



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Shared Approach Limited

**Parkside House
Moss Lane
Garstang
PR3 1HE**

Lead Inspector
Mrs Joy Howson-Booth

Unannounced Inspection
28 September 2006 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	Shared Approach Limited
Address	Parkside House Moss Lane Garstang PR3 1HE
Telephone number	01995 601701
Fax number	01995 600620
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Shared Approach Limited
Name of registered manager (if applicable)	Mr David Sharples
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

1. The agency shall at all times employ a suitably qualified and experienced manager who is registered with the National Care Standards Commission.
2. The agency may only provide care to the following categories of service user:-
 - Older People
 - Adults with Mental Health Problems
 - Adults with a Learning Disability
 - Adults with a Physical Disability
 - Adults with a Sensory Impairment

Date of last inspection 30th August 2005

Brief Description of the Service:

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. In 2004 the agency was formally registered with the Commission for Social Care Inspection to provide domiciliary care in Garstang and its surrounding areas.

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

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.

The range of fees charged for a domiciliary service depends on an assessment by the agency. The agency charges £12.30 per hour. Further details over fees can be obtained from the registered manager of the agency.

SUMMARY

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

A summary of the inspection for the service users of the service can be found following this main summary.

This is the first inspection and was unannounced so the service users, managing director, registered manager, other managers and staff did not know the inspector was visiting. The site visit is one part of the inspection of the agency to make sure people are being cared for properly in their own homes.

The site visit to the main office took place over one day and gave an opportunity to read the agency's records and speak with the managers. A further two days was taken to visit service users in their own home. A short visit was made to the agency's office to tell them what the inspection had found.

The visits to service users own homes included taking time to sit and speak with service users, observing staff on duty performing the day-to-day routines, speaking with staff and examining paperwork held in the homes.

Comment cards were also sent to service users, care staff and relatives. Quite a number of these were sent back. Overall, people who responded were satisfied with the care provided and the way the agency supported them, although some comment cards raised issues which were looked into during the home visits and also spoken about with the management team.

Other written information was also supplied from the agency.

The visits to the agency and to people in their own homes were very enjoyable and helpful. All the homes had a relaxed and welcoming atmosphere, with service users and staff seeming to enjoy giving their opinions about the agency.

Shared Approach has been assessed as an excellent agency, although two areas where they need to improve have been found. As well as this, the information gained at the different houses and from comment cards have been talked about with the managers with some recommendations being made. The management team have provided assurance that these will be addressed as it is the aim of the agency to continue to meet the standards set by the Commission.

What the service does well:

The agency still provides a full service, which aims to meet the varied and individual client needs. The agency has a good support network which makes sure staff are kept informed and supported. Staff said that there is always one of the managers to provide them with guidance if needed, and the 24-hour 7-day a week on-call system works well.

In line with the agency's policies and procedures, Shared Approach tries to make sure that there is equal care given to all the service users, considering their individual choices and preferences, and given equal support to all, irrespective of their race, gender, disability, sexuality, age, religion or beliefs.

Clients are supported by staff in their own homes. From talking with staff there is a good understanding that they are working in someone's own home and respect this. Where necessary, the agency will speak up for the individual service user or they will ask for someone else outside of the agency to do this.

A growing number of service users, who live with their families, are supported to access specific activities in their community. The agency sees this as a means of getting to know the person so that if they then decide to live in a rented home the agency knows about their needs and can provide good support. Comment cards received from relatives were positive and included "I am quite happy with the way Shared Approach are treating my relative, they are very helpful".

There is equal consideration given to all prospective employees and there are male, female, and overseas staff, between the ages of 18 and 65 years working within the agency.

The agency continues to have a positive approach to training its staff and makes sure that new staff are given training about their role, the agency and the service users they are to help. The agency has a named training manager who makes sure everyone gets the training they need. 28 members of staff have achieved the Learning Disability Awards Framework (LDAF) training and, in addition, over 18% of its staff are trained to National Vocational Qualification (NVQ) standards; with a further 4 members of staff doing this training at present. This means that service users are increasingly being cared for by suitably trained staff. Staff comment cards included "I have been on various training courses which have helped me improve as a support worker".

Comment cards received again talked about the support and work done by the house managers and network managers. Comments included: "management is always very accessible"; "management are always very friendly to staff and clients alike"; "the agency are willing to listen to staff and clients and make changes if needed"; "I have worked for the agency for a long time and have been happy, confident and well supported in my role. Any problems are

resolved quickly and effectively and the lives of the service users are continually improving”.

When asked what things the agency does really well, again very good comments were given. These included : I do believe we provide good care and have an interest in maintaining choice for our clients which provides for a high quality of lifestyle”, “I’m sure there is always room for change but I think the agency works well”; “the agency not only cares for the users but they care for staff as well. If staff have anything to say they always have time for you”; “improving the quality of life for service users is paramount, and the agency are constantly looking at ways of doing this.”

What has improved since the last inspection?

The agency has developed their paperwork so that a lot of information is gained about anyone who is needing a service before the agency agree to provide a service. This means that staff are much more aware of the individual persons needs and how they are to help them.

Information given to service users is now given in a way that someone who cannot easily read can see and know about the agency.

The written guidance for staff (policies and procedures) has been looked at and updated as needed. This includes the agency’s safeguarding adults procedure which now says what must happen.

Staff are now given an opportunity to sit down with their manager and look at the help they give to the service users, how they work as a team and also if they need any further help or training to improve on the care they given.

What they could do better:

The tablets and other medications which are kept in the service users homes needs to be better recorded and kept safer.

Additional training needs to be provided to care staff if they are to undertake more specialist care tasks.

One comment card received noted that they have occasionally seen their relative not always looking smart.

Some comment cards included areas where staff felt the agency could improve. These are as follows :

- Worries about how medicines are given out in some homes
- Not being given enough information about service users
- Not being given enough information about the agency’s written guidance

- How service users are helped with their money

Some of these worries were also picked up during the inspection. All these have been talked through with the managing director, registered manager and other managers. The managers have said they are happy that these worries have been raised and will make sure they are dealt with.

A number of recommendations to help improve the agency further have also been made in this report.

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.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected at least once during a 12 month period.

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

2

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

The agency ensures that a comprehensive information is obtained and provided so an informed judgement to be made about the service to be provided.

EVIDENCE:

Discussions with the Registered Manager and Training Manager both confirmed that much more information is now expected and requested from referring social workers and, if this is not provided, the agency will seek this out themselves prior to taking on the package of care. Information amassed

on two recent referrals was seen and evidenced very detailed information. The assessments also include information over culture and diversity and are completed with the needs of the individual service user referred.

The agency gives out information in a "user friendly format" which means the use of symbols, pictures and photographs. In addition, has a "getting to know you" process which involves the proposed service user meeting the other service users in the home; spending time in the home; having lunch; being involved in an outing and ultimately an overnight and/or weekend stay. The files evidenced that where specialist needs are indicated specialist information is sought/obtained, along with any healthcare requirements.

One assessment also included a "communication passport" which was written in the first person and provided detailed information over all aspects of care (health, personal care, likes, dislikes, routines, relationships, methods of communication, etc). All the written information is written up on separate sheets, which are all headed "private and confidential".

Discussions with staff at all of the houses confirmed that care plan information is always provided prior to any new service user visiting the home and the House Manager and other managers are always available for clarification. Staff spoken with also confirmed there is a system for any new service user to be inducted to their home.

One member of staff stated "we get a lot of information before anyone comes to the house".

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 at least once during a 12 month period.

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

7 and 10

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

Service users social and healthcare needs are met and people are treated as individuals and with dignity and respect.

EVIDENCE:

Examination of care plans at the five houses visited confirmed that all the service users have their own care plan, which are comprehensive and evidences an individual approach to their care. Some files have old or disused information and in others the information needs to be reviewed to ensure only current information is stored. In addition, in one house, the information is not always recorded consistently in the care file, with information being recorded in the service users' own individual daily diary communication book.

Where they were able to do so, service users confirmed they knew and are involved in their care plan and staff confirmed that care plans, reviews and any changes are done with involvement of the service user, key worker and, if appropriate, relatives. There was evidence that all the care plans are reviewed yearly, although one review is overdue due to the personal circumstances of the service user.

Only 1 of the 3 comment cards received from service users confirmed they were aware they had a care plan. The comment cards confirmed that their care workers arrived on time, never missed a visit and always stayed the correct amount of time. 2 comment cards confirmed the care workers would do things different if asked. Only 1 comment card said the office contacts them if there are any changes to their service. 2 comment cards indicated that the service users concerned are never asked if they are satisfied with their service.

Generally staff spoken to in the homes were very confident about the care plan, and see them as a working documents to use as a point of reference. Staff were able to find information on request and clearly were familiar with the care plans and their contents. Comment cards received raised an issue that some staff felt they lacked advice or guidance over what to include in the care plan. This was discussed with the management team who confirmed that training in the care plan is covered during the induction training programme.

Feedback received from relatives confirmed that they are always told about important matters to do with their relatives care and all stated that they were very satisfied with the overall care provided by the agency. One comment included "I am quite happy with the way Shared Approach is treating my relative – they are very helpful", although another anonymous comment stated that "my relative is occasionally not as well turned out as I expect them to be – i.e. unshaven, clothes creased and not appropriate".

Observations of staff again confirmed that service users are treated with courtesy and respect. Service users are the focus for the service provided and the emphasis is clearly on the house being the home of the service users who live there.

The agency has a policy and procedure for the receipt, administration, recording and disposal of medication which is comprehensive. This reflects the service provided by the agency to service users in their own homes, many of which are dependent on staff for this area of care. In addition to this, specialist healthcare or medication is included in individual care plans.

Discussions with staff confirmed that some have had administration of medication training whilst others have not. The training manager felt that whilst not everyone had done this training there should be at least one

member of staff on duty who has done the training and who should be administering the medications in the homes. A rolling programme for this training is in progress and a requirement will be made regarding this.

Both comment cards received from care staff and on examination of medications and medication records at the homes visited raised a number of issues which have been raised for attention with the registered manager.

The issue of training of staff in specialist procedures was discussed with the training manager who confirmed that many staff have had specialist training, although this is an ongoing process and further training is planned. However, there is an issue over staff needing specialist training and a requirement has been made over this.

It was confirmed that copies of certificates are now kept on staff files with regards to training and specialist training.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once during a 12 month period.

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

11, 12, 13, 14 and 15

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

The agency ensures the protection of both the service users and staff.

EVIDENCE:

Discussions with the managing director of the agency and with staff during the visits to the five homes confirmed that there are systems and policies in place as required under health and safety legislation. It was also confirmed that these policies and procedures are updated in light of new/amended legislation and identified good practices.

Health and safety training is carried out during the induction period. In addition, each house has a named Health and Safety representative who is responsible for taking up issues to their house manager and also to attend monthly health and safety meetings at the agency's head office.

There are records of incidents held by the agency and, as advised, the named social workers are informed of individual incidents. Any accident or incident that occurs is notified to the senior managers who have the responsibility for reporting to the appropriate bodies (i.e. Health and Safety Executive, RIDDOR, CSCI).

Information supplied by the agency confirms that risk assessments are carried out by one of the senior managers (who are trained to do so) and include risk assessments for individual service users as well as risk assessments on safe systems of working and for managing threats and violence. The agency confirmed that risk assessments carried out on the needs of service users are done alongside the service user and using a multi-disciplinary approach. Copies of risk assessments were seen on individual files.

Information supplied by the agency also confirmed that inspections on manual handling equipment is carried out in line with the manufacturers guidance.

Staff spoken with during the house visits all confirmed that there is a nominated health and safety representative who attends the monthly meetings, the senior managers always deal with any incident or issue raised promptly. Comment cards received from staff also confirmed that there is a good on-call system in place. Importantly, staff confirmed that when the on-call manager is contacted there is always a prompt response. Examination of care records also confirmed that when the on-call manager is contacted the response is immediate and appropriate to the concern raised.

Information supplied by the agency that there are policies and procedures in place to ensure the safe handling of service users' money and property and also on what staff are not permitted to do in this area.

The agency also has procedures in place to respond to any allegation of financial irregularity or abuse.

Discussions with those service users who are able to do so confirmed that they receive their personal allowance money and receive support from the care staff at the home to manage their finances. Two financial issues raised during the inspection were discussed with the management team and advice given.

All the homes visited have a comprehensive file on the agency's policies and procedures and staff confirmed that these are accessible and used, as needed.

Staff spoken with were confident about what to do if they were concerned about a service user or another member of staff or if they suspected abuse had occurred. Staff spoken with also confirmed they had had awareness training in adult abuse (usually via the Learning Disability Awards Framework (LDAF) Training or at induction but would welcome more in-depth training in this area.

Some service users have management needs which require a more detailed and structured approach to their care. The agency confirmed that "physical intervention training" is provided to staff and guidelines are written up and included in the individual's care plan. These were seen on file. Specialist intervention teams work alongside the agency to do these.

The agency has demonstrated that it is aware and follows the Protection of Vulnerable Adults protocols and has referred a member of staff for inclusion on the POVA list.

Information supplied by the agency confirmed that there are protocols and procedures in place to ensure the security and safety of service users' homes.

During the home visits staff on duty were asked to show their identity badges and all were seen to provide the required information. Only 1 service user comment confirmed they had seen a staff identity badge. Discussion with service users and staff highlighted that staff that do not regularly work at any specific home and/or agency staff do not always show their identity badges before entering the home. The agency should remind staff of this requirement.

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 at least once during a 12 month period.

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

17, 18, 19 and 21

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

Staff are appropriately recruited, trained and supported to ensure the needs of the service users are met.

EVIDENCE:

Examination of five of the latest recruits to the service confirmed that a thorough recruitment procedure is being followed by the agency, with all the requirements of this standard being met. Information supplied by the agency stated that they have an equal opportunities policy and monitoring form in place which is adhered to and evidence that staff are recruited from different backgrounds and cultures was seen during the house visits. The registered manager also confirmed that staff have had a copy of the General Social Care Council's code of practice.

Comments received from staff were generally very positive about the agency and the management support. Comments included "management always very

accessible"; "management always very friendly with staff and clients alike"; "the agency are willing to listen and make changes if needed"; "the agency not only cares for the users but they care for staff as well. If staff have anything to say they always have time for you"; "I have worked for the agency for a long time and have been happy, confident and supported in my role. Any problems are resolved quickly and effectively and the lives of the service users are continually improving".

Information supplied by the agency stated that all staff have been provided with Job Descriptions but comment cards from a number of staff said that they did not have a Job Description. The management team confirmed that job descriptions are included in the pre-employment pack sent out to prospective staff but are to check this with staff.

Comment cards received from service users all confirmed that they regularly get the same team of care workers and all confirmed the care workers are polite, do a good job and understand their care needs.

The training manager for the agency was spoken with who confirmed that all staff receive training according to their previous experience and identified needs. All staff have their own training files.

New staff are provided with a formal induction which covers Moving and Handling, Fire Safety, First Aid, Food hygiene and Health and safety. However, for two new staff there was no induction record on their files.

Training is organised through an external training agency (VOISE) and is recorded on a centralised computer system held by the agency.

Specialist training is provided, although discussions with staff confirmed that not all staff have been provided with the specialist training needed to care for the service users and are reliant on other staff showing them what to do. Certificates were seen on file but not all files had copies of specialist training provided.

28 members of staff have completed the Learning Disability Awards Framework (LDAF) Training for working with people who have a learning disability, with the remaining members of staff having completed one of the 3 achievement levels.

Regarding National Vocational Qualification training (NVQ) both the registered manager and training manager have done Level IV, two network managers are currently doing Level IV, 9 members of staff have completed Level III and 2 are to do this course; and 3 have completed Level II 4.

Staff spoken with during the house visits all confirmed that they have had access to a range of training, and most welcome the training provided and

planned. Comment cards received were also positive about the training provided – comments included “I have been on various training courses which have helped me improve as a support worker”; “I have expressed an interest in undertaking NVQ training – the agency has acknowledged this but I have to wait whilst other staff attend”.

Other comments made by staff relating to organisational issues have been passed to the registered manager to be looked into.

Staff files examined and staff spoken with during house visits all confirmed that formal supervision takes place and is provided by the house manager usually every couple of months. Some staff are provided with their own copies of the supervision notes and others not. The management team confirmed that all staff will be provided with copies of their supervision notes in the future.

Staff spoken with also confirmed that the house managers visit the individual homes on a regular basis, sometimes doing hands-on shifts, and use these visits to observe their care practices and interaction with the service users.

Staff also confirmed that house meetings, health and safety meetings and other meetings are held and minutes of house meetings were seen and read.

Information supplied by the agency confirmed that staff appraisals are due to commence in July/August 2006. In addition, training needs for senior managers has also been identified and are to commence. Training to provide supervision and appraisals has already been completed by the management team within their professional qualifications.

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 during a 12 month period.

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

22 and 26

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

The agency is well managed and organised and provides a very good service to its service users.

EVIDENCE:

A visit to the agency's main office confirmed that there have been no physical changes to the environment. There have been changes to the personnel in the administrative team to the benefit of the agency.

The registered manager confirmed that the agency has its own complaints procedure and this is also contained in the information supplied by the agency and in its policies and procedures files held at each home. A service user complaints procedure is available and is a user-friendly version of the main complaints procedure.

A complaints book is held by the managing director but information supplied by the registered manager and the Commission's own records confirm that no complaints have been received since the last key inspection.

Comment cards received and discussions with service users all confirmed they knew who to contact if they needed to complain or if they were not happy. A number of service users visit the agency's main office on a regular basis and speak directly with the senior management team.

Comment cards received from relatives confirmed that the majority knew of the agency's complaints procedure, with one having made a complaint that they felt had been handled appropriately.

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	4
3	X
4	X
5	X
6	X

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

Personal Care	
Standard No	Score
7	3
8	X
9	X
10	2

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

Protection	
Standard No	Score
11	3
12	3
13	3
14	3
15	3
16	X

Yes

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	DO10	14(7)	The registered manager must ensure that all medication administration records are accurately maintained, complete and signed at the time of administration. A clear record of medicines received and disposed of must also be made. Medications must be kept secure (Previous timescale of 31.10.05 not fully met)	31/10/06
2	DO19	15(2)(a)	Staff who undertake specialist care must be certified as competent and their competency reassessed on a regular basis	31/10/06

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	DO7	Care records should contain current care information and

		be maintained in a consistent way
2	DO14	Where the physical intervention techniques are used staff should record accurately the actual timing of the intervention.
3	DO15	All staff should be reminded to show their identity badges to service users prior to entering individual homes
4	DO13	The agency should look into ways where individual service users have a copy of their own bank statements but ensuring that pertinent information is protected.
5	DO13	Service users should be provided with a written outline for any additional contribution towards household expenditure
6	DO21	The registered manager should check that all staff are being provided with a copy of their supervision notes
7	DO18	The registered manager should check that all staff have been provided with a Job Description
8	DO19	Copies of certificates for training, any specialist training or competency assessments should be kept on individual staff members' files

Commission for Social Care Inspection

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