



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Superior Care (Kent) Ltd

**37 Joseph Wilson Industrial Estate
Whitstable
Kent
CT5 3PS**

Lead Inspector
Mrs Sue Gaskell

Unannounced Inspection
4th March 2008 10:30

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

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

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

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

Name of service	Superior Care (Kent) Ltd
Address	37 Joseph Wilson Industrial Estate Whitstable Kent CT5 3PS
Telephone number	01227 771122
Fax number	01227 771188
Email address	whitstable@superior-care.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Superior Care (Kent) Ltd
Name of registered manager (if applicable)	Post Vacant
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection

Brief Description of the Service:

Superior Care (Kent) Ltd is a domiciliary care agency operating in East Kent. Superior Care (Kent) Ltd is a small business whose aim is to deliver a tailor made service, taking into consideration the importance of service users preferences. The agency contracts with privately funded service users and those on direct payments. In addition it has contracted with Kent County Council for two individual service users. The agency currently provides care to adults only and caters for older people, and those suffering from dementia, mental health problems, physical disabilities, alcohol and drug misuse, learning disabilities, sensory impairments, HIV/AIDS, and terminal illness.

The agency office is located in on an industrial near Whitstable. It provides care 24 hours a day and has an on call service in case of an emergency outside of office hours. The registered manager and two co-ordinators cover the office. The registered manager and an assessor are also out and about on the patch. Superior Care (Kent) Ltd also operates a nursing agency from these premises.

The current fees range from £ 8.02 per half hour to £13.36 per hour. Additional charges are made for evenings after 7pm, weekends & Bank Holidays.

SUMMARY

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

This inspection took place on 4th March 2008 between 10.30 and 14.30.

I spoke with the manager, (who has recently applied for registration) responsible individual and a member of the administration staff. I also spoke with two of the care staff.

I toured the building and looked at the offices and training room.

The inspection process also consisted of information collected before and during the visit to the agency, and feedback from people who use the service and/or their relatives after the site visit finished. Other information seen included the care plans, various risk assessments and staff records.

The agency also submitted the annual quality assurance assessment required by the CSCI.

There were no outstanding requirements from the previous inspection and no requirements made following this inspection.

The quality rating for this service is **3 star**. This means the people who use this service experience **excellent** quality outcomes.

What the service does well:

Clients' needs are assessed and they are given necessary information about the service being provided.

Staff are well trained and supported.

The general management of the agency and completion of records are of a good standard.

Services are provided in a way which promotes and respects equality and diversity.

What has improved since the last inspection?

The statement of purpose and service user guide have been updated.

Clients and staff have been issued with contracts.

Client's needs are reviewed as their circumstances change

The medication policy has been reviewed and staff have received further training in medication and specialist medical conditions.

The safeguarding adults, whistle blowing and complaints policies have been reviewed.

What they could do better:

Extend risk assessments to include more detail of the actual risk and how to minimise any risks.

Ensure that there is a consistent method of obtaining and verifying references on all members of staff.

Provide prompt feedback on the outcome of investigations into concerns raised by clients or other individuals.

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

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):

1, 2 & 4

People who use the service experience **excellent** outcomes in this area.

Clients know what service is to be provided. Clients and staff benefit from clear care plans and instructions.

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

EVIDENCE:

There is a clear statement of purpose that has been reviewed and updated since the move to the new premises. There is specific reference to equalities and diversities in the statement of purpose and service user guide, and respecting choices, lifestyles and independence. Private clients receive a contract and information about their fees.

The agency provides new clients with a copy of the service user guide and a plan of their care. The care plan includes details about who is to be their main carer. The service user guide includes information about the services that are provided and what clients can do if they are not happy with the service. Clients said that they have been issued with the client's guide either at the start of their service or shortly afterwards.

There is an assessment process for new clients, which is undertaken by the manager or responsible individual. The assessment form provides details of the client's needs, the services to be provided, and additional information such as the client's personal preferences and security or emergency arrangements.

The checklist for new clients also refers to manual handling needs, medication, data protection, general health, communication, personal care and diet. Clients are also asked to sign to confirm that they are aware that records need to be kept on them and that these records may need to be seen by inspectors.

The manager said that she is aware of the need to provide a reliable service and therefore will not take on a new client unless they are confident that the service can be met.

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 & 10

People who use the service experience **excellent** outcomes in this area.

Clients and carers benefit from clear and well maintained care plans and daily records.

Clients say how they want to be assisted and are treated with respect.

There are sound procedures for assisting clients with their medication.

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

EVIDENCE:

I inspected five care plans. The care plans and the format has been improved since the last inspection and provided information about the client's personal details, health and other issues affecting the client, the service being provided, and risk assessments relating to the client's needs and to the environment. There are also details on moving and handling requirements, any particular aids and adaptations, and medication issues. The client files, care plans and assessments are generally well maintained and easily accessible. There are risk assessments in place but they lack detail on the actual risk and how to minimise the risk.

The manager said that the carers weekly programme sheets also give details of any particular needs the clients have, such as diet or medication. One of the carers said that the agency usually makes arrangements to introduce her to new clients prior to actually working with them but that she still looks at the care plan and daily records to check what needs to be done. Carers also said that they ask clients what they would like to be called and how they would like things done.

The daily records were clearly written with specific information about what has been done and the general needs of the client. Although one client's file referred to the need to be turned, there is no means of recording this.

The policy and written procedures for assisting clients with their medication has been reviewed since the last inspection. Staff confirmed that they have had further training in administering medication. This includes specific training from the local Primary Care Trust for particular types of specialist care. Staff also confirmed that they have all been issued with guidelines regarding assisting with medication and that there is always someone senior on call to offer support and advice.

The clients or their relatives I spoke with said that the carers treat them with respect. They said that the care provided is appropriate to their individual needs, likes and dislikes. All of the carers interviewed referred to the importance of respecting people's dignity and also of encouraging people to continue to be as independent as possible.

The feedback from clients indicated that they are satisfied with their carers and the service in general.

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, & 14

People who use the service experience **good** outcomes in this area.

Clients' health, welfare and safety are promoted and steps are taken to minimise any risks to clients or staff.

The training, policies and procedures are designed to safeguard clients against harm or abuse.

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

EVIDENCE:

Written risk assessments are prepared for individual clients and their surrounding home environment but they lack detail on the actual risk and how to minimise the risk.

Four staff files were examined and contained a checklist and other evidence to show that references and CRB checks are obtained prior to employment. The agency also ensures that staff whose country of origin is non European can provide evidence of their entitlement to work.

Staff are issued with a handbook during their induction training. This includes clear guidelines of what they should do if they have any involvement in the use of clients' property, eg the telephone, or clients' monies, for shopping etc.

Staff confirmed that there has been ongoing training in health and safety, food hygiene, infection control and safeguarding adults. The agency has a copy of the current Kent County Council safeguarding adults policies and procedures. The staff I spoke to were aware of the agency's "whistle blowing" policy and procedures.

The staff interviewed referred to the procedures they use when handling client's monies. This includes recording money given and spent and the issuing of duplicated receipts.

Staff are provided with uniforms, protective gloves and aprons, anti-bacterial hand gel and face masks. One member of staff called in for protective gloves and aprons during the inspection. Staff confirmed that they are instructed to always carry their identification badges. The badges are laminated in such a way as to ensure they cannot be changed.

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, 20 & 21

People who use the service experience **excellent** outcomes in this area.

The Agency ensures that their recruitment, training and supervision practices safeguard the welfare of their clients.

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

EVIDENCE:

One recently recruited member of staff said that references are applied for, and all necessary checks are made. Four staff files were examined and contained a checklist and other evidence to show that references and CRB checks are obtained prior to employment. However there are still some files of longer serving staff that either have only one reference or have references from one source.

One member of staff said that she had not worked unaccompanied until she had completed induction training and satisfied the manager that she was competent and right for that particular client.

Staff said that the training provided is excellent. More than 50% of carers have now completed, or are about to complete, their NVQ training. The manager, who has recently applied for registration, is shortly to start the registered manager's award and NVQ 4 in management. The responsible individual is a Registered General Nurse.

Two staff confirmed that there has been ongoing training in health and safety, food hygiene, infection control and safeguarding adults. They referred to recent training in medication, manual handling, use of eye drops, dementia awareness, continence awareness, trachea care, epilepsy and other medical conditions. Staff said that they are not put in situations where there are specialist needs until they have had the relevant training.

There was evidence in the staff files to show that all staff receive individual supervision and appraisals. Although formal supervision is not always regular, two staff confirmed that there is regular informal supervision. Two staff commented on the excellent support given to staff, on job related and personal issues and on the helpfulness of office staff.

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, 24 & 26

People who use the service experience **excellent** outcomes in this area.

Clients are protected by well-managed, consistent and reliable service.

Clients and their relatives are confident that complaints are taken seriously and responded to.

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

EVIDENCE:

The manager and responsible individual said that the move to the new premises in Whitstable has resulted in a more consistent and reliable service.

The agency's records, policies and procedures are maintained to a good standard. The agency regularly reviews its procedures and, where appropriate, incorporates staff and clients' views. The agency carries out audits of the records and procedures on at least an annual basis. The company's business plan is also reviewed annually.

Clients are regularly asked what they think of the service. This is either through a client questionnaire or a telephone conversation. The questions relate to issues such as whether the carers are punctual and stay their allotted time, and whether they wear their uniform and identification badges. The response to the questionnaires was generally positive. Although some questionnaires referred to a lack of feedback when there have been concerns raised, there was evidence to show that the complaints have been investigated.

There are also spot checks by management, and the outcome of these is also recorded on a form. One member of staff said that he found the spot checks supportive rather than just being "checked up on".

One client said that they are aware of forms being sent to them. The manager said that the results of customer surveys are reviewed and acted upon. There is currently no formal way of providing feedback to clients but the manager said that she is looking at ways to improve on this.

The clients and a relative spoken to said that they have been told how to complain. They said that the manager, office staff and carers listen to their views and that they are confident that any concerns would be acted upon. I spoke with one client's relative who said that the agency provides a good service and that the carers do everything that they should.

Feedback from the service's client questionnaires or from my conversations with clients was that carers are reliable and regular. They arrive on time and generally stay for their booked time. The main concern from clients is about times when their regular carer is not available. Two clients said that the office or carer usually phone if there are any changes. The manager said that they always try to send a carer who has been before, but that there are times when this is not possible. A member of the administration staff said that they try hard to match a suitable carer to each client and that clients' wishes are respected.

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	4
2	4
3	X
4	4
5	X
6	X

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

Personal Care	
Standard No	Score
7	4
8	4
9	X
10	4

Organisation And Running Of The Business	
Standard No	Score
22	4
23	X
24	4
25	X
26	3
27	X

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.	DO12	Extend risk assessments to include more detail on the actual risk and how to minimise any risk.
2	DO17	Ensure that there is a consistent method of obtaining and verifying references on all members of staff.
3	DO26	Provide prompt feedback to clients or other individuals on the outcome of investigations of any concerns raised.

Commission for Social Care Inspection

Maidstone Office

The Oast

Hermitage Court

Hermitage Lane

Maidstone

ME16 9NT

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI