

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Domiciliary care agency**

Archgate Care Services

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Registered manager:	Elizabeth Margaret Pearce
Category: e.g. Large agency (200 hours and over) Small agency (up to 199 hours) Supported housing	Agency>200hrs
Dates of this inspection episode from:	24 th May 2010 to: 5 th November 2010
Dates of other relevant contact since last report:	12 th & 14 th May, 24 th June, 28 th Oct, 5 th Nov
Date of previous report publication :	This is the first inspection report for this service
Inspected by:	Michael Lewis
Lay assessor:	
Other regions contributing to this report:	None

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 23B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Overall view of the domiciliary care agency

Introduction

Archgate Care Services is a relatively small domiciliary care agency and was first registered on 13th October 2009 to provide care to:

- Older People
- People with physical disabilities
- People with sensory loss / impairment
- People with learning disabilities
- People with mental health problems
- Elderly mentally infirm

Summary of Inspection findings

- The service was inspected in May, June, October and November 2010. Given this was the first year of the service's operation, comments from service users were positive, on balance.
- Early problems with maintaining staff records resulted in a compliance notice being issued and the registered person responded to the notice appropriately.
- The most recent inspection in November showed that the arrangements for recruitment and staff records were improved, with evidence of good practice where validation of employment history and previous employment matters required clarification.
- Training, staff before they commence providing care to service users, included shadowing senior staff. Although continuously supervised and not providing care, Criminal Record Bureau/Independent Safeguarding Authority checks had not been completed. (See comments under the "Managers and Staff" section of the report.)
- The registered person has begun to develop monitoring and reviewing processes to support key performance areas such as staff supervision, staff training and recruitment to ensure staff are fit to work with vulnerable service users. Further work is required to ensure the system is able to consistently identify, monitor and review key performance and risk areas affecting the quality of care to service users.
- Service delivery plans were kept under review. This registered person involved service users, their families and appropriate community health and social care professionals.
- There is a process for service users to be consulted regarding the quality of care they receive although comments from service users suggested that not all were familiar with this.
- Staff training included subject areas relevant to the needs of the service user group and the registered person has invested in training to support her ability to provide in-house training to her staff. Advice was offered regarding developing these arrangements. (See comments under "Other areas for improvement" below)
- The registered person has engaged constructively with the local adult protection network and positive feedback has been received from the local adult protection coordinator regarding the commitment demonstrated to responding to adult protection referrals.

What does the service do well?

A survey undertaken with service users identified the following positive comments were shared by service users:

- Service users were satisfied with the service provided.
- Carers delivered the care agreed with service users', with call times usually maintained as agreed.
- It was easy for service users to contact the office and the registered person was helpful.
- All service users consulted reported that they would recommend the service to others.

The inspection process also identified the following good practice area:

- Service delivery plans made good use of the knowledge and experience of community healthcare professionals such as district nurses and occupational therapists.

What has improved since the last inspection?

This is the first inspection of the service, preventing comparison with earlier inspections. However, during the period that the information for this inspection was drawn from, improvements were evident in the following areas:

- The recruitment process and securing relevant checks and references.
- The initiation of the quality assurance process to monitor identified priorities in performance such as recruitment, staff training and staff supervision.

What needs to be done to improve the service?**a) Priorities**

- The induction training of staff, involving shadowing senior carers in service users' homes, can only take place where the all of the necessary checks and references are in place and specifically Criminal Record Bureaux checks.

b) Other areas for improvement

- The local Social Care Workforce Development Partnership run by the local authority would provide a useful resource for providing staff training including induction.
- Arrangements for providing staff with dementia training should make better use of local networks such as the Alzheimer's Society and the Dementia Service Development Centre.
- In-house training for staff would benefit from a greater use of alternative external training sources to provide a broader understanding of the knowledge and training available.
- Information on adult protection should use local Welsh guidance rather than the Department of Health information available during the inspection.
- Continued development of the system for quality assurance and audit of key risk and performance areas is recommended, to support the agency's ability to demonstrate year on year improvements in the quality of care.

Service users comments indicated that the following improvements could be made:

- Greater consistency in the operation of the customer consultation processes would provide essential feedback into the quality assurance process.
- The monitoring of the punctuality of some staff should be included as a key performance area in the service's quality assurance arrangements.

Inspection methods

Information from this inspection was gathered from the following sources:

- Pre-inspection information provided by the registered persons
- Information gathered from announced and unannounced inspections.
- All of service survey results carried out by the local authority
- Interviews with the manager and senior staff
- Discussion with local social care professionals involved with the service
- Examination of a sample of records
- Questionnaires completed by staff.

User focused service**Inspector`s findings:**

The inspection considered the following areas of service performance:

- Needs assessment and review
- Care planning and review
- Recording and care delivery
- Service user empowerment and engagement
- Choice and dignity

There are no regulatory requirements or good practice recommendations.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Personal care**Inspector`s findings:**

The inspection considered the following areas of service performance:

- Service user empowerment and choice in the arrangements for their care
- Evaluation of key risk activities and documentation
- Medication audit arrangements

There are no regulatory requirements or good practice recommendations.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding from this inspection cycle:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Protection**Inspector`s findings:**

The inspection considered the following areas of service performance:

- Staff POVA training
- Engagement with local adult protection network

There are no regulatory requirements or good practice recommendations.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Managers & staff

Inspector`s findings:

The inspection considered the following areas of service performance:

- Recruitment of staff and staff records
- Staff supervision arrangements and performance monitoring
- Relationships between staff and service users and their families
- Staff training

The initial inspection of the service in May identified shortfalls in the recruitment process and staff records, where staff had commenced work before the necessary checks and references were in place. A compliance notice was issued at that time and the registered person responded to the notice appropriately. The most recent inspection in November showed that the arrangements for recruitment and staff records were much improved, with evidence of good practice where validation of employment history and previous employment matters required clarification. However, the consistency with some staff records emphasised the need for more effective monitoring of the quality of staff records supporting the recruitment process.

Arrangements to train staff before they commence providing care to service users included shadowing senior staff. A senior carer advised that 2 new staff were shadowing him as part of their induction training, while CRB checks were being processed. Other specified documentation was in place. However, the relevant regulations state that if a person is not working as a domiciliary care worker they can not visit a person in their own home unless there is full and satisfactory information in place including Criminal Record Bureau/Independent Safeguarding Authority checks.

The registered person has begun to develop monitoring and reviewing processes to support key performance areas such as staff supervision, staff training and recruitment and the effectiveness of these early arrangements will be reviewed at the next inspection. Early observations support the view that further work is required to ensure the system is able to consistently identify, monitor and review key performance and risk areas. The registered person was able to describe how she intended to develop this area of service performance.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
Domiciliary care workers and other staff, working for purposes of the agency, can not visit a service user in their own home unless there is full and satisfactory information in place, including Criminal Record Bureau/Independent Safeguarding Authority checks. The registered person must confirm in writing that full and satisfactory information, specified in Schedule 3, is in place for all staff visiting service users in their own home.	07/01/10	15(2)Sch3.04

Good practice recommendations:

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Organisation and running of the business

Inspector`s findings:

The inspection considered the following areas of service performance:

- Service user and relative engagement within the quality assurance processes
- Record keeping
- Service user empowerment

There are no regulatory requirements or good practice recommendations.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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