



*Making Social Care  
Better for People*

# inspection report

## DOMICILIARY CARE AGENCY

**Care From Home Ltd**

**57 Armthorpe Road  
(Opposite Doncaster Royal Infirmary Gate 4)  
Wheatley Hills  
Doncaster  
DN2 5LU**

*Lead Inspector*  
Ian Hall

*Key Unannounced Inspection*  
20th May 2008      10:00

The Commission for Social Care Inspection aims to:

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

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

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# SERVICE INFORMATION

|   |  |
|---|--|
| <b>Name of service</b>  | Care From Home Ltd   |
| <b>Address</b>  | 57 Armthorpe Road<br>(Opposite Doncaster Royal Infirmary Gate 4)<br>Wheatley Hills<br>Doncaster<br>DN2 5LU |
| <b>Telephone number</b>                                       | 01302 326 136  |
| <b>Fax number</b>   | 01302 369 486  |
| <b>Email address</b>  | enquiries@carefromhome.co.uk   |
| <b>Provider Web address</b>                                   |  |
| <b>Name of registered provider(s)/company (if applicable)</b> | Care From Home Ltd   |
| <b>Name of registered manager (if applicable)</b>             | Mrs Polite Munyeza   |
| <b>Type of registration</b>                                   | Domiciliary Care Agencies  |

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      New service

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

Care From Home is a provider of domiciliary care for adults, including older people, with a range of needs. The service includes personal care, domestic services and shopping.

Information gained on the 20th May 2008 indicated the current fees vary from £9.75 to £12.00 per hour. These fees applied at the time of inspection, more up to date information may be obtained from the manager of the agency.

A copy of the agency statement of purpose, service user guide and complaints procedure was available in the entrance hall.

# SUMMARY

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

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

This was the first inspection of Care From Home by the CSCI. The unannounced site visit undertaken as part of the inspection started at 10:00am on the 20th May 2008 and concluded at 13:00 on the same day. We also visited 3 people who use the service on the 23<sup>rd</sup> May 2008. Total time spent with the manager and people using the service was 6 hours.

Prior to the site visit the agency carried out a self-assessment of the service. This is called the annual quality assurance assessment (AQAA). In addition the inspection took account of information received about the agency. This included records of telephone conversations with staff and events notified to CSCI.

The site visit included a tour of the building, reading records and discussions with the manager. We examined the records of all staff employed and people's records. We looked at the systems including accounting and facilities for keeping records electronically and on paper. Policies, procedures and other documentation were sampled. We interviewed one member of staff.

People spoken with were happy to assist with the inspection. Comments were positive when describing the care and motivation of the staff, these included: "They are very professional and caring," "they are good to me", and they are smashing, always cheerful and helpful".

At the end of the site visit verbal feedback was given to the manager.

## **What the service does well:**

The manager and staff team are providing a good service for people. They are fully aware of people's requirements and have set up good, clear systems, which appear to be working well. The documentation, policies and procedures are comprehensive and cover most eventualities.

## **What has improved since the last inspection?**

This was the first inspection since registration.

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

Contact details for the CSCI need to be updated.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

User Focused Services (Standards 1-6)

Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

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

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# User Focused Services

## The intended outcomes for Standards 1 – 6 are:

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

## The Commission considers Standard 2 the key standard to be inspected.

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

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

We looked at outcomes for standards **1,2,3,4,5, and 6**.

The service provides people with detailed information to enable them to choose whether the agency is the one for them. Detailed assessments ensure that people's needs could be met prior to offering them a service.

### EVIDENCE:

Information at the agency office was kept in a locked filing cabinet, and all information held on the computers was password protected helping to promote confidentiality of the personal information.

There was a statement of purpose/service users guide given to people as part of their initial care package. This enabled people and their relatives/representatives to understand and decide whether the service the agency provided met their needs. This was available in different formats if required.

A full assessment of needs was completed before people received a service. These ensured that the service provided was appropriate to meet the needs of the person.

People spoken to said they were very happy with the standard of care offered to them, and that the staff were kind, and considerate. Comments included, 'I am always contacted when there are any changes' and 'carers couldn't be any better'. Another person's relative said that he and his wife 'would not be able to manage without the carers'. Service users said that missed calls were very rare, staff arrived on time and stayed the time stated on the care plan. Service users and said that they were consulted about the service and their needs were reviewed.

## Personal Care

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

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

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

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

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

We looked at outcomes for standards **7,8,9 and 10**.

People who use the service have personal care needs met in a way that respects their privacy and dignity.

### **EVIDENCE:**

The care plans were of a good standard and contained detailed information to enable support workers to meet people's assessed needs. Information included individual preferences, medical and physical needs, communication, special diets, and manual handling. Risk assessments were in place, and the care plans were reviewed and signed by the person or their representative. People spoken to confirmed they had been involved in all aspects of the initial assessment of need. Staff treated them with respect and maintained their dignity.

People spoken to said they were happy with the way the staff behaved towards them and felt that their dignity and privacy was respected. They said that care support staff were polite, friendly and discreet. The agency had an equal opportunities policy and procedure in place.

There was a policy and procedure on medication in place at the agency. Staff were made aware of this. Staff prompted service users to take medication, and assisted them in other ways such as taking out tablets from Nomad systems, recording medication, and checking if tablets had been taken.

# Protection

## The intended outcomes for Standards 11 - 16 are:

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

**The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.**

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

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

We looked at outcomes for standards **11,12, 13, 14, 15, and 16**.

People who use the agency and their representatives feel able to complain and are confident they will be listened to.

## **EVIDENCE:**

There is a comprehensive set of policies and procedures that includes health and safety, risk assessments, financial protection, protection from abuse, complaints and compliments, safety and security of people's homes, and records kept in the home. The local adult protection procedures and contact

details were available at the agency this ensures that staff has clear procedures to follow if necessary.

People spoken with were confident that staff were knowledgeable and trustworthy and felt safe in their hands. Records held included risk assessments that were appropriate. No complaints had been received by CSCI or the agency about their service. No accidents or incidents had been reported.

There was a health and safety policy in place that covered all the regulations and standards including RIDDOR. There was an individual identified as responsible for health and safety within the organisation. There were risk assessments in place for the agency's premises. Health and safety training was offered to staff when they first started work. There were policies for staff on wearing protective clothing, infectious diseases, and also managing threats or violence. A competent person was on call at all times should an emergency occur.

## Managers and Staff

### The intended outcomes for Standards 17 - 21 are:

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

**The Commission considers Standards 17, 19 and 21 the key standards to be inspected.**

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

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

We looked at outcomes for standards **17, 18, 19, 20, and 21**.

People are cared for by a group of staff that have been properly recruited, trained and are sufficient in numbers to ensure their needs will be met.

### **EVIDENCE:**

The manager is experienced in management, is undertaking the Registered Managers Award. There are few members of staff at present, though those in post have been recruited by a thorough process that includes written references and checks with the Criminal Records Bureau for the safeguarding of service users. Employees have a written job description and a handbook enabling them to identify their responsibilities, and giving guidelines for how they work. The handbook contains a number of policies and procedures to assist staff working in people's homes.

There is an induction programme that links to the skills for care requirements, and ensures that all care staff has the same information. One member of staff already has a NVQ in care. Additional training has already been sourced to further develop staff, and there are staff meetings and regular staff supervision to ensure the agency staff is providing the quality of care the agency would like.

There was a robust recruitment policy and procedure in place, which met the standards and regulations. Staffs were not employed until a CRB check was completed, and references, identity, qualifications, health, and full employment history was established. A staff handbook was in place for staff.

The manager indicated that the agency employs experienced staff. She said that the recruitment procedure identified training needs. A staff member spoken to said she/he had received a basic induction when she/he started which included how she should conduct herself, and moving and handling training. Observational visits were taking place, and appraisals had been established for some staff members.

## Organisation and Running of the Business

### The intended outcomes for Standards 22 – 27 are:

- 22. Service users receive a consistent, well managed and planned service.
- 23. The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24. The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25. The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26. Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27. The service is run in the best interests of its service users.

**The Commission considers Standards 22 and 26 the key standards to be inspected at least once.**

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

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

We looked at outcomes for standards **22, 23, 24, 25, 26, and 27**.

People use an agency, which is well managed and takes into account their wishes about how the service is provided.

### **EVIDENCE:**

The agency operates from a permanent office in Doncaster. It has a contact telephone number during office hours and an out of hours contact number. The current insurance certificate is displayed in the office. The premises are accessible for people with mobility problems.

The agency has clear accounting procedures and information is held on computers that are password protected, or in locked files for the privacy and safety of people Administrative staff supported the agency.

There was a complaints procedure in place, which covered the standards and regulations. It was included in the service user guide/home support pack. A

record of complaints was kept, and monitoring of complaints was in place. Service users spoken to said they had seen the complaints procedure, and knew how to make a complaint. No complaints had been received by the agency.

The agency had developed a quality assurance system. This included visits to review people and regular contact with them by phone. A questionnaire, asking people their opinion of the service had recently been sent to them, and the results were to be published when they were returned. People said they were contacted by the agency, and were notified when changes were made to their service or staff.

Support workers were timetabled weekly to ensure continuity of care to people was maintained. Time sheets and other records were checked to monitor staff performance.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

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

"X" in the standard met box denotes standard not assessed on this occasion  
 "N/A" in the standard met box denotes standard not applicable

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

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

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

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

| <b>Protection</b>  |              |
|--------------------|--------------|
| <b>Standard No</b> | <b>Score</b> |
| <b>11</b>          | 3            |
| <b>12</b>          | 3            |
| <b>13</b>          | 3            |
| <b>14</b>          | 3            |
| <b>15</b>          | 3            |
| <b>16</b>          | 3            |

N/A

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 |
|-----|----------|------------|-------------|----------------------|
|     |          |            |             |                      |

### **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 |
|-----|-------------------|-------------------------------|
|     |                   |                               |

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