



Making Social Care
Better for People

inspection report

Domiciliary Care Agency

Shared Approach Limited

Parkside House

Moss Lane

Garstang

PR3 1HE

6th September 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

AGENCY INFORMATION

Name of agency

Shared Approach Limited

Tel No:

01995 601701

Address

Parkside House, Moss Lane, Garstang, PR3 1HE

Fax No:

01995 600620

Email address

Name of registered provider(s)/ company (if applicable)

Shared Approach Limited

Name of registered manager (if applicable)

Mr David Sharples

Type of registration (please delete as necessary)

Domiciliary Care Agencies

Domiciliary Care agency / Employment agency (including Employment business)

Category(ies) of registration

Registration number

F090000645

Date first registered

19th January 2004

Date of latest registration certificate

19th January 2004

Do additional conditions of registration apply ?

NO

If Yes refer to Part C

Date of last inspection

N/a

Date of inspection visit		6th September 2004 27 September 2004	ID Code
Time of inspection visit		10:00 am	
Name of inspector	1	Mrs Joy Howson-Booth	079354
Name of inspector	2	Mr Simon Hill	
Name of inspector	3		
Name of inspector	4		
Name of specialist (e.g. Interpreter/Signer) (if applicable)			
Name of agency representative at the time of inspection		Mr David Sharples (Managing Director) Mr David Sharples (Registered Manager)	

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INTRODUCTION TO REPORT AND INSPECTION

Every agency which falls within the jurisdiction of the Commission for Social Care Inspection (CSCI), is subject to inspection, to establish if the agency is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000 and/or the Children Act 1989 as amended.

This document summarises the inspection findings of the CSCI in respect of Shared Approach Limited.

The inspection findings relate to the National Minimum Standards (NMS) for Domiciliary Care published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the Standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Provider's response and proposed action plan to address findings
-
- This report is a public document.

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000 and/or the Children Act 1989 as amended. The report is based on the findings at the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Shared Approach Domiciliary Agency is situated in the town of Garstang, in between the cities of Lancaster and Preston.

The agency has previously voluntarily registered with the Lancashire County Council's Inspection Unit but, more recently, has been formally registered to provide domiciliary care with the Commission for Social Care Inspection.

The agency is managed by Mr David Sharples (Managing Director) who oversees the work of the Registered Manager (also Mr David Sharples) and two other Network Managers.

The agency describes itself as "domiciliary care plus" which is an appropriate description as it provides 24 hour care over the full seven day period to enable people with a learning and physical disability to remain in their own supported living/tenancy homes. This care differs from the accepted 'domiciliary care' as it covers a whole range of tasks from in-depth personal care and support, community involvement and domestic tasks and is tailored to ensure it meets the needs of the age ranges of service users supported.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This inspection was the first inspection following registration of Shared Approach domiciliary agency with the Commission for Social Care Inspection.

The inspection took place over a 2 day period and inspected the agency against the Care Standards Act 2000 Domiciliary Care Regulations and National Minimum Standards. The inspection included meeting at the agency offices, discussion with the Managing Director, Registered Manager, Training Manager, Network Manager and administration staff. In addition, two visits were made to homes in the area, speaking directly with service users and hands-on staff. Discussions also took place with a small number of relatives. Comment cards were sent out and received from a small number of service users who were able to do so. Staff survey forms were also sent out to approximately 27 members of staff and approximately a quarter were returned.

The inspection findings are, as follows:-

User Focussed Services (Standards 1-6)

All the standards within this section have been met in full, with some standards being exceeded.

A recommendation has been made in respect of developing the service user guide into a format that would be understood by the service users; to record that the contract has been read through and clarified, where possible, with the service user or their named representative; and to produce a user-friendly terms and conditions of residency for the homes.

The agency is committed to ensuring a full assessment is obtained over service user needs to enable a tailored service to be provided. Similarly, the agency endeavours to ensure that service users are provided with an opportunity to experience first hand the service to enable an informed decision to be made over the accommodation on offer.

The service is service user led with an individual and responsive approach to the care to be provided.

Personal Care (Standards 7-10)

Apart from standard 10 (Medication) all the remaining standards within this section have been met in full, with some standards being exceeded.

From examination of care plans, talking with service users and relatives, it was clearly evidenced that the personal care provided by the agency is service-user needs-led, carried out respecting privacy and dignity, and based on individual wishes and aspirations.

Relatives commented that they were happy to see the service users enjoying a quality of life and staff supported individuals to access a range of activities.

Protection (Standards 11-16)

Standards 12, and 13 have not been met in full – these relate to the provision of risk

assessment, consent and review of the use of cot sides and the need to add to the Code of Conduct various policies. In addition, the abuse policy needs to be clarified to ensure it meets with the requirements of the Department of Health's document "No Secrets" and also gives clear instructions to staff of the actions to take should an incident of abuse occur. All the remaining standards within this section have been met in full, with some standards being exceeded.

From discussions with management and staff, from reading documentation, it was evidenced that the agency takes seriously the issue of safe working practices, risk assessments and the protection of individuals, whether service users or staff. The agency has also demonstrated that it maintains accurate and up to date records as required within the standards.

Managers and Staff (Standards 17-21)

All the standards within this section have been met, with some standards being exceeded. Recommendations have been made in respect of providing staff with a copy of the General Social Care Council's Code of Practice for Care Workers; Ensuring a full employment history is obtained; ensuring training topics are signed individually, and the need to organise the staff files into a more structured format. A checklist for recruitment may also be useful. In addition, it was suggested that the staff files appeared fragmented and could be better structured. It was also suggested that the training files could be held separately to the main personnel file.

One comment card indicated that the member of staff concerned (working evening/nights) had not had one-to-one supervision. This may be a one-off but still requires looking into. From feedback obtained from both relatives and members of staff, and from documentary evidence within the agency, it has been demonstrated that the agency is committed to operating a thorough and rigorous recruitment procedure, the provision of training and update training and provide members of staff with support and supervision.

As well as comments already included in this report, other comments from staff include "the support I have received from my house manager has been excellent", "the support the management give to staff is really good", "communication and support from my network manager and house manager is really good".

Organisation and running of the business (Standards 22-27)

All the standards within this section have been met.

Recommendations have been made that service user files should be reviewed to ensure they all have the required information as outlined in Appendix F of the National Minimum Standards. The complaints procedure needs to be written in a format that can be understood by service users. In addition, the quality assurance system currently in place should be reviewed to ensure it extends to formally involving service users, relatives, other professionals and provides a published outcome. Whilst independence is covered within the training remit, at present, the agency does not have a policy or procedure on how autonomy and independence are to be maintained and this should be developed and included in the policies and procedures file.

Discussions with service users were very positive and reflect, not only that the organisation is run in a professional manner, but that the carers are friends and supporters with whom excellent and close relationships have been built up. Relatives spoken with offered only praise for the management of the agency and one relative commented "I have had

experiences with other agencies so I have comparisons – this agency is marvellous, totally marvellous”.

Overall, the inspection was positive and provided an opportunity to assess the agency against the National Minimum Standards. The management team were cooperative and demonstrated a willingness to ensure any areas highlighted were addressed promptly. The agency is professional in its dealings and clearly ensures a high quality service is provided.

Requirements from last Inspection visit fully actioned?

NA

If No please list below

CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS)	Met (Yes / No)

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2002 and the National Minimum Standards and the relevant Section of the Children's Act 1989. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Regulation	Standard *	Requirement	
1	14(9)	DO8	Risk assessments must be carried out on the use of cot sides, which are reviewed monthly and any decision to use cot sides must only be taken as part of a multi-disciplinary decision	30.11.04
2	14(9)	DO14	The abuse procedure must be reviewed to ensure it meets with the requirements of the Department of Health's document "No Secrets" and must provide clear guidance to staff on the actions that must be taken should an incident of abuse occur or be suspected	30.11.04
3	16 & 14(9)	DO18 DO13	The staff Code of Conduct must include instructions on gifts and gratuities making it clear that individual gifts are not acceptable from service users, given their needs, although gifts of a small monetary value can be accepted from relatives so long as the agency's procedure is followed. In addition, instructions must be included on :- use of loyalty cards, gambling syndicates, selling or disposing of service user's goods, incurring liability on behalf of service users and taking unauthorised pets or people into individual homes.	30.11.04

4	21	DO27	The current quality systems must include a mechanism for obtaining service user feedback and have a published outcome	31.03.05
5	14(7)	DO10	The manager to review all medication policies and rewrite when necessary to reflect current and correct procedures in the handling of all medications and to include current guidance from the Royal Pharmaceutical Society of Great Britain on the control of medicines in care homes.	30.11.04
6	14(7)	DO10	The manager to ensure that all medication is securely and safely stored within the home.	30.11.04
7	14(7)	DO10	The manager to ensure that all medication administration records are accurate, complete and signed at the time of administration. A clear record of medicines received and disposed of must also be made. A more up to date recording format preferably computer generated from the community pharmacist would facilitate this.	30.11.04
8	15(2)(a)	DO10	The manager to provide certificated medication handling training for all relevant staff.	30.11.04
9	14(7)	DO10	The manager to ensure the practice of secondary dispensing ceases immediately.	30.11.04

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s). The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Refer to Standard *	Good Practice Recommendations
1	DO1	A format for the Service User guide which can be understood by the service users within this service should be produced. Similarly, a user-friendly Terms of Residency for each home may be useful
2	DO17	A recruitment and leavers checklist should be developed to ensure all the required documentation is obtained prior to commencement of employment and prior to leaving employment
3	DO19	Staff should be provided with the General Social Care Council's Code of Practice

4	DO17	A full employment history should be obtained from any prospective employee
5	DO24	Staff files should be organised and separated into individual sections. Consideration should be given to separating off the training files
6	DO21	The current system for supervision should ensure that the evening/night staff who has not received supervision has this addressed
7	DO27	The current quality assurance system should develop a system that demonstrates service user involvement and also provides a published outcome report
8	DO26	The complaints procedure should be in a format that can be understood by all the service users who use the agency
9	DO10	Patient information leaflets should be obtained for all medication kept within the home for information and staff training.
10	DO10	The manager to gain informed consent from all service users for staff to administer medication.
11	DO10	A formal system of double-checking all medication administration records should be developed.
12	DO10	The staff should see all prescriptions prior to the pharmacist dispensing to help create a clear audit trail of medicines.

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 3-letter prefix e.g. DO10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct observation	YES
Indirect observation	YES
Sampling	YES
• Pre-Inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Other (specify)	NO
'Tracking' care and support	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Domiciliary Care staff survey	YES
Relatives/significant other survey/feedback	YES
Visiting professionals' survey/feedback	YES
Tour of agency premises	YES
Formal interviews	NO
Document reading	YES
Additional inspection information	
No. of service users contacted	10
No. of relatives/significant others with whom inspectors had contact	4
No. of letters received in respect of the service	14
Method of contact (post or visit or phone)	All
CRB check responsible individual seen	YES
CRB check manager seen	YES
Certificate of registration was displayed at the time of inspection	YES
The certificate of registration accurately reflected the situation in the service at the time of the inspection	YES
Total number of care staff with nursing qualifications employed	1
Total number of care staff employed (excluding managers)	73
Date of inspection	06/09/04
Time of inspection	10.00
Duration of inspection (hrs)	12

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

4 - Standard Exceeded	(Commendable)
3 - Standard Met	(No Shortfalls)
2 - Standard Almost Met	(Minor Shortfalls)
1 - Standard Not Met	(Major Shortfalls)

"0" in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable on this occasion.

"X" is used where a percentage value or numerical value is not applicable.

Please note the following standards do not apply to employment agencies who are solely introducers of workers:

4
5.2
5.3
6.3
6.4
7
10.8
10.9
11 to 16
18 to 21
24.1 bullet points 2, 5 and 9
24.3
24.4
27.3 bullet points 1 and 2

User Focused Services

The intended outcomes for the following set of standards are:

- 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.
- 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.
- Service users, their relatives and representatives know that the agency providing the personal care service has the skills and competence required to meet their care needs.
- 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.
- 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.
- 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.

Standard 1 (1.1 – 1.4)

The registered person produces a Statement of Purpose and a Service User’s Guide for current and prospective service users and their relatives. The contents of the Statement of Purpose are listed in Schedule I of the Regulations. The contents of the Service User’s Guide must include those items listed in Regulation 5. The Service User’s Guide contains up to date information on the organisation setting out the aims, objectives, philosophy of care and parameters of the service provided, including terms and conditions. Also, the certificate of registration is prominently displayed at all times so as to be readily and easily seen in accordance with the Section 28(I) of the Care Standards Act.

Key findings/Evidence	Standard met?	3
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The Team Manager confirmed, as did examination of the relevant documents, that the Statement of Purpose and Service User Guide provide information as required under this standard.

Discussion took place regarding the difficulties in ensuring the service users who receive the domiciliary service have appropriate information, in a format suitable to them, and this is something the agency is looking to develop in the future.

Standard 2 (2.1 – 2.6)

A domiciliary care needs assessment regarding new service users is undertaken, prior to the provision of a domiciliary care service (or within 2 working days in exceptional circumstances), by people who are trained to do so, using appropriate methods of communication so that the service user and their representatives, are fully involved.

Key findings/Evidence

Standard met?

4

Shared Approach receives referrals for their service as a result of service users taking up tenancy/supported living status in the local community. Social Services are informed of vacancies within the homes and subsequent referrals are usually made by phone by the social worker involved. At this point basic information is gained and a meeting arranged to enable further and fuller information to be gained over any specialist needs and expectations of the service user.

The social worker and service user are invited to visit the property and to meet with others in the home, thereby making an initial impression from which an extended visit can be planned and to gain feedback from other service users in the home regarding their impression and issues around compatibility.

If the decision is made that a trial placement is to be organised, the social worker, service user and any relatives are involved in arranging a trial visit. At this point, funding is agreed with the funding authority and a series of introductory meetings are planned. These may take the format of an initial meal at the home, an evening meal, an overnight stay and a longer, perhaps weekend, stay.

The agency operates a 4 week “getting to know you” period which enables a fuller assessment and feedback on the placement to be obtained. During this time, there is ongoing support and feedback from the House Manager and named Network Manager to ensure a comprehensive overview of the placement is made and to provide ongoing support to the new service user, others in the home and staff. It is during this period that changes, concerns, and so on are highlighted and further assessment undertaken, if needed.

Examination of service user files evidenced that comprehensive assessments are obtained on individual service users.

Discussions with staff also confirmed that the above process takes place.

Standard 3 (3.1 – 3.4)		
The registered person is able to demonstrate the capacity of the agency to meet the needs (including specialist needs) of individuals accepted by the agency.		
Key findings/Evidence	Standard met?	4
<p>From examination of staff training files, discussions with the training manager and staff on duty, and from feedback cards from individual members of staff, it was clearly evidenced that the agency has a positive ongoing commitment to ensuring staff receive the appropriate training to undertake the work they are to perform.</p> <p>it was also evidenced that staff are provided with guidance and instruction on current good practices within this care setting and have access to support from their house and network managers.</p> <p>A number of service users were spoken or returned comment cards and all feel they are treated well and looked after by the staff within the agency.</p> <p>From visiting two homes within the scheme, it was seen that appropriate aids and adaptations have been made which enable staff to support the service users appropriately and with dignity.</p> <p>Feedback from parents was also very positive regarding the skills of staff within the agency, with comments including “staff have lots of patience”, “cannot praise the staff high enough”, “staff are very caring and competent”.</p>		

Standard 4 (4.1 – 4.3)		
Each service user is issued with a written contract (if self-funding) provided by the agency within seven days of commencement of the service.		
Key findings/Evidence	Standard met?	3
<p>Contracts/Tenancy Agreements were seen on file and are usually signed by the service users appointee or responsible individual and is made between the responsible parties. It was recommended that there may be a need to provide service users with their own individual terms of residency information in a style suitable for those people who have limited literacy skills.</p> <p>Each contract is based on an individual basis dependent on the needs of the service user and level of support required.</p> <p>The Network Manager confirmed that all service users have their individual contract explained to them verbally and it was recommended that this be recorded on their file. .</p>		

Standard 5 (5.1 – 5.5)		
Care and support staff respect information given by service users or their representatives in confidence and handle information about service users in accordance with the Data Protection Act 1998 and the agency’s written policies and procedures and in the best interests of the service user.		
Key findings/Evidence	Standard met?	3
<p>The agency has a written Data Protection Policy which is included in the policies and procedures file held in each property.</p> <p>Staff have confirmed, both verbally during discussions and from written feedback, that they understand how to handle information given to them both by the agency and from the individual service users, and know when to discuss concerns with their house manager.</p> <p>The agency is aware of the need to protect information and has the appropriate equipment and storage facilities to do this.</p>		

Standard 6 (6.1 – 6.7)		
Staff are reliable and dependable, are able to respond flexibly to the needs and preferences of service users which arise on a day-to-day basis and services are provided in a way that meets the outcomes identified in the care plan.		
Key findings/Evidence	Standard met?	4
<p>Comment cards received from service users indicate that they feel the service is flexible, staff arrive on time and they have the same care worker on a regular basis. Staff confirmed via comment cards that they have been provided with what to do should they be unable to get to the service user on time.</p> <p>Staff confirmed that a handover occurs at the start of each shift, when information is passed on to the next staff members on duty.</p> <p>The network managers in the agency are aware of individual needs of service users and adhere to continuity of care and support to ensure needs are met. From discussions, the managers undertake to ensure cover to provide care services should a member of staff be absent through sickness or training.</p> <p>Where staff support a service user who has behaviours which are challenging, the network managers confirmed that as many staff as possible are trained so that, if additional cover is required (through sickness or other absences) staff are aware of how to support the individual concerned. This also enables a back up to be provided should the manager feel staff are needing to have a break through stress.</p> <p>Staff also confirmed that they are provided with clear instructions about the job they are expected to undertake and the particular needs of the individual service user.</p> <p>Relatives of the service users spoken with confirmed that their experience of communication by the individual house staff is “excellent” and they are kept fully informed of any changes or issues relating to care.</p>		

Personal Care

The intended outcomes for the following set of standards are:

- 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.
- Service users feel that they are treated with respect and valued as a person and their right to privacy is upheld.
- Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
- 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.

Standard 7 (7.1 – 7.7)

A personal service user plan outlining the delivery arrangements for the care is developed and agreed with each service user, which provides the basis for care to be delivered and is generated from the care needs assessment, (Standard 2) service user plan, risk and manual handling risk assessment (Standard 12) and the service contract or statement of terms and conditions. (Standard 4)

Key findings/Evidence	Standard met?	4
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Care plan files seen during visits to the homes were comprehensive and provided in-depth information and support to enable service users to be supported in an individual and appropriate manner. The files are written in a narrative style and easy to read and understand. The files also include individual and specialist support, communication methods and risk assessments.

Service users are included in developing their own individual plan of care but it was recommended that, where possible, service users should sign their own care plan. The care plan can be accessed within the home and service users have access to their own care plan, if needed.

Each file is reviewed on an annual basis and confirmation was received from relatives that they are invited to review meetings and/or kept informed of any changes made. In addition, the named social worker or other professionals are invited to the review meetings but, unfortunately, rarely attend.

One strength of the agency is that it has a range of staff, both within the management structure and within the staff team, that are familiar with methods of providing support to those service users who may be abusive, challenging or cause harm or self-harm. There are clear risk assessments in these cases and clear instructions to providing the care to be provided. In such cases, the management team ensure that sufficient staff are on duty to provide the care needed.

Staff have confirmed in comment cards received that they are never asked to care for people outside their area of expertise and, as well as being given clear instructions on how to provide care, there is always either a senior member of staff or other experienced members

of staff on duty to seek advice and guidance from.

Standard 8 (8.1 – 8.5)

Personal care and support is provided in a way which maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times with particular regard to assisting with:

- dressing and undressing
- bathing, washing, shaving and oral hygiene
- toilet and continence requirements
- medication requirements and other health related activities
- manual handling
- eating and meals
- handling personal possessions and documents
- entering the home, room, bathroom or toilet

Key findings/Evidence

Standard met?

4

From observations during the house visits, discussion with two service users, and from comment cards received, it was evidenced that service users are provided with care in a dignified manner which respects their need for privacy.

Staff confirmed that they are instructed to always knock on doors prior to entering an individual service user's room.

The fact that the staff team within each of the homes remains reasonably stable, means that good relationships are developed with each house operating in a homely and family-style manner.

Discussions with relatives also confirmed that they are treated with respect and courtesy by the staff at the home, comments included "I don't feel like I am intruding when I visit", "I am made to feel very welcome"

Comment cards received from staff indicate that they are instructed to address service users by the name they prefer at all times.

Standard 9 (9.1 – 9.9)

Managers and care and support workers enable service users to make decisions in relation to their own lives, providing information, assistance, and support where needed.

Key findings/Evidence

Standard met?

4

From discussions with staff, it was found that service users are encouraged to maintain as much independence as possible, including the handling of finances, although the majority of service users who access Shared Approach require full support in all areas. Through observation and discussion, service users are provided with information on which to make choices in their lives.

As much as possible, staff encourage service users by working alongside them to undertake a range of activities.

It has already been confirmed that service users and their relatives are kept fully informed of the service they receive and information is generally passed on verbally rather than in a written format.

It has been confirmed that service users have access to their own files, on request and that files are maintained in line with the requirements of the Data Protection Act 1998.

Through discussion, it was confirmed that there are no limitations placed on service users, unless through identified risk or in the best interests of the individual service user.

Standard 10 (10.1 – 10.9)

The registered person ensures there is a clear, written policy and procedure which is adhered to by staff and which identifies parameters and circumstances for assisting with medication and health related tasks and identifies the limits to assistance and tasks which may not be undertaken without specialist training.

Key findings/Evidence**Standard met?**

2

The pharmacist inspector visited two premises and the following issues were identified.

Policies, procedures and staff training.

A policy was seen for the handling of medication, this was a general list of statements. The manager is advised to update and re-write this policy with reference to actual required procedures within the home. The manager is also advised to obtain the current guidance from the Royal Pharmaceutical Society of Great Britain on the control of medicines in care homes and incorporate this into the procedures for staff training purposes. It was recognised in the two premises visited (Mountain View and 4 Norton Road) that the staff took total control of the majority of service users medication. The staff are therefore required to obtain "certificated" medication handling training relevant to the needs of the home.

Consent to control medication and/or self-medicate should be obtained from all service users or their designated representative, this is recognised as good practice.

Staff at Mountain View had been appropriately trained to administer rectal diazepam to one service user, district nurses had carried out this training.

Medication administration records (MAR)

The administration records were handwritten and as such several recording inaccuracies were noted, it is advised that the home adopts a "formal" double-checking system that is evidenced on the MAR sheets. The records of administration at Mountain View were all signed and up to date, it was apparent that staff signed the records at the time of administration. The records at 4 Norton Road were not complete, dose omissions without explanation were seen and the handwritten records did not always accurately reflect medication administered.

Neither home accurately recorded the receipt and disposal of medication within the home, this is required for audit trail purposes and should include the date and quantity received and disposed of.

The staff on duty stated that the signed prescriptions from the GP were not always seen prior to the pharmacist dispensing this contributed to excessive stock within Mountain View and again is recommended to help create a clear audit trail. It was recognised that the home should have a greater involvement in the ordering of prescriptions.

Medication storage

In both premises it was recognised that the security of medicine storage was very poor, the manager is required to obtain suitable cupboards that can be securely attached to the wall and of a robust design that would resist forced entry. Medicines requiring cold storage could not be securely kept, the manager is advised to obtain a lockable box that could be kept within the domestic fridge for any medicines requiring refrigeration.

Evidence was seen of staff secondary dispensing medication into incompletely labelled dosage reminder cassettes; This is not recognised as good practice and does not meet the standards for labelling set out by the Medicines Act 1968 and as such the manager is advised to only administer medication from the container supplied by the community pharmacist.

Protection

The intended outcomes for the following set of standards are:

- The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 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.
- The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- Service users are protected and are safe and secure in their home, except for employment agencies solely introducing workers.
- 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.

Standard 11 (11.1 – 11.4)

The registered person ensures that the agency has systems and procedures in place to comply with the requirements of the Health and Safety legislation including:

- Management of Health and Safety at Work Regulations 1999 (Management Regulations)
- Manual Handling Operations Regulations 1992
- Control of Substances Hazardous to Health Regulations (COSHH).
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Health and Safety at Work Act 1974
- Food Safety Act 1990

Key findings/Evidence	Standard met?	4
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It was confirmed that the Managing Director of Shared Approach takes the lead in all matters relating to Health and Safety within both the company and within individual houses. Each house has its own “buildings risk assessment” and appropriate procedures put in place where a risk is identified.

Each house has their own identified health and safety representative, and this was confirmed through discussions with staff on duty.

Health and safety meetings take place quarterly and involve both the Managing Director and all Health and Safety representatives. Staff confirmed that issues have been brought up and dealt with appropriately using this forum and any immediate health and safety issues would be dealt with straight away.

The agency has a range of comprehensive policies and procedures under the health and safety heading that outline both individual and company responsibilities. These include the reporting of accidents, incidents and occurrences as under the RIDDOR (Reporting of Incidents, Diseases and Dangerous Occurrences Requirements) procedures.

Procedures for managing violence and aggressive behaviours are written individually for the service user concerned.

The Training Manager confirmed that Health and Safety forms part of the induction process for new staff and comes under the "Safe Practitioner Training" which takes 2 days of the induction programme, and includes training in First Aid, Fire Safety, Moving and Handling and general Health and Safety issues.

Where equipment is to be used, training is provided in house.

Staff confirmed that, where needed, protective gloves and aprons are provided.

It was confirmed by the Registered Manager that all organisational records relating to health and safety matters are accurately maintained, kept up to date and reviewed.

Standard 12 (12.1 – 12.12)

The registered person ensures that an assessment is undertaken, by a trained and qualified person, of the potential risks to service users and staff associated with delivering the package of care, (including, where appropriate, the risks associated with assisting with medication and other health related activities) before the care or support worker commences work and is updated annually or more frequently if necessary.

Key findings/Evidence

Standard met?

2

Risk assessments are carried out in individual houses a “safe building assessment” and on individual care needs for service users who use Shared Approach, the former by David Sharples (Managing Director) and for service users by David Sharples (Registered Manager).

It was confirmed that the risk assessments include an assessment of risks for service users in maintaining their independence and daily living within the home and the manner in which the risk assessment is undertaken is appropriate to the identified needs of the individual.

A separate moving and handling assessment is carried out and these were seen in individual service user files in the homes visited.

The management of identified risks are discussed at the yearly review meetings or sooner if needed.

A procedure is in place for reporting new risks which may arise, both for service users and within the fixture and fittings of the homes.

It was confirmed that either the Managing Director, Registered Manager or Training Manager undertake risk assessments and, if needed, advice is sought from external specialist organisations.

It was recommended that the contact name and telephone number for any maintenance firm be provided for the equipment in individual homes in case of emergency should a breakdown occur. The Registered Manager confirmed that maintenance of equipment is on a contractual basis with nominated companies.

During visits of the homes, it was noticed that cot sides are being used for two service users. The Registered Manager was advised that these need to be risk assessed, have an individual consent form for use (signed by either the service user or their relative), demonstrate the involvement of a qualified professional in their use and must have a review monthly.

The Registered Manager confirmed that fire drills are not conducted within individual homes, the arrangement being that, where the service user is able, the fire evacuation procedure is explained to the service user and assessed to ensure they understand. This is reinforced on a monthly basis by staff who visit. In properties where the service users are unable to understand what to do should a fire occur, staff are trained as part of the health and safety/induction process.

Through discussion it was confirmed that staff and service users together obtain either cash or their own medications and this is carried out in normal working hours.

The need to work in pairs is identified in individual risk management strategies and staff are

aware of individual “triggers” which may mean assistance is required – in such cases the on-call system is used. Staff confirmed both verbally and via the comment cards received that the on-call system works very well and there is always a senior member of staff available for assistance and guidance 24 hours a day +7 days a week.

There is a policy for the use of mobile phones.

Car insurance is required and staff files evidenced photocopies of individual car insurance policy document, which have been verified.

Standard 13 (13.1 – 13.6)

The registered person ensures that there is a policy and there are procedures in place for staff on the safe handling of service users' money and property covering:

- payment for the service/ service user's contribution (if appropriate)
- payment of bills
- shopping
- collection of pensions
- safeguarding the property of service users whilst undertaking the care tasks
- reporting the loss or damage to property whilst providing the care

And guidance on NOT:

- accepting gifts or cash (beyond a very minimal nature)
- using loyalty cards except those belonging to the service user
- making personal use of the service users property, e.g. telephone
- involving the service user in gambling syndicates (e.g. national lottery, football pools)
- borrowing or lending money
- selling or disposing of goods belonging to the service user and their family
- selling goods or services to the service user
- incurring a liability on behalf of the service user
- taking responsibility for looking after any valuable on behalf of the service user
- taking any unauthorised person (including children) or pets into the service user's home without permission of the service user, their relatives or representative and the manager of the service

Key findings/Evidence

Standard met?

2

Financial matters are included in the policies and procedures of the agency and also covered in the Code of Conduct and within the induction period.

It was advised that the policy on gifts and gratuities makes it clear that individual gifts are not acceptable from service users, given their needs, although gifts of a small monetary value can be accepted from relatives so long as the agency's procedure is followed.

A number of issues are required to be added to the Code of Conduct, which include:- use of loyalty cards, gambling syndicates, selling or disposing of service user's goods, incurring liability on behalf of service users and taking unauthorised pets or people into individual homes.

There is a policy on involvement in service user's wills and bequests.

The abuse procedure requires re-writing to ensure it provides clear instructions to staff at all levels and incorporates the guidance in the Department of Health's Document "No Secrets".

It was confirmed that all financial transactions are recorded for individual homes.

The Registered Manager confirmed that the Managing Director would have responsibility to ensure that a register is maintained to register any interest or involvement with any other separate organisation, as outlined in this section of the standard.

Standard 14 (14.1 – 14.8)

Service users are safeguarded from any form of abuse or exploitation including physical, financial, psychological, sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment through deliberate intent, negligence or ignorance in accordance with written policies and procedures.

Key findings/Evidence

Standard met?

3

The Pre-Inspection questionnaire confirms that a policy and procedure for the reporting of suspected abuse (whistle blowing) is in place and discussions with staff on duty confirmed there is a clear understanding of what constitutes abuse and the steps to be taken should any abuse be suspected. Positively, staff understood when asked specifically their understanding of “whistle blowing”.

Through discussions with staff and management, any concerns or incidents are dealt with appropriately, following the company procedures.

The Registered Manager is aware that the policy and procedure for abuse should be reviewed to ensure it meets with the requirements of the Department of Health’s document “No Secrets”.

Training on prevention of abuse and what constitutes abuse is provided to staff both within the induction programme and through ongoing National Vocational Qualification (NVQ) and Learning Disability Awards Framework (LDAF) training.

Where specific physical intervention is required, specialist training is provided to staff. Staff confirmed that they had received such training. At present, such training is not certified. Training on the administration of rectal diazepam is done by the District Nurse and certified and protocols for such administration are produced on an individual basis.

The Registered Manager is aware of his responsibility under the Protection of Vulnerable Adults (POVA) requirements.

Standard 15 (15.1 – 15. 4)

Care and support workers maintain the security and safety of the home and the service user at all times when providing personal care.

Key findings/Evidence

Standard met?

3

The service provided by staff at Shared Approach mean that a full 24 hour domiciliary service is provided by a team of staff. As such, the protocols within the standard are adapted, as follows:-

Staff on duty are known to the service users and changes of staff are expected at shift changes.

Key holding is maintained by the service users and staff within the properties.

There are no coded entries for the properties.

Should alternative entries be required, this would be discussed between the service users, staff and network manager.

Staff confirmed they are aware of the steps to take should they be unable to gain entry.

Normal security is in place within each home.

Staff are aware of the need to report and record accidents and an accident book was examined during this inspection.

For other emergency situations, the staff would contact the senior person on-call.

Each member of staff is supplied with an identity card, each with their photograph, name, name of the agency and written in large print. The Registered Manager confirmed these would be handed in when employment ceases with the agency. Comment cards received from staff confirmed that they have been supplied with photographic identity cards.

Standard 16 (16.1 – 16.5)

With the users consent care or support workers record on records kept in the home of service users, the time and date of every visit to the home, the service provided and any significant occurrence. Where employed by the agency, live in care and support workers complete the record on a daily basis. Records include (where appropriate):

- assistance with medication including time and dosage on a special medication chart (See Standard 10)
- other requests for assistance with medication and action taken (See Standard 10)
- financial transactions undertaken on behalf of the service user (See Standard 13)
- details of any changes in the users or carers circumstances, health, physical condition and care needs
- any accident, however minor, to the service user and/or care or support worker
- any other untoward incidents
- any other information which would assist the next health or social care worker to ensure consistency in the provision of care

Key findings/Evidence

Standard met?

3

As the agency provides 24 hour ongoing support, the members of staff who attend the individual properties record their attendance in a communication book and via their own rotas. An example of one service user who does not wish to have records in his own home was discussed with the Registered Manager who was advised to record this on the individual care plan. As the service user would not be able or willing to sign a statement confirming his refusal to keep documents, the Registered Manager was also advised to record this too.

All the records required under this standard are maintained within the individual properties, including medication administration records, records of financial transactions, accident records, incidents and other information would be recorded in the appropriate care plan or communication book.

When it has been necessary to use one of the Physical Intervention techniques, the Registered Manager confirmed these are timed, recorded and kept on file.

Within the access to files policy, service users would be able to access information, if needed.

All records seen were legible, factual, signed and dated and kept in the office in the home.

Records are held for 3 years by the agency.

Managers and Staff

The intended outcomes for the following set of standards are:

- The well-being, health and security of service users is protected by the agency's policies and procedures on recruitment and selection of staff.
- Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

Standard 17 (17.1 – 17.9)

There is a rigorous recruitment and selection procedure which meets the requirements of legislation, equal opportunities and anti discriminatory practice and ensures the protection of service users and their relatives.

Key findings/Evidence	Standard met?	4
<p>From examination of eight staff files, comment cards received from both staff and relatives, it was evidenced that this agency conducts a rigorous recruitment and selection procedure. The staff files examined evidenced – application forms, interview records, copy of documentary evidence (driving licence, passport) and separate photograph to confirm identity, health declaration, two references, copies of certificates and a copy of the terms and conditions (issued after 6 months).</p> <p>Confirmation was seen that a formal application form is completed, along with an equal opportunities and health declaration by the prospective employee. The application form also invites staff to confirm they have no criminal convictions or to provide a statement of any criminal convictions they may have. It was advised that the application form should enable a full employment history to be provided and not, as at present, only the previous 5 years.</p> <p>Two managers from the agency then short-list the candidates and a formal interview date is then set.</p> <p>A formal interview is conducted by two managers and a record of responses to questions asked is kept. It is at this stage that any queries/gaps in employment history on the application form are clarified.</p> <p>If the candidate is successful, two references and Criminal Records Bureau Disclosure check are sent for. It was confirmed that a reference from the previous employer is always sought.</p> <p>If all these documents are satisfactory a start date is arranged.</p> <p>Comments made by relatives of service users confirmed that they all felt the recruitment of staff for the agency is satisfactory. One relative stated that the agency “don't just take</p>		

anybody on”.

New staff undertake probationary period, with a review at 3 months and a final probationary review at 6 months. If successfully completed, a contract of employment is then issued.

During this inspection, the Criminal Records Bureau Disclosure checks for all staff employed were seen.

All staff are issued with a Code of Conduct. It was advised that all staff should be provided with a copy of the General Social Care Council’s Code of Practice for Care Workers.

It was also noted that the staff files examined were somewhat fragmented and information was not in an ordered fashion. The agency were advised to address this.

It was advised that a recruitment checklist should be implemented to ensure that all the necessary documentation is obtained for new staff. Similarly, it was advised that a leavers checklist should be introduced so that, for example, the photograph identity card can be recovered on the day the person leaves the employment of the agency.

Comment cards received from staff were positive about the recruitment by the agency – one comment stated “Their support and recruitment is excellent – they are easily approachable and I would not hesitate to say that they are one of the best employers I have had”.

Standard 18 (18.1 – 18.8)

All managers and staff are provided with a written job description person and work specification, identifying their responsibilities and accountabilities and with copies of the organisations’ Staff Handbook and grievance and disciplinary procedure.

Key findings/Evidence

Standard met?

3

A sample of job descriptions and person specifications were seen during the inspection and confirmation was received from staff comment cards that they have all received these documents.

Under the Code of Conduct, staff are required to notify their manager of any new criminal offence that may have been committed.

During the inspection, discussion took place with the Registered Manager in respect of any incidents or allegations and it was confirmed that these are dealt with under the disciplinary procedure, with appropriate action being taken, if needed. A record would be made of any such action on the individual personnel file.

The Registered Manager is aware of the need to report staff under the POVA requirements.

Standard 19 (19.1 – 19.10)

The registered person ensures that there is a staff development and training programme within the agency, reviewed and updated annually, which meets the workforce training targets of the Training Organisation for Personal Social Services, and ensures staff are able to fulfil the aims of the agency and meets the changing needs of service users, their relatives and representatives.

Key findings/Evidence

Standard met?

2

The agency provides a structured and organised training programme which includes –

New staff undertake an assessment to enable the Training Manager to ascertain their previous level of learning so that an individualised induction training programme can be planned.

All new staff receive two separate inductions – one within the house setting and includes time shadowing an experienced member of staff, training in policies and procedures, and practical training – first aid, fire safety, health and safety. The second induction is called a “Safe Practitioner Training” and is provided by an external training body. This training covers 2 days and includes Health and Safety, First Aid, Moving and Handling, Food Hygiene. Staff have to complete a workbook which covers 8 different tasks and these can be completed at the office or in the person’s own time.

New staff are also encouraged to undertake the Learning Disability Awards Framework (LDAF) Induction Training but this is usually not undertaken until the person has been in post for over 6 weeks.

Experienced staff are encouraged to undertake the National Vocational Qualification training or further training within the LDAF framework.

Should staff be required to change location to another house, they undertake a basic 2-3 shifts shadowing existing staff to get to know the routines, read pen pictures and strategies.

Specialist training is also provided by an appropriately trained person and includes the District Nurse and Community Nurse providing Stoma Care, Catheter Care and Rectal Diazepam administration – all these being certified training courses from which staff receive a certificate to confirm their competence. Copies of certificates were seen on staff files.

Additional Physical Restraint Training is provided in house by the Registered Manager who is trained to do this. At present, this is not a certified training course.

The agency are looking to access a Safe Handling of Medication course for lead people which can then be cascaded to other staff.

Confirmation was received that although there is not a dedicated training budget, training requests are always met. A training projection for 2005-2006 is to be formalised and submitted.

The Training Manager maintains a list of training needs and where refresher and update training is required but is looking to develop the computer system to enhance the current records.

Staff files evidenced records of training undertaken and the Training Manager was advised that individual training topics should be signed when each one is completed rather than the

whole sheet.

Staff spoken with and those who responded by providing comment cards all indicate they have received both induction and ongoing training. One member of staff commented “the training we are provided with is of a very high standard”.

Standard 20 (20.1 – 20.7)

All staff in the organisation are competent and trained to undertake the activities for which they are employed and responsible.

Key findings/Evidence

Standard met?

2

The Training Manager confirmed that a programme of National Vocational Training is ongoing but, as with other agencies, Shared Approach is having difficulty accessing courses due to demand. Learning Disability Awards Framework (LDAF) training is also ongoing and staff are encouraged to undertake this City and Guilds Registered award.

It is anticipated that the agency will achieve the 50% quota of staff trained to NVQ Level II by 2008.

Training records were seen during the inspection and it was advised these could be better organised in one central point.

It was confirmed that the management team have a range of professional qualifications which include – NVQ Level IV in Care, Diploma in Management, Registered Manager’s Award, Certificate in Teaching Adult Learners’ Certificate and one newly appointed Network Manager is currently undertaking NVQ Level III and the Institute of Management Certificate Level III.

The management team access ongoing training which has included – VOISE Conference attendance as part of their continued professional development portfolios, additional training is accessed on an individual basis.

Discussions with relatives of service users confirmed that they feel staff are competent to undertake the care of the service users.

Standard 21 (21.1 – 21.6)

All care and support staff receive regular supervision and have their standard of practice appraised annually.

Key findings/Evidence

Standard met?

3

Supervision of the three Network Managers is provided by the Managing Director, although the management team are currently reviewing the management arrangements of the agency.

The three Network Managers supervised a number of house managers within their designated area, who in turn supervise the staff at each individual home.

As the agency provide 24 hour care to service users, there is the opportunity for house managers to observe practice direct and provide advice, guidance and supervision should any areas be of concern.

Discussions with staff and from comment cards received confirm that regular meetings take place within the homes and these are generally held on a monthly basis.

The Training Manager confirmed that most house managers have undertaken some management training and have had additional training in undertaking staff appraisals and supervision. Obviously there is a need for those who have not undertaken this training to do so.

A new appraisal system has just been introduced which is initially a self-appraisal for staff to complete and based around the ordinary life principles and, from this, training needs will be identified.

Comment cards received and discussions with staff indicate that staff are provided with one-to-one supervision, which is planned and recorded. In addition, their practice is observed. However, one card was received which indicated that that evening/night worker had not received the same level of supervision and support and this should be addressed.

Organisation and Running of the Business

The intended outcomes for the following set of standards are:

- Service users receive a consistent, well managed and planned service.
- The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 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.
- Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- The service is run in the best interests of its service users.

Standard 22 (22.1 – 22.6)

The business operates from permanent premises and there is a management structure in place, including clear lines of accountability, which enables the agency to deliver services effectively on a day to day basis, in accordance with the agency's business plan.

Key findings/Evidence	Standard met?	3
<p>The office for Shared Approach is a dedicated, single-storey building with a range of offices rooms, two meeting/training rooms, and other facilities and equipment which evidence the premises are suitable and designed to reflect an organised service.</p>		
<p>There is a clear management structure, whose roles and responsibilities are currently under review, which encompasses the Managing Director, the Registered Manager (who also acts as a Network Manager) and two other Network Managers. Each house has its own House Manager who are responsible for the running of that particular home.</p>		
<p>No concerns were raised either from discussions or comment cards received from service users, relatives or staff over the staffing levels in each home.</p>		

Standard 23 (23.1 – 23.5)		
The registered person ensures sound accounting and other financial procedures are adopted to ensure the effective and efficient running of the business and its continued financial viability.		
Key findings/Evidence	Standard met?	3
Discussions with the administrator of the agency confirmed that individual managers undertake a costing exercise when a new service users is to be admitted to the agency and/or should a review of support be needed.		
The Registered Manager confirmed that the agency's accounts are audited on a yearly basis by an independent accountant.		
An appropriate insurance certificate was seen on display in the office.		

Standard 24 (24.1 – 24. 4)		
The agency maintains all the records required for the protection of service users and the efficient running of the business for the requisite length of time including:		
<ul style="list-style-type: none"> • financial records detailing all transactions of the business • personal file on each service user* • personnel files on each member of staff • interviews of applicants for posts who are subsequently employed • accident report record (see Standard 11.4)* • record of incidents of abuse or suspected abuse (including use of restraint) and action taken (see Standards 14 and 18.9) • record of complaints and compliments and action taken (see Standard 26) • records of disciplinary and grievance procedures (see Standard 18) • records kept in the home of service users (see Standard 16)* 		
(* except for employment agency solely introducing workers)		
Key findings/Evidence	Standard met?	3
It has been evidenced that the agency keeps all the required records as indicated in this standard. The Registered Manager was advised to ensure that all the required records on individual service users are being fully maintained.		
All confidential records are kept secure in the main office. Personal records relating to the care of service users are kept in the individual homes.		
The Registered Manager confirmed that service users are made aware, verbally, of their right to have access to their own file. During one visit, the inspectors noted that the service user was asked if the inspector could read her personal file.		

Standard 25 (25.1 – 25.2)

The agency implements a clear set of policies and procedures to support practice and meet the requirements of legislation, which are dated, and monitored, as part of the quality assurance process. The policies and procedures are reviewed and amended annually or more frequently if necessary. (See Appendix G – Policy & Procedures)

Key findings/Evidence

Standard met?

3

The Pre-Inspection questionnaire confirms that the agency has the required range of policies and procedures and these were evidenced in the policies and procedures file held in the homes and these are reviewed on a regular basis and amended when necessary.

Discussions with staff confirmed that are aware of the various policies and procedures and the provision of a complete set in each home provides an instant reference point should there be any queries.

Standard 26 (26.1 – 26.7)

The registered person ensures that there is an easily understood, well publicised and accessible procedure to enable service users, their relatives or representative to make a complaint or compliment and for complaints to be investigated.

Key findings/Evidence**Standard met?**

3

The agency has a complaints procedure but it needs to be in a format suitable for the service users to understand was discussed with the Registered Manager.

The complaints procedure has a timescale for process.

Both management and hands-on staff discuss the care provided with the service users and their relatives and appropriate action taken should any issues or concerns be raised. Discussions with two relatives confirmed that they have raised concerns that were dealt with promptly and satisfactorily by the management team.

The Registered Manager confirmed that should a complaint be received from a service user they would be supported and kept informed of what was happening and be provided with a formal response. Any complaints would be recorded and analysed.

No. of complaints during last 12 months	0
No. of complaints fully substantiated	0
No. of complaints partly substantiated	0
No. of complaints not substantiated	0
No. of complaints not yet resolved	0
No. of complaints sent to CSCI	0
Percentage of complaints responded to within 28 days	0 %

Standard 27 (27.1 – 27.6)

There is an effective system for Quality Assurance based on the outcomes for service users, in which standards and indicators to be achieved are clearly defined and monitored on a continuous basis by care and support staff and their line managers.

Key findings/Evidence

Standard met?

2

The quality assurance system within the agency was discussed with the Registered Manager who confirmed that all legislation and current good practices are incorporated into the existing quality assurance system.

It is acknowledged that a system for involving service users in the quality assurance process needs to be developed, although currently the key worker is used as an advocate in monitoring care provided by the agency.

Other aspects of this standard require implementing by the agency.

Comment cards received from staff members indicate that feedback is obtained via the team meetings which take place on a monthly basis.

PART C COMPLIANCE WITH CONDITIONS
(where applicable)

Providers and managers must comply with statutory conditions of their registration. The conditions applying to this registration are listed below, with the inspector's assessment of compliance from the evidence at the time of this inspection.

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector	_____	Signature	_____
Second Inspector	_____	Signature	_____
Locality Manager	_____	Signature	_____
Date	_____		

C.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the Inspection conducted on 6th September 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

We are working on the best way to include provider responses in the published report. In the meantime responses received are available on request.

Action taken by the CSCI in response to provider comments:

- Amendments to the report were necessary
- Comments were received from the provider
- Provider comments/factual amendments were incorporated into the final inspection report
- Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate

Note:

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

C.2 Please provide the Commission with a written Action Plan by 16th November 2004 , which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

Status of the Provider’s Action Plan at time of publication of the final inspection report:

- Action plan was required
- Action plan was received at the point of publication
- Action plan covers all the statutory requirements in a timely fashion
- Action plan did not cover all the statutory requirements and required further discussion
- Provider has declined to provide an action plan
- Other: <enter details here>

Public reports

It should be noted that all CSCI inspection reports are public documents.

C.3 PROVIDER'S AGREEMENT

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

C.3.1 I _____ of Shared Approach Limited confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date and that I agree with the statutory requirements made and will seek to comply with these.

Print Name _____

Signature _____

Designation _____

Date _____

Or

C.3.2 I _____ of Shared Approach Limited am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date for the following reasons:

Print Name _____

Signature _____

Designation _____

Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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