



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Heath Lodge Care Services Ltd

**Suite 1&2 The Monument
45-47 Monument Hill
Weybridge
Surrey
KT13 8SF**

Lead Inspector
Mary Williamson

Key Unannounced Inspection
14th December 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	Heath Lodge Care Services Ltd
Address	Suite 1&2 The Monument 45-47 Monument Hill Weybridge Surrey KT13 8SF
Telephone number	01932 851151
Fax number	01932 850023
Email address	sunny@heathlodgecare.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Heath Lodge Care Services Ltd
Name of registered manager (if applicable)	Mary Saward
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

1. Adults over 18 years of age.

Date of last inspection 27th September 2005

Brief Description of the Service:

Heath Lodge Care Services provide domiciliary care services to service users living in their own homes in the Weybridge and Surrey area.

The main office for Heath Lodge Care Services is located behind the high street beyond Monument Hill in Weybridge offering a convenient location for its customers. The office comprises of one large office area with kitchen and a selection of individual offices for the manager, provider, and the accountant. It also provides a training room and computer access for carers.

The office has a range of computer equipment, secure storage areas and is wheelchair accessible.

SUMMARY

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

Mary Williamson who is a Regulation Inspector undertook this key inspection. The registered manager Mary Seward and the provider Dr Ajit Prasare were both present for the duration of the inspection. Although scheduled as an unannounced inspection a short period of notice was given to the manager in order to obtain access to all the relevant documents required for inspection.

A tour of the premises was undertaken and records relating the care of the service users and the management of the agency were examined.

Needs assessments, care plans, service user contracts, staff employment records, and policies and procedures were sampled.

The manager completed a pre inspection questionnaire, and service users feedback forms, and care workers surveys were returned to the inspector prior to the visit. It was also possible to follow up some comments by telephone.

The inspector would like to thank the management team, staff and service users for their assistance in the inspection process.

What the service does well:

Heath Lodge Care Services Ltd is a good agency providing care and support to service users in their own homes. The service is managed efficiently from well- equipped premises.

The standard of assessment and care planning is good with individual needs identified in well- maintained care plans.

Staff training and development is ongoing with over 65% of staff undertaking or trained to NVQ level 2 standard.

Health and safety is promoted for the service users wellbeing and the safety of staff.

What has improved since the last inspection?

The requirements made at the last inspection have now been met. Individual service users contracts are now in place.

Supervision of staff has been formalised, and a review of the medication policy has taken place.

The agency is operating from a new office suite, which is well equipped and resourced to a high standard.

Quality assurance has been introduced on a regular basis.

What they could do better:

The agency continues to provide a good service to its clients and there are no requirements as an outcome of this inspection.

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)

Protection (Standards 11-16)

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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):

1, 2, and 4.

Quality in this outcome area is **(good)**

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

Prospective service users have access to appropriate information prior to engaging the support of the agency. Needs assessments and contracts of care are in place.

EVIDENCE:

The agency has a statement of purpose and service user guide in place which is given to all service users and their relatives prior to a care package been

agreed. This provides service users with all relevant information relating to the agency, including emergency telephone numbers when the main office is closed.

The registered manager explained how she undertakes a detailed needs assessment on all prospective service users and demonstrated the format used for this assessment. The outcome of this will establish if individual care needs can be met. Assessments were seen for KK, LG, NE, DH, and GA. These are well maintained and reviewed when needs change.

Individual contracts are in place. These include the number of daily visits, the number of carers required at each visit, the approximate time of each call and the fees charged.

A confidentiality statement is included in all service users files, which are kept securely when not in use.

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, and 10.

Quality in this outcome area is **(good)**

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

Individual care plans in place outline the care to be provided according to agreed preferences. Medication procedures protect service users.

EVIDENCE:

Individual care plans are in place and outline the specific care to be provided. Care plans were seen for KK, LG, NE, DH, and GA. These are well maintained, and reviewed on a regular basis. They also include risk assessments for manual handling, and other identified risks. The carers complete a daily record chart after each visit, which are retained in the main office file when full. Service users comment cards indicated that they are satisfied with the support they receive from the agency.

The agency has a medication administration policy in place. Home carers administer medication in accordance with this policy. OPUS training provide training to all carers in medication procedures. There are two forms of medication recording charts in operation, one for blister pack administration and one for administering medication from a container. The medication recording charts seen were well maintained.

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 agencies policies and procedures promote health and safety of service users and staff and also safeguard service users from abuse. Assessments are in place for all identified risks.

EVIDENCE:

There is a health and safety policy in place, which promotes the safety of the service users in their own home and the staff working there. All staff are

trained in this policy during induction training and also have a copy of this available to them in their handbook. The training includes COSHH, food hygiene, infection control, use of aprons and gloves, and the use of equipment.

Risk assessments are in place for all identified risks and are part of the initial needs assessment. The manager, the training coordinator, or senior staff who are qualified to undertake such an assessment undertakes these. These include manual handling, use of hoists, medication administration, and lone working. The agency has a policy that states the last call will be 8.30 pm for lone working.

There is an abuse awareness policy in place and all staff receive training in this during induction training. There is also a copy of Surrey's Multi Agency Policies and Procedures on Safeguarding Vulnerable Adults in place and both the manager and the training coordinator have attended training in these procedures and cascade this to the staff team at regular intervals.

Home carers do not handle personal money for service users. The manager explained that if a service user required sundries the agency would provide the money and then invoice the service user or the family accordingly.

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.

The agencies recruitment policy protects service users in their care.

A competent staff team supports Service users.

EVIDENCE:

The selection and recruitment of staff is good. The recruitment procedure in place is robust and protects the service users engaging the services of the agency. Staff employment records were seen for AH, DE, BA, and BW. These are well maintained and include a written application form, two written references, an employment history and a CRB (Criminal Records Bureau) disclosure. All staff have a job description and a contract of employment.

The agency has a training coordinator in post and the manager also has a keen interest in the training and development of the staff team. All staff undertake a three-day induction-training course and are supervised by a senior carer until they are assessed as competent. They are also given an induction checklist and handbook.

The training coordinator provides update training three afternoons a week in the agencies training room. NVQ is ongoing with sixteen staff having completed NVQ Level 2 and a further twenty- four currently undertaking this award. There are two "hot desks" with computers and a selection of text and reference books available in the office, which carers can access for their course work.

Staff supervision is in place and is formally recorded. The manager and senior management team undertake this. All new staff have a "job chat" after four weeks, and will have a 2nd "job chat" after eight weeks. Formal supervision follows this. Annual appraisal is also in place.

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.

The agency is well managed from suitable premises, in the best interests of the service users. The service users have access to the complaints procedure in place.

EVIDENCE:

Heath Lodge Care Services Ltd moved to new premises in June 2006. The agency now operates from a suite of offices located in Weybridge town, which includes five offices, and one open plan administration area with four desks. The provider, the manager and the accountant each have an office. The layout and facilities provide all the resources necessary for the administration of a large agency. The service also provides a training room and computers for carers use enabling professional development.

The agency is well manager by a competent manager with several years experience in the delivery of domiciliary care. She holds a Registered Managers Award, and is an NVQ assessor. She has the support of a competent senior administration team.

There is a complaints procedure in place and all service users have access to a copy of this, which is included in the service user guide. All complaints are logged onto the system and acted on within two days of receipt. The majority of complaints relate to late calls. However some of these complaints often relate to the inappropriate discharge arrangements from hospital where the agency has not been informed.

Quality assurance is monitored and questionnaires are sent to service users at least yearly. Any concerns are acted upon. The agency is in regular contact with service users by telephone and the carers provide regular feedback. The agency also maintains a file of thank you letters and cards from service users. Service users and relatives also provided the Commission for Social Care Inspection with feedback prior to this inspection.

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	3
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	X
9	X
10	3

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

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

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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