

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Domiciliary care agency**

Michael Phillips Care Agency Ltd

30-32 Kinmel Street
Rhyl
LL18 1AN

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Contact telephone number:	01745 350923
Registered provider:	Philip Osbiston t/a Michael Phillips
Registered manager:	Karen Yvonne Hughes-Blackborow
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:	June 2008 to: August 2008
Dates of other relevant contact since last report:	
Date of previous report publication :	13 th July 2007
Inspected by:	Rowenna Walker
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

The Michael Phillips Care Agency Ltd is a Domiciliary Care Agency that provides care and support to older people to enable them to continue to live in their own homes. The agency is registered with Care and Social Services Inspectorate Wales (CSSIW).

The agency, which operated from the private home of the registered provider, recently moved to a large three storey office property in the centre of Rhyl.

The agency employs over seventy care staff and provides services to the elderly, clients with varying degrees of physical/chronic disease or disability and adults with sensory loss or impairment.

The registered provider is Phillip Osbiston and the registered manager is Karen Hughes-Blackborow.

Prior to the inspection, the registered person was asked to complete a self-assessment document and provide documentary evidence as to how the regulations are being met. The document also provides the opportunity to give an objective view reflecting the quality of the service provided, area of achievement and those of development.

The self-assessment document was comprehensively completed and returned within the timescale.

On receipt of this information, the inspector produced an inspection plan that outlined the methods and focus of the inspection. The plan was then forwarded to the registered manager prior to the inspection.

A combination of methods was used as part of the inspection process that involved examination of care documents, case tracking of four service users, discussion with service users and relatives, discussion with staff and direct testing of documents held in the service users home.

Questionnaires were sent to:

Service users x 6 with a return of 5

Staff x 6 with a return of 3

The inspector held discussions with the manager and had access to relevant documentation. The inspector was also accompanied on a tour of the building and met office staff.

Returned questionnaires from staff stated they felt supported by management and believe there is good teamwork at the agency.

The recent change of premises has provided the agency with a more formal foundation, enabling staff to work in a better working environment and with updated telephone technology. This allows an increase in calls at any one time, with more staff able to access the IT software to help service users with their queries.

All records are kept securely and all information is logged formally on a specific IT

software programme.

The offices are well organised, with a large purpose-built training suite available for in house training by the agencies own trainers. The inspector viewed the training room which was equipped appropriately.

Good recruitment practices are evident with the availability of a Human Resources department at the agency. The manager stated this has made an improvement to the day to day management and employment issues that occur.

The agency provides good information to service users. Returned questionnaires and discussions confirm that they are involved in formulating their care plan and all costs of services provided are explained.

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

A statement of purpose and service user guide is available. These documents have been reviewed and updated since the last inspection. Copies were provided in the self assessment provided prior to the inspection. The documents are informative and assist service users and relatives to understand the organisation and the services it provides. Returned questionnaires from service users stated they had been provided with good information from the agency. Service users are provided with packs within their homes which were noted to contain information about their care needs and essential contact details should they need to telephone or contact the agency.

Service users confirmed they are involved in their care plan and if any needs change; the care plan is updated accordingly. The documents are user friendly and service users spoken to were able to explain the purpose and function of their care notes.

Returned questionnaires from service users commented that the care staff were 'excellent', 'couldn't ask for better care' and the staff were 'very polite, helpful and thorough'

Care staff who returned a questionnaire confirmed they are required to read all the information available prior to providing support to any service user.

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 agency ensures that there is continuity in relation to the care staff that provides the service to each service user. This was confirmed by the service users spoken with who explained that care workers are generally only changed in the event of their care worker being sick or on holiday. The returned questionnaires confirm carers visit at the agreed time and positive comments were received regarding courtesy and respect the carer demonstrated.

Staff are aware of the agency`s confidentiality policy and that it is available in the staff handbook. There is suitable provision for the safe and confidential storage of service user records and information within the office.

Computer screens and service user information charts in the office are protected from general view and any visitor to the office would not be able to read any personal data.

The agency has a medication policy detailing how staff may assist service users to take medication. Care workers may prompt service users to take medication if it is agreed in the care plan and will record that it has been taken in line with the agency`s 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:

The agency endeavour to promote and protect the health, safety and welfare of service users; a range of policies and procedures are available as an aid to this. These include health and safety, medication, personal safety for staff at work and handling money and financial matters on behalf of the service user.

The self assessment document returned to the offices of CSSIW includes a schedule of training. The agency currently has three in –house trainers who hold regular sessions as training is on-going. Manual Handling training is currently being up-dated for all staff. All the required equipment necessary for the training is insitu in the agency’s training suite. Every carer is given POVA training and a certificate is issued. The training is provided on induction before commencing employment or within six weeks of their probation period. The agency has referred 1 case to the POVA Co-ordinator since the last inspection.

Service users confirmed that they would not hesitate in speaking with the agency Manager if they had a complaint or concern and would be confident that the matter would be dealt with.

Facilities are available for the safe and secure keeping of personal records. Information is also held on the computer software programme which is used on a day to day basis. These computers are password protected and manage all the daily calls and activities. Everything is logged on this system which is backed up to a lap-top on a daily basis.

CCTV has recently been installed at each entry point of the building.

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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 registered manager is Karen Hughes-Blackborow who holds both the NVQ4 Registered Managers Award and the NVQ 4 H&SC.

The manager was recently presented with the Care Forum Wales Registered Manager Award 2007 – 2008 for Domiciliary Care Manager for Wales.

In order to keep up to date with changes in legislation and to improve knowledge, the manager attends relevant meetings, seminars and training.

Formal one to one supervision was identified at the last inspection as not taking place. The manager agreed to address this issue with the previous inspecting officer. During this inspection visit, it was evident that this has improved. One to one supervision is carried out on a formal basis every three months. It is logged on the computer system and a written record is kept in the staff member's personal file.

Staff state they feel valued by their management and that sufficient support is given to enable them to do their job well.

It was noted from the staff questionnaires that team meetings are infrequent. The inspector discussed this with the manager who was aware of minor difficulties, mainly due to the change in premises and work issues. Minutes of the staff meetings were viewed by the inspector which illustrated that some staff had found the changes unsettling. Staff questionnaires are to be issued later this month and a staff general meeting is planned.

The inspector also viewed a newsletter which is issued to all agency staff on a bi-monthly basis. This provides information on training, study days and any changes that are planned. The inspector encouraged the development of regular staff meetings to enable staff to contribute to team working and make suggestions and comments to the management. It was evident that management had identified this issue and informed the inspector that things had improved and believed it would continue to do so.

It was confirmed that staff receive annual appraisals. The senior carer carries out spot checks and planned/unplanned supervision calls with care staff.

The agency has in place an effective lone working tracking system for the carer during working hours. This promotes safe working practice and ensures control measures are in place. The agency has good policies and proceedings in place for the recruitment and selection of staff which is co-ordinated by the Human Resources Care Manager at the agency.

A brochure included with the self assessment document clearly defines the type of work involved for a potential applicant as carer and also the intense induction training package that is compulsory.

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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:

It is recommended that three monthly staff meetings are arranged where staff can make suggestions, contribute to working practices and share knowledge.

Organisation and running of the business

Inspector`s findings:

The agency due to continued expansion, has moved premises to a large three storey building in the centre of Rhyl. There is a sizeable purpose built training suite, enabling in house training to be carried out by the four trainers.

The agency continues to be profitable and due to its expansion has changed accountants. The previous audit in November 2007 gave no recommendations.

It was evident that considerable money has been put back into the business to improve working conditions, environment and staff training.

The agency continues to promote itself well and be pro-active in developing the agency further.

The agency conducts itself in a professional manner continually reviewing methods of care provision and staff recruitment.

The Annual Quality Review Report 2008 included with the self assessment document demonstrated that 82% of service users rated the service to be excellent and that the agency is achieving all set targets.

All concerns regarding a care package that is in place for a service user is logged on the IT software the agency uses. This method is useful as printouts are available which may assist the agency in following up any complaints or investigations. This method will also assist at a review of a client which occurs every six months.

The inspector would like to thank service users, relatives and staff for their co-operation during the course of this inspection episode.

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

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Requirements which remain outstanding:

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Good practice recommendations:

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