



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Yardley Great Trust Home Care

**Greswold House
Shard End
Birmingham
West Midlands
B34 6HN**

Lead Inspector
Kath Strong

Key Unannounced Inspection
13th September 2007 10:15

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

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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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	Yardley Great Trust Home Care
Address	Greswold House Shard End Birmingham West Midlands B34 6HN
Telephone number	0121 784 7889
Fax number	0121 785 1386
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Yardley Great Trust
Name of registered manager (if applicable)	Elaine Lillian Jones
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

1. That the agency inform the Commission of every 50 hours that is taken on in addition to 200 hours currently provided and of the staffing arrangements.
2. That the agency must not exceed 350 care/domestic hours per week provided due to the limitations of the agency's office premises and available facilities.
3. That the agency is registered to provide a service to the following service user groups: -
Older people, older people with dementia, adults with physical disabilities, adults with learning disabilities, adults with terminal illness, adults who are ill and adults who are recovering from illness.
4. That the agency is registered as a small agency, any changes to the agency structure will require a variation to registration.
5. The manager must complete the Registered Managers award by December 2006.

Date of last inspection 29th September 2006

Brief Description of the Service:

Yardley Great Trust domiciliary agency has an office based in a registered residential care home for older persons. The office for the agency is located on the ground floor of the premises for ease of access by clients. Some of the electrical communication equipment is shared with the residential home such as the photocopying machine. Other shared facilities include the kitchen and meeting rooms.

Yardley Great Trust has a number of sheltered houses locally situated. Initially services were only delivered to people within these facilities. However, care staff are allocated to other areas such as Yardley, Hodge Hill, Castle Vale, Chemsley Wood, and Yardley Wood. The agency is planning to further expand the service.

The registered manager gave permission during the fieldwork visit for the fee rates to be included within this report. The current charge is £10.50 per hour, £15.75 during weekends and £21.00 during Bank Holidays. None of the current client group require overnight services therefore consideration will need to be given to this with the planned expansion of the services.

SUMMARY

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

The fieldwork commenced with interviews of people who use the service. They were randomly selected from the list that was supplied to CSCI by the agency. This was followed by a visit to the premises where the care plans were reviewed of the people who had been previously interviewed. This process assists in establishing peoples' satisfaction with the services provided. During the visit to the agency office other relevant documents were checked including health and safety arrangements, staff recruitment and training they receive. Aspects of management were also reviewed to provide an overall picture of the standards of the services supplied to people.

Prior to the fieldwork visits the agency had completed the annual quality assurance assessment and sent it to CSCI. The information within the document advised of what the agency does well, improvements made during the last 12 months and what they would like to further improve. This provided details that contributes to the inspection process and highlights areas that may be explored during the fieldwork visit. A number of people who use the service and carers were requested by the inspector to complete a questionnaire. These give personal opinions about the services provided and are included in this report.

The focus of inspections undertaken by the Commission for Social Care Inspection (CSCI) is based upon the outcomes for people who live in the home and their views about the services provided. This process considers the care homes capacity to meet regulatory requirements, minimum standards of practice and aspects of service provision that need further development.

What the service does well:

It is a small agency and senior staff have full understanding of all peoples needs and the services provided for them.

Before people make a decision about using the agency they are supplied with comprehensive written details to assist them in making an informed decision. The manager also carries out an assessment in order to determine if the agency is able to meet the individuals' needs and preferences.

Management and staff work in partnership with other professionals to ensure that the best possible services are provided to promote peoples' health and well being.

The agency will only take on extra work if it has the capacity to do so. This practice indicates that people receive the personal care and support to enhance their lifestyles.

Care plans are drawn up that incorporate peoples personal preferences. Regular reviews are carried out to make sure that staff are supplied with appropriate information and up to date guidance to assist them in providing the personal care that suits the individuals.

The records seen and information provided by people who use the service indicated that carers arrive at the allocated time and remain for the full allocated period of time.

During the inspection there was evidence that care staff adopt a flexible approach when people need to attend hospital appointments. This ensures good continuity of care and that gaps do not appear in the services.

All of the questionnaires returned provided positive feedback and no concerns were raised during interviews with people who use the agency. Comments included, "Very happy, all the carers are good, a carer changed the bed for me because I cant do it, its not part of her role, she did it to help me out".

What has improved since the last inspection?

The review process has been changed to enable staff to see easily if any changes have been made and to incorporate them during the visits to enable peoples full needs to be met.

The agency now has a staffing complement of 80% who have successfully completed NVQ level 2 in care and health and safety. This provides them with the knowledge and skills to carry out their roles effectively.

A system for monitoring the time of arrival and departure of staff from peoples' homes has been introduced. This enables the agency to monitor that the shift has been fulfilled.

What they could do better:

The agency needs to ensure that there is sufficient written information retained in peoples homes for staff to refer to at any time to enable them obtain a full picture of a persons needs.

It was noted that the folders used for storage of written information were inadequate to contain the required records. Consideration needs to be given to

more suitable folders, as it was also noted in some instances that files were somewhat unkempt. This does not enhance the agencies reputation.

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

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

DETAILS OF INSPECTOR FINDINGS

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Personal Care (Standards 7-10)

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

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

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

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

1 and 2. Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

People are supplied with adequate written details to assist them in making a decision about using the agency. A comprehensive assessment is carried out to ensure that the agency is able to meet all of the individuals needs.

EVIDENCE:

People are supplied with a pack, which contains a copy of the statement of purpose, service user guide, some procedures and contact details including the out of hours details. This assists prospective users of the service and other professionals in making a decision about the agency.

The manager visits the prospective person at a date and time that is convenient to them to carry out an assessment. The manager will also gather any other relevant information, which may assist in determining the individuals needs and if the agency is able to provide the personal care required. The assessments carried out by social workers vary tremendously in their content and are not always helpful. The availability of staff and their experience and knowledge are taken into account when determining if the agency is able to meet peoples needs. Personal preferences are incorporated and are considered to be an important aspect of the services delivered. The agency demonstrates that it is able to meet peoples' needs at the commencement.

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):

7, 8, 9 and 10. Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Care plans reflect peoples needs and personal preferences and staff deliver good standards of personal care that meets the individuals' aspirations. The arrangements for medications are good, promote independence and ensure that people receive their prescribed medications to promote good health.

EVIDENCE:

The care plans seen provide a history of the persons needs whilst focussing on peoples right to make choices about the way in which they wish to live. There is emphasis placed on encouraging peoples' independence and how staff should provide support in promoting this. Daily recordings made by carers were good and detailed.

There was evidence of regular reviews being carried out but these were not always available in peoples' homes to enable staff to read any changes that had been introduced. This may be the result of the folders being used, which are limited in size to accommodate the records. Some of the files seen were noted to be untidy, some have an unkempt appearance.

There was evidence that staff turn up at peoples homes at the allocated time and remain to complete the full shift. This indicates that peoples' personal care needs are being fully met. The feedback received both verbally and written from people who use the agency were very complementary. People using the agency confirmed that they have the same staff attending to them. This ensures continuity of care is provided and that staff are able to develop good relationship with their clients.

Some comments made included, "They don't let me down, some carers sort things out, they are very good like that, very professional, reliable and very good".

Staff appeared to be working within the guidance supplied within care plans and in some instances beyond these by supplying extra services when unexpected one off changes were required. Where peoples' needs changed carers advised senior staff promptly. There appeared to be positive working relationships between senior staff and carers. This practice assists in the effective day to day running of the agency.

There is clear written guidance in respect of medications and when and how much assistance is required to be given to individuals. This ensures that people receive their prescribed medications in a safe manner whilst respecting their independence. Both the manager and staff advised that if any concerns were found that healthcare professionals would be notified.

Protection

The intended outcomes for Standards 11 - 16 are:

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

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

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

11, 12 and 14. Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The health and safety arrangements protect people from risks of injuries. Risk assessments are carried out and up dated regularly to minimise the identified hazards for people. Staff are supplied with training and written procedures to provide them with the knowledge and skills to take appropriate action when abuse is suspected.

EVIDENCE:

The written policies and procedures are distributed to staff to enable them to have a good understanding about carrying out their roles in a safe manner and to protect people they come into contact with, from unnecessary risks.

Records indicate that each person is assessed and any hazards identified have a plan of action formulated to reduce the risk as far as practically possible. These are regularly reviewed or when circumstances change to ensure that they remain up to date and appropriate for the individual. Care plans establish individualised procedures for people in relation to taking informed risks respecting their independence and choices they make about the way in which they prefer to live. Information is included in the risk assessment where limitations are also noted.

Risk assessments are also completed for any equipment used in the persons home such as hoists, scooters and walking aids.

Staff are supplied with an identity badge which they must wear at all times during the course of their duties. Discussions with people suggested that staff always wear their badges. Staff were observed to be wearing their uniform and badge during the course of the fieldwork. This assists users of the service in identifying who they should permit to enter their home.

Staff demonstrated a good understanding in respect of adult protection and have received training in this aspect of care.

During the inspection a concern was identified regarding the care of a person who also receives personal care from agency staff. Discussions with the manager revealed that concerns had been raised and information supplied to adults and communities directorate. The standards of care afforded to the individual were also reported by the inspector to ensure that the circumstances would be investigated.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

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

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

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

17, 19 and 21. Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Recruitment practices are robust; this ensures that people are protected from risks of abuse. Staff have received training to provide them with the knowledge and skills to meet the needs of the people they care for.

EVIDENCE:

The staff personnel files that were sampled indicated that all relevant checks are carried out before they are offered a position. This includes two written satisfactory references and full CRB checks. The agency has a policy of renewing the CRB checks every three years.

It was noted that a number of staff have been employed for a considerable period of time. This indicates continuity of care and a motivated workforce.

Newly appointed staff are required to undertake a comprehensive induction programme and are allocated shadowing duties with another carer before being permitted to work independently.

All staff have been supplied with training in respect of moving and handling and other courses that are relevant to the specialist needs of the current client group. This helps them in carrying out their roles effectively.

Staff spoken with provided positive feedback about senior staff and their ability to access them easily. Carers indicated that they receive good support and would readily discuss any issues with senior staff. They reported that the manager was supportive and approachable.

People using the agency were very complimentary about senior staff. They advised that they could contact senior staff at any time and that they would receive a prompt response. Some people who use the service advised the inspector of problems that the manager had resolved for them.

Carers receive regular formal supervisory meetings to ensure that they are competent to carry out their roles. The meetings are fully documented and retained in personnel files.

Staff meetings are also held and minutes formulated. They indicated that staff are encouraged to raise issues and to make suggestions.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

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

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

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

22, 26 and 27. Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

People receive a consistent and well managed service. Staff receive good support in supplying services that are in the best interests of the people using the services. People are confident that their opinions are listened to and that complaints would be dealt with effectively. The agencies quality assurance system suggests that continuous improvements are made for the benefit of the people using the services.

EVIDENCE:

The main office has been relocated to the ground floor and offers more space to provide an efficient service. It also provides improved scope for the storage of files and peoples care plans. There are a comprehensive range of policies and procedures that are regularly updated.

The office appeared to have an open door approach to enable care staff to access the written policies and procedures or to seek advice. The new location of the office on the ground floor also improves access for people who do or may wish to use the services.

A copy of the complaints procedure is supplied as part of the pack issued to all people who use the services. Review of the complaints log indicated that the agency has not received a complaint since July 2004. No complaints have been received by CSCI since the last inspection.

There is a quality assurance programme in place. Questionnaires are distributed to people who use the service on a rolling basis to ensure that all people are captured. Audits are carried out regarding staff training and supervisory meetings, complaints and relevant records. A report is written that includes a summary of the findings, which will include any shortfalls identified and when they will be addressed. The manager is invited to discuss the report with the Care Committee to ensure that the agency is continuously striving to make improvements.

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	3
2	3
3	X
4	X
5	X
6	X

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

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

Organisation And Running Of The Business	
Standard No	Score
22	3
23	X
24	X
25	3
26	3
27	3

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

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action

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	D07	It is recommended that new and appropriate folders are required to store records held in peoples homes and that all records including reviews where changes have been made needs to be available at all times for staff to refer to. This will provide a professional approach to files retained in peoples' homes.

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