



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Riviera Outreach Service

**37 Ilsham Road
Torquay
Devon
TQ1 2JG**

Lead Inspector
Doug Endean

Unannounced Inspection
27th November 2006 10:00

The Commission for Social Care Inspection aims to:

- 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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Riviera Outreach Service
Address	37 Ilsham Road Torquay Devon TQ1 2JG
Telephone number	01803 293388
Fax number	01803 299084
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Riviera Support Ltd
Name of registered manager (if applicable)	Joanne Egan
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

1. The Domiciliary Care Agency will be confined to providing a service to The Braddon's and Rydal Court.

Date of last inspection This was the first inspection of the service since it was registered on the 30th September 2005.

Brief Description of the Service:

Riviera Outreach Service is a specialist Domiciliary Care Agency that provides flexible packages of care and support to adults who have an enduring mental health problem and/or a learning disability. Initially the service is being provided to a target group of service users who live in "Supported Living" accommodation.

Each service that is provided is costed on an individual basis and dependent upon variable factors related to each individual service user.

SUMMARY

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

This key inspection took place on the 29th & 30th November 2006. On the 29th November at 10:10 hours the inspector attended the registered offices of the service and looked at the administrative functions of the service, some of which had a clinical outcome such as looking at the initial assessment information. The inspector also looked at selected policies and procedures such as recruitment and also at contract agreements for the service users. Two staff files were read and also four service users files, two of which were no longer receiving a service. This portion of the inspection lasted 3.5 hours.

On the 30th November the inspector attended the address of one of the supported living properties. The inspector looked at two care plans where the service is ongoing. He also interviewed two service users and two Support staff members.

The Registered Manager provided a completed pre-inspection form prior to the inspection. The inspector also received three completed service users survey questionnaires and four completed staff survey questionnaires.

What the service does well:

The service is targeted at a specific group of individuals who live in 'supported living' accommodation. Those referred to the service are fully assessed and their needs agreed with the purchaser and a suitable care plan developed. The service reviews the care plan in a very active way drawing the multidisciplinary team into the review process.

The Registered Individual and the Registered Manager are skilled in assessing and planning to meet the needs of the service users. They are also active in using their teaching skills to prepare the staff they employ to deliver an effective service. The support staff that are employed are vetted for their suitability and then prepared through training to achieve the goals set in the care plans. Risks that may otherwise cause a service to fail are assessed and recorded and play a part in the good care planning and reviews.

The overall record keeping of the service is also good.

What has improved since the last inspection?

This is the first inspection of this service.

What they could do better:

Only one recommendation has been made that relates to a Health & Safety issue, gathering together COSHH information on substances used in the course of the service such as cleaning materials, to ensure proper use of substances so that safety is maintained.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

User Focused Services (Standards 1-6)

Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

Organisation and Running of the business (Standards 22-27)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

The homes performance was assessed against Standard 1, 2, 3, 4, 5 & 6.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Good assessments are made so that the needs of a small group of individuals, with special needs, can maintain a high degree of independence through well planned and delivered care.

The staff are suitably trained and experienced to assess the changing needs of the service users and deliver appropriate care.

EVIDENCE:

Each service user is given their own copy of the services Statement of Purpose and Service Users Guide. The documents were read during the inspection and a copy of the Statement of Purpose was given to the inspector. Collectively the information provided to the service users should enable them, or their advocate, to understand the way the Domiciliary Care Service will operate and the standard of service they can expect to receive. The Statement of Purpose also makes a clear statement that the service will not discriminate against service users, third parties or staff on any grounds. They will provide a service to anyone who falls within the criteria stated in the "aims" and the conditions of their registration.

Where possible all service users are subject to a thorough assessment process that includes the gathering of a history of the service users involvement with other services including the statutory services (National Health Service and Social Services). The Registered Manager insists that the "Care Program Approach" process forms part of the referral process and documentation is received. The inspector read two service users files and that held valuable information and assisted the Registered Manager in her next task. The service has its own comprehensive initial assessment tools. The inspector saw copies of fully completed assessments of the service user. These described the service users presentation and needs, including assessment of any risks to service users or those providing care. A blank copy of the initial assessment tool and risk assessment pro-forma was given to the inspector.

The service does accept emergency referrals to provide care at short notice. This has included such things as supporting individuals with medication compliance for one week after hospital discharge and is always followed by a multidisciplinary team review. The inspector saw written evidence of a review of this nature.

The Registered Person and the Registered Manager possess qualifications and experience in the specialist field of care that the service provides for. They also hold teaching and training qualifications and provided evidence that they have prepared their staff for the roles they provide to service users with special needs.

The service users files seen by the inspector each held a contract between the service and the purchaser of care. The contract had been negotiated to meet the service users needs and stated the time and regularity of the service to be provided. The service users sign their care plans in agreement to this service. There was also a breakdown of the fees that are charged.

The agency employs just a small number of staff for this specialist service. The staff reported in the questionnaires that they returned that they were prepared for the job that they do by the manager. They are experienced in the field of caring for people with an enduring mental health problem and have individually worked for the company for several years. During discussion with two of the staff the inspector listened to how they work flexibly to meet the needs of all the service users every day of the year. The service only manages

six domiciliary care service users and does provide consistency through good staff deployment and also approach. The two service users who were interviewed each reported a high level of satisfaction with the staff that provides them with support and supervision.

Care is reviewed regularly and the service users are involved in this. They sign their care plans in agreement to the care and any changes that may take place.

Staff are aware of the reasons for confidentiality and the records of service users are kept in a secure office. The staff handbook and the policies cover this subject in a satisfactory manner.

Personal Care

The intended outcomes for Standard 7 – 10 are:

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

The homes performance was assessed against Standard 7, 8, 9 & 10.

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The service that is provided enables the service users to live independently in their own flats and make decisions about how they live their lives. The staff are suitably trained and experienced to deliver care that does not disable the service users but enhances their independence and wellbeing.

EVIDENCE:

The care plans are produced following the initial assessment then reviewed initially daily by the service and weekly with the service user and the multidisciplinary team who have been involved. When the situation becomes stable the care plans are then reviewed monthly where the service is ongoing. The inspector looked at two care plans of individuals who had had a service

that was completed and two service users who continue to have a service provided on a longer-term basis. The care plans were clear and directed care that had been identified in the assessments such as managing medication and tasks of independent daily living such as shopping, cleaning, personal care and fulfilling social needs. There were clear reviews made and dated. Initial reviews with the multidisciplinary team were typed. When the situation had become stable they were hand written if changes were made or just review dates entered. The service users signature was seen on the care plans where it had been possible to obtain it.

The service has managed very short-term care for some individuals such as supervising medication for a week following a hospital discharge.

The care plans identified problems, set goals and the detailed actions necessary to achieve them followed by the date of the next review. These plans are kept in a secure office at the location where the service users live. In addition the service users have diaries in their flats that inform the service users of what events are to happen each day. One service user who has a learning disability has a living diary that identifies events with pictorial images that the service user understands. The staff help update this diary as necessary.

Two service users who were interviewed said, "The staff help me and are very supportive". One of the service users is planning a holiday with the support of the service.

Three service users also returned completed survey forms and each made complimentary comments such as "I feel the staff are my best friends and I feel lucky that I have my own carers" and "I know that the staff are always there to support me".

The inspector was given a copy of the services policy on "Handling of monies and belongings" that sets limits on the amounts of money that can be handled on behalf of a service user and the safe procedures that staff must follow to prevent errors in handling that might otherwise occur.

Medication management is part of the service provided to some of the service users where risks assessments have identified issues. Service users medication that is managed is kept in a locked office in a secure locked cabinet. The staff are involved in the prompting of service users to take medication and also in supervising them to collect newly filled prescriptions. One of the service users that was interviewed manages her own medication that is in a multi-dose cassette. The staff has all received training from an external training source, a major pharmaceutical service, in how to manage this service. Medication record sheets were seen and found to have been completed for service users who have their medication supervised. There is also signature verification of staff involved in medication. The Registered Manager told the inspector that she audits the medication administration sheets.

The staff are also involved in prompting service users in meeting their personal hygiene needs, advising on appropriate dress, etc. The service users are also supported by staff who help them with shopping for food and cloths. This level of support enables the service users to remain in their supported living

accommodation living independently and making many of the decisions about how they live their lives.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

The homes performance was assessed against Standard 11,12 and 14.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The assessment of service users and their needs are good, and there are good arrangements for the health and safety of staff whilst performing their duties.

EVIDENCE:

As a part of the assessment process the Registered Manager carries out an assessment of risk that may be involved when delivering a service this may involve a risk to the service users when they are accompanied away from their

home base or should they not take their medication. It also involves the risk to staff in delivering a service. A copy of the risk assessment pro-forma was given to the inspector that covered such areas as self-harm, risks to others and the psychological and social factors that may be involved. On a practical basis the service has information on the management of Health & Safety at Work for their staff. Where risks have been identified there is an action plan to address this such as good communication apparatus inside and outside of the supported living accommodation. The inspector did comment that where substances are used that may be hazardous to health, such as when cleaning, the service should obtain the Control of Substances Hazardous to Health (COSHH) leaflets from suppliers. Staff are supplied with uniforms and protective clothing such as disposable gloves.

The inspector was given a copy of the services "Lone Working" policy that has key principals for staff to follow and what to do if they cannot gain access to a service users flat.

The inspector saw evidence of tests on electrical equipment that is used by staff in the course of their duties.

All the staff had Health & Safety training that includes an element of infection control training.

The service does have knowledge of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and has their own accident book that is kept in the establishment where the service is provided. They also have their own policy and procedure on RIDDOR that provides clear information on what should be done should an accident occur.

Two staff were interviewed, the Team Coordinator and one Support staff member. They told the inspector that they had training in Adult Protection, food hygiene, first aid and National Vocational Qualification qualifications.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

17. The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
18. Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
19. Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
20. The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
21. Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

The homes performance was assessed against Standard 17,19, 20 & 21.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The service has good recruitment procedures. This, along with the training and support given to staff, has resulted in good levels of staff retention. The Registered Manager and Registered Individual are well qualified to manage this service to the benefit of the service users and the staff.

EVIDENCE:

The agency has a robust recruitment procedure that includes prospective employees filling in an application form, having identity checks and a Criminal Records Bureau check. The inspector look at two staff members files and found that in addition to the above they also had two references. There were also notes taken describing the response to a series of standard questions asked

during their interview, which would also meet the equal opportunities requirements. Interviews are undertaken by an interview panel, which is made up of the Registered Individual and the Registered Manager.

The agency does not employ temporary staff.

Once employment is confirmed the staff member is given a copy of the agencies staff handbook that is a comprehensive document informing the employee about the terms of their employment and conduct expected of them. Induction training is undertaken by the organisation and followed by Foundation training. One staff member commented a completed questionnaire "I found that my manager guided me through the job and explained to me about any concerns or worries I had". Two staff were interviewed, the Team Coordinator and one Support staff member. They told the inspector that they had training in Adult Protection, food hygiene, first aid and National Vocational Qualification qualifications. Both staff had been employed for a considerable period of time by the organisation.

The Registered Manager supplied a completed pre-inspection form that does hold information about the training that has been undertaken. This information was verified by the inspector when interviewing staff and also when reading two staff files.

The Registered Manager has a D32/33, Vocational Assessor Award, for all levels of National Vocational Qualification. She is presently doing the National Vocational Qualification at level 4 in Care and has already achieved the National Vocational Qualification at level 4 in Management. The Registered Individual has the Registered Managers Award, she is a Registered Mental Health Nurse and also has the D32/33 and a Certificate in Education. Both persons are also trained Mentors having received this training when working for the National Health Services. More than 50% of the support staff has a National Vocational Qualification.

The ongoing training needs of the staff are further explored during the 6 to 8 weekly supervision sessions that are recorded. The inspector saw evidence of the sessions notes that are kept that also cover problems with service users and issues how these are to be resolved.

The two staff that was interviewed said that they find the supervision sessions to be useful. This was also said by one staff member who returned a staff questionnaire. The agency also has staff meetings three monthly with again records made that verify the subjects covered and any action planned. Staff appraisal takes place on a six monthly basis and the results are in staff files.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22. Service users receive a consistent, well managed and planned service.
- 23. The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24. The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25. The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26. Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27. The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

The homes performance was assessed against Standard 22,24 & 26.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The office provides a suitable venue for the business to be administrated and is staffed by experienced and capable personnel. The records are of a good standard and the office security makes them safe.

The complaints procedure is informative and the methods used to make it known are satisfactory.

EVIDENCE:

The business operates from a permanent address in the suburb called Wellswood, in the holiday town of Torquay, South Devon. The office is on the first floor of a commercial premise and access is gained from via a passageway at the side of the building. It is permanently staffed by the Company Administrator. The office also provides accommodation for the other businesses of Riviera Outreach. The office is secure and alarmed. It is fully

equipped to carry out the business using modern technology such as the computer system that is linked and has Internet access, a telephone system fax machine and photocopier.

The management structure is clear and effective and they can demonstrate that they employ staff in satisfactory numbers for the work that is undertaken. Records relating to staff were seen during the inspection and a sample was read as already reported. These records are kept in a secure locked cabinet and included all the information required of them. Other records that are maintained for the service such as financial transactions are kept in appropriate files i.e. the service users contract with a breakdown of charges for the total service are in their office records whilst care plans are in a secure office at the supported living residence.

The complaints procedure can be found in the Statement of Purpose and also in the service users guide, which is given to every service user. A record of complaints book is managed at the same residence where the service users live and was shown to the inspector. The Commission for Social Care Inspection has not dealt with any complaints about this service.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

User Focused Services	
Standard No	Score
1	3
2	4
3	3
4	4
5	3
6	3

Managers and Staff	
Standard No	Score
17	3
18	X
19	3
20	3
21	4

Personal Care	
Standard No	Score
7	4
8	3
9	4
10	3

Organisation And Running Of The Business	
Standard No	Score
22	3
23	X
24	3
25	X
26	3
27	X

Protection	
Standard No	Score
11	3
12	3
13	X
14	3
15	X
16	X

Are there any outstanding requirements from the last inspection?

N/A

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	DO11	Control of Substances Hazardous to Health leaflets should be obtained from the suppliers for any substance that falls within the description held in the regulations.

Commission for Social Care Inspection

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