

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Domiciliary care agency**

Michael Phillips Care Agency Ltd

30-32 Kinmel Street
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Date of publication – 26 January 2011

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Care and Social Services Inspectorate Wales

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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:	01 November 2010 to: 26 January 2011
Dates of other relevant contact since last report:	n/a
Date of previous report publication :	18 March 2010
Inspected by:	Catherine Barnett
Lay assessor:	n/a
Other regions contributing to this report:	n/a

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

Michael Philips care agency is a domiciliary care agency which offers personal care to adults with physical disabilities, sensory loss/impairment, dementia/ mental infirmity, learning disabilities and drug and alcohol dependency, living in Denbighshire and Conwy.

Both the statement of purpose and service user guide have been reviewed. These documents provide information to assist both current and prospective service users and their relatives to make informed choices as to the agency's ability to meet their individual needs.

The self assessment form was completed within the agreed timescales and forwarded to the offices of CSSIW prior to the inspection visit. This offers an opportunity for the registered persons to evaluate their current service delivery. Additional information was sent to the inspector which also assisted in the inspection process.

Prior to the inspection questionnaires were sent out to:

10 staff and 7 were returned

10 service users and 7 were returned

10 relatives and 6 were returned

5 professionals and 2 were returned

Feedback from service user's and relatives questionnaires will be included with the body of this report. The inspector spoke with the care manager, human resources manager, two support workers and service users and relatives were also contacted.

An unannounced inspection was undertaken at the agency's office on the 16th December 2010 between the hours of 10:30 and 15:30.

During the inspection:

Three service user's files were seen by the inspector

Three staff files and their Criminal Record Bureau (CRB) checks were examined.

Discussions took place with the manager regarding risk assessments, Protection of vulnerable adults (POVA) referrals and complaints.

Unified assessments are produced by the local authority and initial needs assessments are carried out by the manager from which care plans are formulated. The inspector noted that basic risk assessments were in place. However detailed risk assessments should be clearly recorded for each individual identifying their specific needs as stated in unified assessments. It is evident that staff are knowledgeable about the service users they support however this information needs to be written down as part of individuals care plan.

Three staff files viewed evidenced that recruitment procedures are being followed by the agency. However one file did not hold the necessary identification and one did not contain a contract. This was discussed with the manager and human resources manager who will ensure this information is obtained for filing purposes.

Through information provided on the self assessment form and discussion with the manager it was clarified that since the last inspection the agency has made eight POVA referrals to safeguard service users and has received one complaint. These were discussed with the manager of the day of the visit

The agency has a complaint policy and procedure in place to safeguard service users and staff. Staff and service user feedback confirmed that they would be able to make a complaint if they were not happy with the agency.

The inspector would like to take the opportunity to thank all those involved in the inspection process.

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

The agency has a service user guide and statement of purpose which have been reviewed. These documents enable service users and their relatives to make informed choices about the agency's ability to meet their needs.

Three service user files seen evidenced that local authority unified assessments were in place. Initial needs assessments are undertaken by the agency and this information is then used to develop a service delivery plan. It was however noted by the inspector that the details provided in the unified assessments were not clearly reflected in the care plans. This was discussed with the manager who confirmed that the reasons for this should be documented so that staff are aware of what level of support the individual currently requires. National Minimum Standard 4.5 states the information and detail provided in the plan is appropriate for the complexity of the service to be provided. A computer system and communication boards are used by the agency to ensure that information regarding service users is updated as necessary.

The local authority takes lead responsibility for annual care plan reviews. These can also be requested by the agency as and when necessary.

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:

Care plans should reflect local authority unified assessments.

Personal care**Inspector`s findings:**

Three service user care plans were seen by the inspector which provided information regarding personal care service users were to receive and manual handling requirements. Care plan information included medical histories and details of GP's and other health and social care professionals involved with the service user. Comments taken from professional questionnaires included "good reports from service users, very good reception communication and friendly and efficient".

Service user questionnaires returned to the offices of CSSIW evidenced that they were happy with the support they received from the agency. Comments included:
 "care workers could not be any better"
 "very happy with the service we receive"
 "caring and responsive to requests".

It is evident through service users, relative and staff feedback from questionnaires and discussions that the agency are committed to providing continuity of care. This is achieved by matching staff to service users, organising rotas and managing changes as they occur.

According to the self assessment document 27 staff have received dignity in care training. This is viewed by the inspector as good practice. The agency produces a dignity in domiciliary care policy.

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:

It was identified that generalised risk assessments and assessments of the service user's home are undertaken and these were seen to be held on all three service user files viewed by the inspector. However detailed individualised risk assessments should be in place in line with unifies assessments. The action staff should take to safeguard service users and themselves should be clearly documented. National Minimum Standard 12 states the risk of accidents and harm to service users and staff in the provision of the personal care is minimised. This was discussed with the manager who will address this by ensuring this information is readily available.

Mandatory training is provided in house and all staff have received Protection of Vulnerable Adults (POVA) training. One professional questionnaire commented they found it reassuring that agency staff and a trainer carry out the service user's initial visit. The individuals needs can then be assessed and staff training can be tailored to meet their needs. All new staff are provided with the agency's induction pack which contains the employee safety handbook and the agency's policies and procedures.

The agency operates an on call system and staff spoken with confirmed that this is effective. There are systems in place to monitor the needs of service users and changes to their care packages to ensure that staff are providing the right services at the right time.

Documentation kept within the agency's office was seen to be stored confidentially. Codes are used by office staff to maintain service user confidentiality and computers are password protected.

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:

Individualised risk assessments should be completed to safeguard individuals in receipt of services and staff providing support. A copy of which should be made available both within the agency's office and the service users home.

Managers & staff

Inspector`s findings:

Recruitment procedures are followed by the agency and this was evidenced by examining 3 staff files. The agency employs a human resource manager to deal with personnel. It was noted that one file did not contain appropriate forms of identification and one file did not have a contract in place. This was discussed and the necessary information is to be obtained. Gaps in employment histories on application forms should be explored reasons recorded. The inspector evidenced that a sample of three staff members were in receipt of the relevant Criminal Records Bureau check (CRB).

All employees undertake a four month induction programme. On receipt of CRB checks new staff shadow experienced members of staff. This is agreed with service users in advance. This is to ensure that new staff are confident and competent to attend calls on their own. The agency is able to provide in house training for all staff. Feedback received from staff questionnaires and discussion with staff on the day confirmed that they had received adequate training in order to carry out their job roles. Staff supervisions are carried out every 3 months which includes spot checks as part of the monitoring process.

The agency uses a computer system to ensure that the right staff are matched to service users. The inspector evidenced that lists are compiled regarding service users requests for staff they want to support them. Staff are also able to identify which service users they are best suited to support. This ensures continuity of care is provided to individuals taking into account their choices and preferences. This is viewed by the inspector as good practice. Staff spoken with on the day evidenced that they understood the needs of the service users they offered personal care to and felt supported by the management team.

Comments taken from staff questionnaires included:

“I feel very valued”

“all the team work together”.

A comment taken from one relatives questionnaire stated that the service was “excellent and staff go the extra mile”.

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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Organisation and running of the business

Inspector's findings:

The self assessment form was returned to the offices of CSSIW within the agreed time scale. This provides an opportunity for the registered persons to evaluate their current service delivery. Additional information received prior to the visit also assisted with the inspection process.

The inspector discussed the information provided on the self assessment form with the manager who confirmed that the agency had made eight POVA's referrals to safeguard service users and had received one complaint. It was evident that the agency had responded appropriately in order to safeguard both service users and staff. However it did highlight that due to the complexities of service users receiving support from the agency, detailed individual risk assessments should be in place to promote safe practices. The inspector acknowledges that care plans do refer to possible risks but these should be made clearer to ensure that all staff are aware of the appropriate action to take. The manager will ensure that all service users have their needs assessed in terms of risk and documented as part of their care plan.

The service user guide contains information about making complaints. Feedback from staff, service users and relatives confirmed that they would be able to raise any concerns with the manager. There is a complaints policy and procedure in place.

There is a clear management structure in place which provides good communication between staff, service users and relatives. The service continues to be well run. Relative questionnaire commented:

"very friendly and caring"

"very efficient from management to carers"

"reliable".

The agency's quality assurance report was forwarded to the offices of CSSIW with the self assessment documents.

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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