this included reporting to the manager and documenting what they had seen.

Accident and incident files were looked at. Accidents and incidents had been dealt with appropriately and all care and support given. However, it was noted that, when required, CSCI had not been informed about accidents. This omission was discussed with the person assisting with the inspection and they were informed that there was regulatory duty to provide notification about certain events involving the agency's staff and/or service users.

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.

Staff are well informed and able to do their jobs well because they are provided with training that is relevant to their jobs.

EVIDENCE:

The recently registered manager for Oldham Scope has left the service. At the time of inspection an assistant manager had undertaken the day to day running of the agency, but they were unavailable on the day of inspection. A previous manager of Scope Domiciliary Agency, a senior carer worker and the administrator assisted the inspection process.

Those assisting with the inspection confirmed that a new manager had been recruited to the agency and that they were due to commence work before the end of July 2008.

Four staff files were examined and each contained a copy of a completed application form, a photograph, and Criminal Records Bureau (CRB) checks. However, two references were only present for three people. The induction process and training for three were also complete and showed that this had been comprehensive and prepared people for the work they were expected to do.

The administrator stated that the previous manager had dealt with this person's employment forms, however she agreed to seek references for this person as a matter of urgency.

Certificates confirmed that recently employed staff had completed the Skills for Care common induction course provided by OMBC training partnership.

Supervision and appraisal records confirmed that staff were supported in carrying out their role as carers. Recent supervision sessions had covered changes in management; teamwork, training and the workload.

Staff have received training appropriate to the tasks they are expected to complete. The certificates awarded to staff in the past 12 months support this finding. Training has included: medication, health and safety awareness, first aid awareness, food hygiene, and protection of vulnerable adults, manual handling and managing dysphasia, confidentiality, Epilepsy care, autism awareness, communication, adult mental health and visual impairment.

Staff reported that training was good and prepared them for the work they did. Comments and observations made by staff included: 'I was given a good induction and given lots of important information and was given answers to questions to things I didn't understand. As well as a lot of training, I was given the chance to read all the service users' personal files and understand their needs.'

The expert by experience interviewed a member of staff who felt that: 'A training programme had been worked out for her relating to learning disabilities in general, and for her to gain skills and knowledge beyond the needs of the individual service user she supported.'

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.

Oldham Scope domiciliary care agency is run from an established and well-resourced base and provides people with an accessible complaints process.

EVIDENCE:

There have a number of management changes for the agency in the past year, the registered providers must make sure that standard of support provided remains consistent.

Information provided in the AQAA confirmed that the agency continues to be 'not for profit'.

Oldham Scope domiciliary care agency is run from offices situated in Heath Bank Day Centre. The office is fully equipped with fax machine, photocopier, telephones and networked computer system. Although there is a lift to the upper floor, there is no level access into the office; however, there are meeting rooms available that have level access. During this inspection no relatives or service users were seen visiting the office, however this has occurred on previous occasions. The office is within easy access of the geographical area covered by the agency.

The complaints procedure was examined, this has been updated and is now also available in a picture format, so that it is more accessible to the people using the service. People confirmed that, when needed, documents were rewritten and presented in a way that made them easier to understand.

The complaints record was also examined and one complaint had been dealt with and the outcome detailed in full.

The information provided by the CSCI surveys showed that there had been a lot of dissatisfaction with the some aspects of the management team over the past year. Discussion with staff and the resident confirmed that these issues had been mostly resolved, and people felt that it was possible to voice opinion, even if this was not always done.

Each person who returned CSCI stated that they knew how to make a complaint and all staff said that they were aware of advocacy services. It is uncertain, however, that all service users are aware of independent advocacy services. This matter was discussed with the acting manager. She stated that family members often acted as advocates for their relatives.

The service would improve if the registered providers assessed whether the advocacy facilitated was in keeping with the philosophy of advocacy promoted by independent advocacy groups.

Comments about the complaints process included: 'We have a complaints procedure which all the service users and families know how to use. The families also know they can contact CSCI direct.'

Comments from service users included 'There are regular tenant meetings and my advocate informs me if there are changes.'

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	3
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

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
1	OP22	8 (2)	The registered person must make sure that a person is put forward to go through the CSCI registered manager process.	01/11/08

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	The registered person should make sure that appropriate records are changed when important health information is provided.
2	DO17	The registered person should ensure that agency's recruitment process is robust enough to continue even if there is a change in management.
3	DO26	The registered person should make sure that the agency's adult protection policy is in keeping with Oldham Council's Safeguarding adults protocol

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