



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Domiciliary care agencies

Name:	Salter's Hill Home Care and Support
Address:	Ryelands Ross Road Gorsley Herefordshire HR9 7SP

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:
Margaret Radway	0 3 0 4 2 0 0 9

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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Internet address	www.cqc.org.uk

Information about the agency

Name of agency:	Salter's Hill Home Care and Support
Address:	Ross Road Ryelands Gorsley Herefordshire HR9 7SP
Telephone number:	01989721023
Fax number:	
Email address:	jeanwills@saltershill.org.uk
Provider web address:	

Name of registered provider(s):	Salter`s Hill Charity Limited
Conditions of registration:	
Learning Disabilities	
Mental Health Problems	
People with Physical Disabilities	
People with Sensory Impairment	
Date of last inspection	<input type="text"/>
Brief description of the agency	<p>Liberty Care Domiciliary Care Service commenced in October 2006 to provide both personal care and support to service users who live in their own homes in the community. The service is run by a charitable trust based at Gorsley, Nr. Newent, Gloucestershire who also provide residential homes and a day care service. The Manager has many years of experience in working with the specialist client groups stated above and welcomes the move to provide specific individual care to people in their own homes.</p> <p>The agency has recently expanded to provide care across the county of Gloucestershire and borders of Herefordshire. Service users are funded through the Local Authority and have a financial assessment carried out in accordance with Fair Access to Care Services procedures. Local Authority or Primary Care Trust charges are determined by individual need and circumstances. General information about fees and fair terms of contracts can be accessed from the Office of Fair Trading web site at www.oft.gov.uk /www.oft.gov.uk>.</p>

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 Key announced inspection was carried out over two days with one day spent at the office base and another day people who use the service and staff were visited in their own homes.

A random selection of care records were inspected in depth for people who use the service, which included assessments, plans, risk assessments, daily records, behaviour management plans, reviews etc. Feedback was obtained from them through surveys sent out directly to their homes in appropriate formats to meet with their needs. One person was spoken to at the time of a visit made to their own home.

All newly recruited staff records were inspected in depth, which included application

forms, certificates, interview records, induction workbooks and supervision records. Staff members and the Registered Manager was spoken to and they formed part of the inspection process. Surveys were sent out to all staff members and they were returned directly to the Commission.

An AQAA was completed prior to the inspection and information stated in this document has been used in the main body of the report.

What the agency does well:

The agency continues to provide a consistent and reliable service where it was evident that staff are matched to the individual needs of the people who use the service.

The agency provides detailed information on the care and support required for staff to provide and this is carried out in a caring and respectful manner.

Staff stated that they all felt well supported by the Management team who communicated well with them.

What has improved since the last inspection?

The agency has expanded its provision of care and is now in the process of employing five care co-ordinators to assist with the day to day management of the service.

What they could do better:

The Responsible Persons must ensure that staff receive all of the Mandatory Courses linked to Health and Safety as well as other relevant courses linked to the work they undertake.

The Responsible Persons must ensure that a photograph of all persons employed by the agency is held on their personnel files as well as full details of their next of kin.

The Responsible Persons must ensure that all staff receive formal supervision, which is recorded on a regular basis, where training and development needs are identified.

The Responsible Persons should ensure that all information regarding people who use the service are held at the agency's office for inspection and safekeeping, A copy of the detailed plan of care, risk assessments, one months daily notes and other relevant records should be held in the home of the person using the service for staff and other clinicians to access.

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.cqc.org.uk. You can get printed copies from enquiries@cqc.org.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 provides specific information in appropriate formats on the care and support provided by the service.

The agency ensures that a full assessment of care needs are carried out before a decision is made to provide support to a person wishing to use the service.

Evidence:

The agency provides a Statement of Purpose and Service Users Guide to all people who use the service and to any potential new clients wishing to use them. Evidence was seen of these documents being produced in different formats to meet with the needs of the people e.g. pictures. The guide is reviewed and updated on a least an annual basis.

Evidence:

A community care assessment is completed by the Adult Care Directive for all people referred through local authorities. The agency completes a front sheet for each file, which states the person's next of kin, GP, Community Nurse, Social Worker and Care Manager. An up to date list of medication is also stated. A physical description of the person is completed as part of the missing person's procedure with a photograph. A Profile of the person is carried out, which states the background history, family links and relationships, any day care provided, handling of money, benefits, literacy, risk assessments, personal hygiene, laundry, cooking and culture and faith needs. Community care reviews were evidence on a yearly basis or more often if changes occur.

It was evident from feedback received that the agency matches staff to the needs of the people who use the service and ensure as much as possible that they have the skills and knowledge to undertake the care required, e.g.

'The agency matches the client to the support worker. They listen to the support worker and address any concerns and deal with them.'

Although it was evident that at times it has been difficult to achieve with people who present with more challenging needs and require specialist input from health and social care support teams. One staff member spoken to indicated that although the team she works with are good at managing difficult and challenging needs. They feel that it compromises the care being delivered to others who live with them in the same house.

Evidence was seen of the agency providing a consistent and reliable service of care by ensuring that sufficient staff are employed. It was evident that the Manager attempts to meet the individual needs of each person who is provided with care and support. At times this has meant that the Manager and other senior members of staff have provided cover and support in stressful and difficult situations .

All of the people and relatives who provided feedback to the Inspector stated that 'the carers always stayed for the agreed time, some longer they always listened and acted on what they said.'

One person stated:

I chose the agency myself and I cannot fault them. They support me by taking me out on a day to day basis. They sometimes work over the time allocated. I feel the agency meets all my expectations.'

Evidence:

The completed AQAA states:

'We continue to have consistent staff supporting clients, who they know, to provide continuity of care. Clients like to know who is supporting them and in most cases are provided with a rota where more than one Support Worker is involved, we do however strive to reduce changes in Support Workers in order that trust and mutual respect can be built up.'

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.

The agency provides detailed information and skilled and knowledgeable staff who ensure that the individual needs of people who use the service are met with respect and dignity.

Evidence:

A random selection of care and support plans were inspected, which covered both people who receive personal care and those only requiring support. The Manager stated that some of the care/support plans and other records are only held in the homes of the people who use the service. They are not maintained and kept at the office premises for her or other senior members of staff to access if required. It was ungreed that unless the whole file and reports are required and used by other health and social work professionals only the current care plan, risk assessments, other charts used and daily records are held at the person's own home. All other records should be maintained and held at the agency offices for safekeeping.

Those seen evidenced of up to date supports plans being provided for staff to access and use, risk assessments linked to these. A format is completed by the person 'All

Evidence:

about you.' This provides staff with details of the person's background, relative involvement, wishes etc. Person centred reviews were taking place with the person and other people involved with their care. These are usually held on an annual basis. Care plans were signed and agreed with by the person receiving care. All people who fed back information to the inspector through the completion of a questionnaire stated that they had a plan of care, which was reviewed and updated and held in their own home. Health Action plans were being completed with all people supported by the agency. These ensured that health checks were being undertaken on a regular basis e.g. dentist, chiropody, G.P visits etc.

Feedback was received with regards to the way the care and support was provided and how it assisted them to maintain their independence and autonomy. When asked 'What does the agency do well' the following comments were made:

'Sometimes staff ring me up to remind me to take my medication. They help me with cooking and shopping. They are very good.'

'The agency help me with my needs, budgeting and cooking very well.'

'They help me organise my life and help me with my needs.'

'They look after me well and it does not need to improve it is great for me.'

The agency provide policies and procedures for the administration of medicines, which is provided to all staff members in the 'employee handbook'. Evidence was seen of care plans in place for any support provided i.e. verbal prompting, handing the medicine package to the person for them to take and for actually administering medication. Medicine charts are completed by staff members and signed to state that they have given them. All staff received training for the administration of medicines before they are able to undertake this task.

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.

Health and Safety policies, procedures and risk assessments are provided for all staff to access, which ensure the safety and protection of all people who use the service. Although it was evident that further knowledge of safeguarding procedures were required by the Management team.

Evidence:

The completed AQAA states:

'We review our Health and Safety policies annually. The organisation has a Health and Safety policy outlining responsibilities and staff are trained in first aid, fire safety, manual handling, food hygiene and infection control. Each member of staff working with Service users have risk assessments in place for any risk to them in the duties they will be undertaking. There is a Risk Taking Policy in place. The Manager risk assesses each Service user and the home. Then following the risks identified, risk assessments are written to address them. These are held on staff and Service user's files. All staff receive regular training in Risk Taking procedures. Risk assessments are often discussed at Team meetings.'

Evidence:

All of the above policies and procedures were evidenced at the time of the inspection. Evidence was seen of training certificates and a training matrix for the completion of all health and safety courses. This training is completed as part of the induction procedure for all new staff and through regular updates for others. Although it was evident that a full audit of courses had not taken place by the Manager and one or two people had not completed certain elements of the training required. Evidence was seen of risk assessments being completed by the staff with regards to both personal risks, medication, the using of certain appliances in the home etc. These are reviewed and updated as part of the annual assessment procedure and are linked to person centred plans.

Staff spoken to indicated that the agency had a good on-call system in place, which ensured that a senior member of the management team was available on a 24hr. basis.

Financial assessments are completed by the agency and a care plan and risk assessment is completed for any person requiring assistance with collecting or banking their money, shopping, paying bills etc. All receipts are maintained and are audited on a regular basis.

A policy and procedure is provided to all staff for the safeguarding of people who use the service. Evidence was seen of staff receiving training on 'the protection of vulnerable adults' and they all complete a criminal records bureau check before they are able to work for the agency. All people who use the service are also made aware of the 'alerters guide' and who to contact if they feel in anyway compromised or unhappy with the way the care is delivered.

As stated in a previous outcome area daily records are at present being maintained in the homes of people who use the service. They should be returned to the agency office on a monthly basis for safekeeping and auditing purposes. The Manager should ensure that she is happy with the way staff are recording and reporting any specific information to other parties.

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

The agency operates a robust recruitment and selection system, which ensures that people who use the service are safe and protected. Although not all of the information required by the Commission is obtained and mandatory training and supervision is not always carried out consistently.

Evidence:

All newly recruited staff files were inspected as well as a random selection of records for other people employed by the agency. The following information was evidenced in each of these files: Application forms, which provided information on the applicants full employment history, education and training courses, experience and a criminal records declaration. Two references had been obtained, which includes one from the last or present employer. A criminal records bureau check and protection of vulnerable adults check has been undertaken. A health declaration has been completed and evidence was seen of a signed and dated contract of employment. An interview questionnaire is completed, signed and dated by the interviewees. It was noted however that none of the personnel files contained a photograph of the applicant or full details of their next of kin.

Evidence was seen of an induction procedure being undertaken by all newly recruited staff, which includes the completion of a workbook. An end of probation period

Evidence:

interview and evaluation takes place and a record of this is completed signed and dated.

Mandatory training was being completed by staff members, however this was not consistent throughout the whole team. Some of the staff had completed all of the health and safety courses and others had not. The training matrix provided by the Manager identified that some staff members had not undertaken some of the courses e. g. one member of staff had not completed Manual Handling or Food Hygiene. The Manager agreed to arrange dates for any courses not completed by staff immediately. One staff member who was spoken to indicated that the agency were very good at providing training and updates and had arranged a course in how to deal with Challenging behaviours for them all to attend. Another staff member stated:

'They keep staff up to date with relevant training and information. They do need to employ more staff for the growing service.'

Although it was evident that staff were provided with support from the management team formal supervision was not always taking place as required. Some staff had received regular supervision sessions, which were recorded, however others had not met with their manager or co-ordinator for sometime. The Manager agreed with this outcome and stated that she had found it difficult to supervise staff during the past year mainly due to the expansion of the service. Five care co-ordinators have now been employed to assist the Manager with the workload and oversee the care in the homes of people who use the service.

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 Management team provide a quality assurance programme, which ensures that people who use the service, relatives and staff are involved with providing feedback on the service they provide.

A complaints policy and procedure ensure that all concerns raised are listened to and acted upon.

Evidence:

The Registered Manager of the service was present at the time of the inspection at the office premises. The office had temporarily moved to other accommodation whilst changes are being undertaken. It was evident that the service had grown considerably since its first inspection two years ago. The agency now has clients in Cheltenham as well as parts of the Forest of Dean and Newent. The Manager was very aware of the need to employ more staff into senior roles within the teams and this is now in the process of being undertaken. Five new care co-ordinators will be employed who will assist the Manager with the day to day running of the services and supervision of staff. It was evident from feedback received from staff that the Manager has always provided good communication and support to all of the employees. They enjoy the work they carry out with people using the service and feel that the organisation is well run.

Evidence:

The following comments were made:

'I find the management extremely supportive with meetings/discussions and support. They communicate on all levels. They are very approachable, very hands on and extremely empathetic to their service users.' 'This is my first job as a support worker with adults with special needs. I found management and staff very helpful, friendly and supportive. I think I made the right decision moving into care work. To see how well looked after the service users are makes me feel very content.'

'Speaking as an employee, the agency is ethical, compassionate and supportive and I enjoy working for them.'

'The agency will always put the needs and wishes of the client first.'

All incidents were being recorded and reported to the Manager. One serious incident had taken place during 2008, which involved a person using the service and a staff member. This was seen by the Management team as an accident. However it was agreed that it should of been reported to the safeguarding team for them to make a decision on.

The agency has policies and procedures, which are reviewed and updated on an annual basis or when changes occur. All staff are issued with a 'handbook', which provides them with the relevant policies, procedures and code of conduct.

Evidence was seen of complaints being dealt with by the agency. Those evidence were dealt with appropriately by the organisation. A complaints policy and procedure is available in many formats to meet with the needs of the people who wish to use it.

The Quality Procedures Manual was examined and an internal audit report was completed on 19/02/2009. This covered documentation requirements re- completion of the AQAA sent to the Commission. The organisational chart has been updated with responsibilities confirmed at various team meetings. Training requirements were identified for the coming year and staff appraisals were now taking place.

Questionnaires were sent out to stakeholders August 2008 and results and outcomes of these were noted. Advocates have been involved with two people who have chosen to move house recently. Questionnaires were sent out to all staff asking for feedback with regards to their best moment/achievement in 2007.

Regular contact is made with all placing authorities and supporting people reviews take place with the agency on an annual basis. Reviews are also held in conjunction with

Evidence:

day services, which people attend.

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
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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
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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
1	14	14	<p>The Responsible Persons must ensure that all staff receive safeguarding training and updates as required.</p> <p>This is to ensure the safety and protection of people who use the service.</p>	30/06/2009
2	17	12	<p>The Responsible Persons must ensure that a photograph and details of the next of kin is obtained for all staff working for the service.</p> <p>This to ensure the safety and protection of both the people who use the service and the staff members.</p>	31/05/2009
3	19	15	<p>The Responsible Persons must ensure that all staff receive mandatory training to include all health and safety courses.</p>	30/06/2009

			This is to ensure the safety and protection of all people who use the service.	
4	21	15	<p>The Responsible Persons must ensure that staff members receive formal supervision on a regular basis, which is recorded.</p> <p>This is to ensure that all staff receive the support and development required to undertake their work in a safe and skilled manner.</p>	31/05/2009

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	16	The agency should ensure that all daily visit notes are returned to the office base at least on a monthly basis for auditing and safeguarding purposes.

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