



*Making Social Care  
Better for People*

# inspection report

## DOMICILIARY CARE AGENCY

### **South Cheshire Crossroads**

**1a Welles Street  
Sandbach  
Cheshire  
CW11 1GT**

*Lead Inspector*  
Maureen Brown

*Key Unannounced Inspection*  
15 & 16 January 2007      09:30

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>	South Cheshire Crossroads
<b>Address</b>	1a Welles Street Sandbach Cheshire CW11 1GT
<b>Telephone number</b>	01270 255295
<b>Fax number</b>	01270 753724
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	South Cheshire Crossroads - Caring for Carers
<b>Name of registered manager (if applicable)</b>	Lucy Whiting
<b>Type of registration</b>	Domiciliary Care Agencies
<b>Category(ies) of registration, with number of places</b>	

# SERVICE INFORMATION

## Conditions of registration:

1. The agency is registered to provide domiciliary care for the following groups of service users:-
  - \* Older people
  - \* People with learning disabilities
  - \* People with physical disabilities
  - \* People with sensory loss including dual sensory impairment
  - \* People with mental health problems
  - \* People with terminal illness
  - \* Children and their families

**Date of last inspection**            3rd August 2005

## Brief Description of the Service:

South Cheshire Crossroads is located within the centre of Sandbach. It is close to all the towns' amenities and has easy access to main road networks and the town centre. The office is on the first floor and access is via a flight of stairs. Disabled access is not available, however if people have a problem with stairs a bell is situated at the bottom of the stairs and staff would attend as necessary.

There are limited car parking spaces at the front of the building where cars may only be left there for an hour. A large free public car park is about five minutes walk away.

South Cheshire Crossroads provides personal care service to people in their own homes. The agency provides services to 205 adults and older people and 13 children, people with learning disabilities, physical disabilities, sensory loss including dual sensory impairment, mental health problems, terminal illness and children and their families.

The staff team consists of the registered manager who is supported by forty-two care workers, six administrative staff and a care manager.

The fees are individualised according to assessed needs, however the hourly rate is £14.49 per hour.

# SUMMARY

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

An unannounced visit took place on 15 January 2007 followed by a planned visit on 16 January 2007 and lasted twelve and a half hours over both days. Maureen Brown carried out the visit.

This visit was just one part of the inspection. Before the visit the agency was also asked to complete a questionnaire to provide up to date information about them. Questionnaires were also made available for service users, relatives, staff and other professionals to find out their views. Other information since the last key inspection was also reviewed.

During the visit various records were looked at. A number of service users and staff were also spoken with and they gave their views about the service.

Fifteen out of twenty-seven standards were assessed and most were met. All previous requirements made had been met. All the key standards were assessed.

Feedback from this inspection was given to the registered manager on the final day.

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

The service users said that someone from the agency visited them to talk about their needs prior to the service starting. The service users were always notified of the name of the carer support worker before the service started.

The agency liked to find out what service users and staff think of the service. The comments are analysed and details are included in the service users guide.

The agency has good care support workers who work hard, are keen to improve the standards of care and some have good ideas about what needs to be done to make the service better. These include having more hours, better instructions on how to get to service users homes and more travel time.

Service users said "they were very happy with the care", were "well satisfied" and "the agency is blessed as far as I am concerned, they do a great job". Other comments included "I always feel happy with the staff", "care support workers are always very professional" and "extra help is always given if necessary". All the service users contacted said that the agency was good value for money.

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

An area of concern was that care support workers were administering medication without the medication list being available and the care support workers didn't have appropriate training on administration and safe handling of medication. Staff now receive training and have the appropriate paperwork to sign.

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

The service users guide should be reviewed regularly to ensure that up to date information regarding the agency is available at all times. Copies of the new guide should be sent to all service users and the Commission.

The development of moving and handling risk assessments where necessary should be produced and acknowledge on care plans where this has been assessed but not currently required by a client. So that informed staff support those people who require assistance with moving and handling.

To ensure that service users are supported by a qualified staff team development of NVQ level II training so that 50% of care staff are qualified should continue.

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.

# **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):**

1 & 2

Quality in this area outcome is excellent.

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

The agency provides a consistent service that meets the service users individual needs. Service users have clear information to help them choose a service that meets their needs.

## **EVIDENCE:**

The agency has a statement of purpose and service user guide, which is produced in a bound copy. These contained the aims and objectives of the

organisation, the philosophy, nature of personal care services provided, process of delivery of care, key terms and conditions, key policies and procedures and the complaints and compliments policy. It was produced in plain English and available in standard, large print and audio format. This was last reviewed in October 2005. It is recommended that a review take place annually to ensure information is kept up to date. The manager stated that this was currently under review.

Samples of six service users files were seen and referral and assessment forms were in each file. The assessment form covered all areas of personal care, family involvement, personal safety and risk, social interests, preferred method of communication and method of payment. If the referral is from the Social Services then other documentation is also provided.

## 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, 8 & 10

Quality in this area outcome is excellent.

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

Staff are provided with the information they need to meet the service users needs. Service users are comfortable and safe and are treated as individuals with their independence and autonomy promoted.

### **EVIDENCE:**

Samples of six care plans were seen. These included personal information, personal care tasks, client review forms and contract documentation. Service users plans were available in the office and in each service users home. Service users and family members were involved in service users plan

development. Care plans were up to date and reviewed annually. The agency had reviewed each service user needs within the last year.

Some service users were assisted with medication. The previous requirement regarding medication lists being available, signing when the medication was administered and training on the administration and safe handling of medication had now been addressed. The agency had a medication policy available to staff members.

Daily log sheets were seen and after each visit a record was kept. The care notes were appropriate and well written.

Service users commented that the staff always treated them with dignity and that their privacy was always maintained. Primary carers and relatives also confirmed this during discussions.

During discussions with service users and their families they stated, "that the staff were friendly", "staff do a professional and competent job", "are like friends to us all" and "the staff always arrive on time".

GP's commented "they were satisfied with the overall care provided to their patients" and "the staff are attentive, personalised care given and friendly and knowledgeable staff".

## 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 & 14

Quality in this area outcome is good.

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

Service users are safeguarded from abuse or harm. Arrangements are in place to minimise the risks so that the safety and welfare of the service users are promoted.

### **EVIDENCE:**

The agency had policies on health and safety, the environment, moving and handling, COSHH, fire safety, lone working and sudden death all in place.

Health and safety is covered within the staff induction programme. Control of Substances Hazardous to Health data sheets are available to the staff.

Each service user file had risk assessments, which were up to date. The risk assessments were reviewed annually or more frequently as changes occur and copies were kept in the service users' home. When risk assessments relate to moving and handling equipment the name and contact number of the person providing and maintaining the equipment is included in the plan. Some risk assessments for moving and handling had not been completed. If a service user doesn't require this assessment then this should be recorded in their plan, otherwise each service user should have a moving and handling risk assessment.

Staff surveys and staff spoken with confirmed that they had a good understanding of the potential indicators of abuse and what to do if they became aware of an allegation of abuse. All staff confirmed they had received child protection and protection of vulnerable adults training. The agency also had policies on guidance notes for Protection Of Vulnerable Adults and behaviour management. The manager stated that they were aware of the CCC "No Secrets" policy and guidance.

## **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, 19 & 21

Quality in this area outcome is excellent.

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

The agency makes sure that the right staff are employed to look after vulnerable people. Service users are protected by the robust employment practices of the agency. Staff are supervised well on a day-to-day basis to ensure that a good service is provided to the service users.

### **EVIDENCE:**

The agency has a robust recruitment procedure, which ensures that staff are suitable to work with vulnerable people. Five staff files were examined and these showed that thorough pre-employment checks were carried out. Within each staff file application forms, terms and conditions of employment,

induction training, two references and Criminal Record Bureau checks were in place. All staff had completed a medical questionnaire.

Training programmes had been completed for all staff. Mandatory training included: children and adult protection; moving and handling; first aid; food hygiene; hepatitis B; medication awareness and induction. Specialist training included: epilepsy; dementia/Alzheimer's; gastronomy; palliative care; Parkinson's disease; risk assessments; caring for children and health and safety.

Some staff spoken to who had undertaken training said "the courses were good", "tutors were knowledgeable", "information was well explained" and "training overall was excellent and well presented". Staff also stated, "instruction was unhurried and plenty of time for questions", "very relaxed atmosphere" and one person commented, "The venue was not big enough".

Nineteen out of forty-one staff had obtained NVQ level II or above in Care. The care coordinator is currently working towards NVQ level IV. It was suggested that ongoing development of NVQ qualifications be considered. The manager said those who did not have this qualification were being registered for the course within the next two years.

The agency has a formal supervision process, which was being held on a regular basis. Notes seen were up to date. Annual appraisals had been undertaken and were kept up to date with records seen.

Service users said they were very happy with the care support workers that visited them and they felt they were more like friends than someone paid to help them. Feedback from service users and their families confirmed that they were treated with respect and dignity at all times and that they were satisfied with the service they received.

The last staff meeting was held in October 2006. Twenty-three staff attended. Issues discussed included holidays; Christmas/New Year; uniform; protective clothing; rotas; client issues; palliative care; children services; daily log sheets and training. The previous meeting had been held in July 2006.

The last office team meeting was held in December 2006. Eight staff attended (full team). Issues discussed included care hours, auditing; funding bids, monthly absences; health and safety; staff recruitment; training; complaints and compliments. The previous meeting had been held in November 2006.

## **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, 25, 26 & 27

Quality in this area outcome is good.

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

Service users benefit from a reliable and consistent service.

### **EVIDENCE:**

The agency operates from a permanent basis. The premises are suitable for the purpose, with private space for confidential meetings. The manager and chairman are registered with the Commission.

Policies and procedures seen throughout the inspection were reviewed as necessary and staff were updated on any policy amendments. Staff said that they were aware of the agency's policies and procedures. Policies were last reviewed in September 2006.

The complaints procedure was seen in the statement of purpose and service users guide. All service users were given a copy. The Commission had not

received any complaints since the previous visit. The agency had received five complaints and it was noted that all the complainants were satisfied with the responses given.

Compliments received by the agency included "delighted with the service", "very impressed with the way clients needs were dealt with when ill", "thank you for the care you've provided which enables me to go out", "compliments to all staff - very good", "staff do a wonderful job" and "during my husbands illness your support and kindness has been excellent."

The agency uses an internal system of quality assurance known as "croquet". This involves a service user and staff annual survey. The analysis of the client surveys was noted in the service users guide. The Croquet system of quality monitoring, which was produced in 2005/6 of which 47 of 94 surveys, returned revealed that:

66% excellent quality of service;  
64% excellent timekeeping;  
69% excellent overall manner and attitude of staff;  
82% happy with way service is monitored; and  
51% said service was "excellent".

Comments where service users thought improvements could be made included "having more carers", "contact from seniors on a regular basis", and "updating care plans". Also "limited cover offered during staff sickness" and "more notice would be appreciated if cancelling the call".

Positive comments included "I trust the carers", "delightful staff", "prompt and reliable service" and "flexible, kind, and caring people". Also "staff do a very professional and competent job and are like friends to us" and "friendly staff".

The agency is also embarking on a programme of "social accounting" which involves service users, staff and stakeholders surveys. This is currently being implemented and is expected to be completed by June 2007.

Service users have annual reviews and these were being undertaken on a regular basis.

# 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 Number</b>	<b>Score</b>
<b>1</b>	4
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X
<b>6</b>	X

<b>Managers and Staff</b>	
<b>Standard Number</b>	<b>Score</b>
<b>17</b>	3
<b>18</b>	X
<b>19</b>	4
<b>20</b>	3
<b>21</b>	X

<b>Personal Care</b>	
<b>Standard Number</b>	<b>Score</b>
<b>7</b>	4
<b>8</b>	3
<b>9</b>	X
<b>10</b>	3

<b>Organisation and running of the business</b>	
<b>Standard Number</b>	<b>Score</b>
<b>22</b>	3
<b>23</b>	X
<b>24</b>	X
<b>25</b>	3
<b>26</b>	3
<b>27</b>	3

<b>Protection</b>	
<b>Standard Number</b>	<b>Score</b>
<b>11</b>	3
<b>12</b>	3
<b>13</b>	X
<b>14</b>	3
<b>15</b>	X
<b>16</b>	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	DO1	The registered person should ensure that the service users guide is kept up to date and reviewed on a regular basis.
2	DO12	The registered person should ensure that service users who do not need moving and handling assistance is recorded on care plans.
3	DO20	The registered person should continue to train staff in NVQ level II so that 50% of staff would be qualified.

## **Commission for Social Care Inspection**

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