Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Domiciliary care agencies

Name:	HICA Homecare Hull
Address:	HICA Geneva Court Geneva Way, Leeds Road Kingston upon Hull East Yorkshire HU7 0DG

The quality rating for this domiciliary care agency is:	two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	**Date:**							
Beverly Hill	2	6	0	9	2	0	0	8

This is a report of an inspection where we looked at how well this agency is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example User focussed services)

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.
This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people using this domiciliary care agency experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Domiciliary Care Agencies can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- 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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the agency

Name of agency:	HICA Homecare Hull
Address:	Geneva Court HICA Geneva Way, Leeds Road Kingston upon Hull East Yorkshire HU7 0DG
Telephone number:	01482782929
Fax number:	
Email address:	manager.hull@hica-homecare.co.uk
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	
Miss Christine Sandra Brown	
Conditions of registration:	
Date of last inspection	
Brief description of the agency	

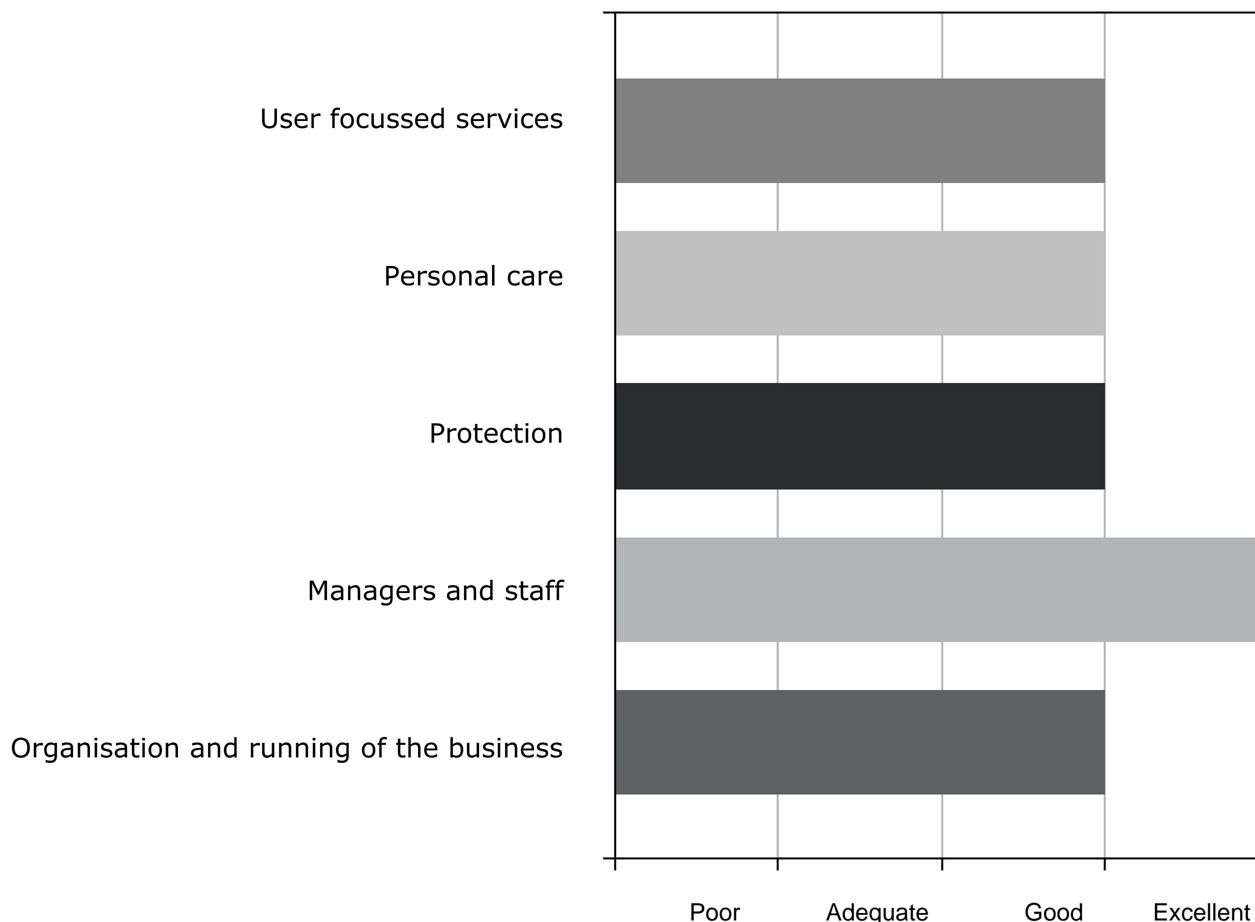
HICA Homecare is owned by Humberside Independent Care Association, a not for profit organisation, and provides domiciliary support to over 320 people over the age of eighteen and employs approximately 130 staff. The agency is located on Leads Road in Hull and serves a large district covering the East Riding of Yorkshire and the eastern area of the city of Hull. The accommodation is situated on the ground floor of a suite of offices. There are car-parking facilities and the accommodation is accessible to people with mobility issues. There is a main reception room and office, manager's office, a small meeting room and a large meeting/training room. There is a kitchen and sitting area for staff when on breaks and a storage room, which is used to archive files. The agency is operational 365 days a year. Fees were variable depending on the package of care required.

Summary

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

The quality rating for this agency is:	two star good service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 2 star. This means that the people who use this service experience good quality outcomes.

This inspection report is based on information received by the Commission for Social Care Inspection since the last key unannounced inspection on 27th and 28th September 2007, including information gathered during a site visit to the agency, which took approximately eight and a half hours.

On a separate day we visited three service users in their own homes and had a discussion with one person on the telephone. We also included another way of gaining information into the inspection process. This was by use of an expert by experience

contacting people by telephone and asking them questions about the service they received. An expert by experience is someone who has had direct experience of receiving social care services either for themselves or for someone they have cared for. They completed a report of their findings for us.

During the site visit we met with the registered manager, the training officer and one care staff member who came into the office. We observed how the office based staff conducted the service from their end.

A range of paperwork was examined in relation to assessments, care plans, environmental risk assessments, policies and procedures, staff recruitment, staff induction, training and supervision, complaints management and some quality assurance surveys.

We received thirteen surveys from service users and four from staff members. The expert by experience contacted ten people and managed to speak to eight of them on the telephone. Comments from people have been used throughout the report.

We would like to thank people who took the time to complete surveys and meet with us in order for us to gain information about the service provided by HICA Homecare. We would also like to thank the expert by experience for their invaluable report.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use the services are not being put at significant risk of harm. In future if a requirement is repeated it is likely that enforcement action will be taken.

What the agency does well:

The agency always made sure that people had received an assessment prior to the start of the service. They also completed a risk assessment of the persons environment. The assessments made sure that staff knew what peoples' needs were and that they could support them safely.

People said that the agency were willing to change the times of visits to fit in with appointments they had.

The agency had good policies and procedures regarding the management of medication and staff completed training so they could assist people safely.

There were positive comments about the staff visiting peoples' homes. They were described as, 'friendly', 'excellent', 'very understanding', 'they respect me all the time' and 'they do things well'. The majority of people surveyed stated that privacy and dignity was respected.

Staff were recruited properly with checks made to ensure only appropriate staff were employed to support vulnerable people.

Staff received excellent training and the training officer maintained very good records.

The agency made sure that staff knew what to do in cases of emergencies and made sure they had sufficient equipment to do their jobs safely. There was always someone available for staff to contact for advice.

The way the agency was managed and the policies and procedures it had in place meant that peoples' welfare and safety were promoted and as far as possible protected.

The premises was easily accessible to people with mobility issues.

What has improved since the last inspection?

Communication has been improved between the main office and staff by the introduction of mobile phones to those working in the community.

There was assessment documentation produced by the local authority, in place in the care files examined for people funded by them.

The registered manager notifies the Commission of any safeguarding incidents referred to the local authority or if they have to involve the police for any reason.

The percentage of staff that have completed national vocational training in care has increased to 48 percent. The agency is on target to increase this to over 60 percent later in the year. This will be a very good achievement.

All staff have been issued with new uniforms and new identity badges.

What they could do better:

When care staff are going to be late for calls or if a change in carer or in the schedule has been made the main office could be more proactive in letting the service user know. The lack of contact when this occurs has left some people, 'uneasy' and 'left waiting and wondering'.

Care plans could contain more personalised information about the way people like to be supported and consistently include steps to minimise any personal risk that has been identified.

Some people told us they weren't sure how to complain and not all complaints had been put on the log maintained by the manager. In view of this the registered manager could make sure that peoples' awareness was checked out during quality monitoring visits and the complaints log updated.

At the last inspection two service users told us that peoples' names and the tasks the staff completed for them could be seen when they signed the daily schedule. The agency responded stating that these details would be covered in future. The manager and staff could make sure this happens and the agency could use codes to identify the tasks if tasks need to be on the schedule.

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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User focussed services

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People are confident that the agency can support them. This is because there is an accurate needs assessment, which they, or someone close to them, have been involved in. This tells the agency all about them and the support they need and is carried out before they are offered a personal domiciliary care service.
People and their relatives can decide whether the agency can meet their support needs. This is because they, or someone close to them, have got full, clear, accurate and up to date information about the agency. People know that the agency can meet their needs because staff have the skills and experience to give them the care they need. If they decide to use the agency they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the agency that includes how much they will pay and what the agency provides for their money. People are confident that the agency handles information about them appropriately. This is because the agency follows their policies and procedures. They get a consistent, and flexible care service from reliable and dependable staff members.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency ensured that all prospective users of the service had their needs assessed prior to the start of the service. They also consistently obtained assessments completed by the local authority for people funded by them.

Some inconsistencies in carers and times of calls has led to some people feeling, 'uneasy' and others not sure who is visiting or when.

Evidence:

We examined five care files during the visit, three of which were new arrangements of support services. All the care files included assessments and care plans completed by

Evidence:

the local authority. The manager explained that all potential users of the service received an assessment of their needs prior to the start of the service and they liaised with the local authority to ensure they received the assessment on time.

The agency's own assessment was in addition to that produced by the local authority for people funded by them but acted as the sole assessment for people who self -funded their care support. The assessment was a tick box form with scope for comments about the problems identified.

The agency had the same system for staff to request signatures of people receiving a service after each visit. The schedule sheets continued to include the full names of the service users and a brief description of the visit, for example, 'personal care, bed bath and change bed', 'carers to assist with undressing' or 'incontinence care'. Other service users on the same day schedule could view these names and descriptions. The manager stated they were unable to change the system although the response to the last inspection report stated that staff were to be given clip boards with an insert to cover the names. It does not appear this is happening, as one person we visited told us they could see peoples' names but they, 'tried not to look'. As no service user has reported any further incidents to us regarding this the requirement has been moved to a recommendation for good practice.

People spoken with and surveys received from them told us that the agency was flexible and responsive. Some people had a better experience regarding the consistency of carers than others. During visits to people one person told us they were happy with the service. They had five regular carers and they stated they were, 'pretty good', 'generally on time' and, 'they always ring if they are going to be late'. They told us that staff have rearranged times for the visit to accommodate the persons' hospital appointments. Another person confirmed consistency by saying, 'I never know who is coming each day but I have three regular carers'.

A third person visited stated they had four to six regular carers. They did comment that an improvement would be for the agency to keep to consistent times, especially for their tea-time and evening call. The evening call was for 8pm and they stated when their regular carer is off they have to ring, 'almost every night', to find out who is coming and what time. They said the times the carers visited ranged 7.15pm and 10pm. When records for August 2008 were checked at the main office the times of the visits went up to 11.30pm. Another person spoken with was concerned about inconsistencies in carers and times, 'we do have usual carers but we don't know which one is coming - sometimes the regular ones are off so others arrive, we have had about fifteen carers in the last twelve months'. The person stated the call was a morning call to assist with getting up, washed, dressed and to be given medication

Evidence:

before breakfast. The day of the conversation, at 10am, the carer had not arrived and the person had had their breakfast already. Records checked evidenced the calls ranged between 8.40am and 11.40am.

The report completed by the expert by experience, after speaking with eight people about the service they received, said, 'half of the service users stated that the carers arrive late and often leave early. All of the service users informed me that there were not told if a carer would not be attending. The majority of service users felt sympathetic towards the carers as they thought they were over worked. One service user often feels very rushed when the carer arrives late, as the carer tries to follow the service user’s needs in less allocated time'.

The report also stated, 'care could be delayed especially at weekends' and 'all individuals stated that the carers are often different carers and they could be unknown to them, although they do show their identification badges to the service users. It has made a few service users feel uneasy'.

Personal care

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the agency is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. Their right to privacy is respected and the support they get from workers is given in a way that maintains their dignity. If people take medicine, they manage it themselves if they can. If people cannot manage their medicine, the agency supports them with it in a safe way.
People's needs and goals are met. The agency has a plan of care that the person, or someone close to them, has been involved in making. They are able to make decisions about their life, with support if they need it, as the staff promote their rights, choices and independence.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with care in ways that respect their privacy and dignity and there are good systems in place to manage medication.

The care planning process could be improved with more attention to the individual preferences of people. This will provide a fuller picture of tasks required by staff when supporting people.

Evidence:

We examined five care files during the visit. Each file had a care plan produced with information from the assessment regarding how needs were to be met. The care plan was divided into sections relating to the time of calls throughout the day. There was a tick box system for everyday tasks such as in the morning section, getting up, bathing, washed and dressed and assisting with breakfast. This enabled a quick reference guide for staff. There was also a comments box for further information and to make the care plan more individualised for people. In all the care plans examined the tick box sections had been completed. To improve the care plans and to make them more

Evidence:

personalised the comments box could contain a more thorough description of the tasks to be completed by staff.

For example one persons assessment by the local authority was very specific about their breathlessness on exertion, their preferences for clothing and how continence issues affected them but this was not mentioned on their care plan. The care plan for supporting them in the mornings had been written on the assessment pages under, 'environmental controls'. It had been signed by the service user but the missing care plan pages could not be located.

Similarly a young person with complex needs again had the tick boxes completed and minimal information in the comments box. There was no mention of how staff supported them to maintain their independence, privacy and dignity, how their catheter was managed and positioned, and there was no mention of preferences regarding toiletries, make-up, perfume, clothes, hair care, nail care and dental care.

A discussion with one person indicated that they had a specific way the hoist sling had to be used and they stated this, on occasions, had to be explained to new staff. This information could be contained in the care plan. The daily notes for the person stated, 'exercises done', but there was no record in the plan what these were or if every staff member was aware and completed them. Another person in a survey told us about their care plan and said, 'little things important to me have been excluded by some carers, some can't cut or peel grapefruit or oranges for me'.

We received thirteen surveys from people, visited three people and had a telephone conversation with another. The expert by experience spoke to eight of the ten people telephoned. Eight of the surveys received by us stated that people had received a care plan, all three visited had received one and the expert by experience report stated, 'the majority of service users had a copy of their care plan, however some had not'. There was evidence that service users or their representatives signed their care plans in agreement to them.

People generally felt that they received the care as written in their care plan and that staff listened to them. All people spoken with, and in surveys, stated that they received care in ways that respected their privacy and dignity. Comments were, 'a few carers are acceptable and a few have been excellent', 'medication is very good', 'they follow the care plan', 'the carers do things well' and 'they do what I want'.

The agency had comprehensive medication policies and procedures which were in line with the local authority guidelines for assisting with and administering medication in domiciliary care. The training officer stated that all staff had completed refresher

Evidence:

training using the universal medication policy. Staff supervision records confirmed this. The process of management of medication differed in East Riding where staff could only prompt people with their medication from monitored dosage boxes prescribed by their doctor.

Protection

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People using the agency are safeguarded. This is because the agency follows health and safety procedures, keeps records appropriately and ensures their staff follow policies and understand the importance of assessing risks. The agency safeguards people from abuse, neglect and self harm and takes action to follow up any allegations.
People are confident that their property and money will always be safe as the agency follows the right procedures. Their health and rights are safeguarded as the staff keep an accurate record in their home of all the support they give them.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users were protected from abuse and their health, safety and welfare promoted by good policies, procedures and practices.

Evidence:

The agency continues to have a comprehensive health and safety policy that was detailed in information given to all care staff. There was evidence that care staff also completed health and safety training during induction. This included moving and handling, fire safety, first aid, infection control, basic food hygiene and general health and safety policies and procedures. Regular refresher training was also provided. The agency had a well equipped training room that included a hoist for practical demonstrations.

Staff surveys indicated that they were aware of policies and procedures for lone working, what to do in emergencies, health and safety, and home security. There was evidence in care plans that health and safety was addressed, for example, key codes for security were discreetly detailed and instructions on who was responsible for

Evidence:

maintaining hoist equipment was clearly visible. There was evidence that on one occasion staff had noticed a hoist had not been serviced for eight years and they contacted the local authority to arrange for it to be done.

Only senior care staff or care coordinators visit people in their home to complete assessments and identify any risks associated with the care package. They complete an environmental risk assessment looking at any internal and external factors that could pose a risk to the service user or staff supporting them. They also complete moving and handling risk assessments and provide guidance for staff on the amount of carers used and any equipment required. They identify utility emergency points.

Part of the assessment documentation has a tick box for identified risks. For example whether the person has risks associated with diabetes, skin breaking down and other health related issues. Although identified these risks were not consistently covered in the care plans produced, which could lead to gaps in care.

All care staff were equipped with aprons and gloves and a devise for checking the temperature of hot water to ensure they supported people to bathe and shower at the right temperature. They wore distinctive uniforms and also had identity badges to enable people to check who they were prior to entry into their homes. All staff had been issued with mobile phones for their safety and to enable them to contact the main office if they were late for calls or they if they required advice in emergency situations. The agency had a manager on call service for staff.

All staff completed basic in house training in the protection of vulnerable adults from abuse during induction. Some staff had completed the more comprehensive local authority training. The home had policies and procedures in place for reporting incidents of abuse and a staff member spoken with on the day was aware of what to do if they suspected abuse had occurred. The manager and staff had demonstrated their knowledge of alerting, referral and investigating procedures on three occasions when care staff acted appropriately and informed the manager of concerns they had during visits to peoples' homes.

The local authority had received a safeguarding alert from a health professional concerned that staff had not been administering specific medication correctly. An investigation indicated that the issues had been one of recording rather than not administering the medication and managers were proactive in ensuring staff received further training in this.

Managers and staff

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People have confidence in the staff at the agency because checks have been done to make sure that they are fit to do the job. Their needs are met and they are supported as the staff get relevant training, support and supervision from their managers.
People have safe and appropriate support because the staff providing their care are qualified and competent. They are confident that the staff that provide their support are clear about their roles and responsibilities.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users were supported by robustly recruited and well trained and supervised staff.

Evidence:

The agency has robust recruitment policies, procedures and practices. New staff members are recruited via an interview process with references and police checks completed. Supervision arrangements are put in place when staff are recruited after the povafirst check against the protection of vulnerable adults register but prior to the return of the full criminal record bureau checks. In surveys staff confirmed that recruitment processes were fair and thorough.

The agency has excellent training opportunities for staff. The designated training officer showed us the agencies training plan and records maintained. Each staff member has a training folder, which is regularly kept up to date. The training plan contains mandatory and service specific training. In addition to the training provided within the company, staff access training provided by the local authority. The training officer has also produced a resource of material and information for specific diseases and conditions affecting the service users provided with a service. This was quite comprehensive and a staff member confirmed in a survey that the information about

Evidence:

the specific condition affecting one of the service users she supported was invaluable.

The agency subscribed to a relevant home care magazine to enable the manager and training officer to keep up to date with new information with which to pass on to staff.

In surveys all staff stated that training was relevant, kept them up to date and, helped them understand service users needs. All staff had an annual appraisal to assess their training needs.

The agency has a designated training room provided with a bed, moving and handling items and other equipment for staff to use. The training officer was particularly organised and had information readily available for inspection and day-to-day use regarding training completed and when refresher training was due. They advised that the training plan was formulated as a result of service users needs but also from staff supervisions and appraisals.

New staff completed a weeks induction that consisted of three days office based training and two days shadowing more experienced staff. They also received an induction pack consisting of relevant information.

Each staff member progressing through national vocational training has a file ongoing until training is completed and a certificate is obtained. To date 48 percent of staff have gained a national vocational qualification in care at level 2 or 3. This is a very good achievement. However the training officer advised that other staff were progressing through the course and this figure will reach 64 percent by the end of the year. This will exceed the required target of 50 percent of staff trained to this level. The company reward staff financially for completing national vocational training.

Supervision records were examined and there was evidence that staff were on track to receive the required four sessions a year. Some of the sessions were observations of practice that took place in the service users own home, whilst others were one to one discussions about their role, policies and procedures, health and safety issues and any training needs. In surveys staff stated they were supported well and were able to approach the manager or training officer with any problems.

Organisation and running of the business

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People get consistent and planned support from the agency because the manager runs it appropriately with an open approach that makes them feel valued and respected.
People using the agency are safeguarded because it follows financial and accounting procedures, keeps record appropriately and ensures that their staff follow policies. If people have concerns about the agency they, or people close to them, know how to complain. Their concern is looked into and action taken to put things right.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency was generally well managed but some service users experience difficulties in communicating with the main office, which could affect their service and welfare.

Evidence:

There has been no change to the premises since the last site visit. The agency is situated on the ground floor and accessible to people with mobility issues. It is close to public transport routes and has car parking facilities. The agency has a large main office with a reception area to greet people, a manager's office, a fully functional training room, a kitchen and sitting area for staff on their breaks, a store room for archiving files and a small meeting room.

The agency continues to provide domiciliary care to people with a range of needs in their own homes and in supported living and extra care arrangements. In Hull the agency has block contracts with the local authority and in East Riding contracting is done on a more individual basis. The registered manager advised that contracts with the East Riding will be increasing in the near future and more staff are to be recruited to meet the increase.

The agency has a good management structure, which consists of the registered

Evidence:

manager, a lead care coordinator, two care coordinators, three senior care staff, a training officer and, a project manager responsible for among other things, the medication training and updates. There are three administration staff and approximately one hundred and thirty care staff. The registered manager has support from senior managers in the company and has manager's meetings on a monthly basis to share good practice and information.

Since the last key unannounced inspection all care staff have been issued with mobile phones to enable them to keep in touch with the main office and enable the main office to keep in touch with them. This has improved communication between the office and care staff but there is still an issue regarding communication between the office and service users when the carers are going to be late or changes have been made to schedules.

Seven out of thirteen surveys received from people told us that communication needs to improve. Some comments were, 'they need to let me know if the carer can't come', 'they should inform me when a carer is unable to attend so I'm not left waiting and wondering' and 'there is a lack of communication between the office and clients'. One person told us this had led to a late hospital appointment and others spoke of their frustration when telephones are not answered or calls are not returned, 'you wait a very long time for answers'. All the people surveyed by the expert by experience commented that weekends were particularly difficult with not enough staff, delayed care and a lack of communication. Their report said, 'the main office did not contact them personally if a carer is going to be delayed' and, 'they felt that the company should be contacting them rather than the service user having to contact the company themselves'.

The carers were described in all surveys as kind, efficient and friendly. One person stated, 'I am delighted overall to have the carers and would not complain if the issues above, meaning communication, can be overcome'. Other comments received were, 'an invaluable service that is largely reliable', 'I want to commend my particular carer for her reliability and friendly help over the years', 'the carers do very well', 'they try to ensure I receive carers sympathetic to my needs', 'does well most of the time', 'without their help it would be a lot harder for my family'.

Staff in surveys commented that the agency needs to be, 'more organised' and, 'improve communication as messages are not always passed on properly'. Staff did state that it is much easier for them to communicate with the office and other carers now they have mobile phones.

The agency has a complaints system in place and in ten of the thirteen surveys

Evidence:

received people stated they knew how to complain. All the people contacted by the expert by experience were unsure how to make a complaint. Their report stated, 'they certainly weren't aware or appear to have received any information about this'. Those people visited knew how to make a complaint.

We looked at the complaints recorded on the log sheet since the last site visit and maintained by the registered manager. Four had been recorded in the last year. It was difficult to audit what three of the complaints had been about as the issues were not stipulated on the log. Surveys returned during the agency's own quality monitoring suggested complaints had been made but not recorded on the log and a person visited told us they had made a complaint, which was addressed by the agency. It appears that complaints are being investigated and addressed but not all are being recorded on the log sheet.

The company has a form to use for separating out complaints or concerns into late calls, missed calls, poor practice and care worker issues but it did not appear that this was used. The form, if completed, would give some analysis of the extent of missed or altered call times when seen as complaints.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this domiciliary care agency. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	5	The way schedules are signed by people receiving a service should be in line with the agency's action plan from the last Key unannounced inspection. This will help to maintain confidentiality.
2	6	The agency should monitor inconsistencies in carers and times of calls and discuss these with service users in light of comments made to us and the expert by experience.
3	7	Care plans should contain more individualised information about people to ensure staff have a full picture of how to support people.
4	12	When individual risk assessments identify issues, these should be consistently addressed in care plans so staff have full information on how to minimise any risks.
5	22	The way the agency communicates delays in service or changes in schedules to service users should be reviewed in light of comments made in surveys and discussions with people.
6	26	All complaints or concerns should be recorded on the log to provide, 'at a glance' information to help with improving the service. Also the agency should remind people of how to complain in light of information provided in discussions.

Helpline:

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

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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