

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Domiciliary care agency**

Carenza Care

Carenza Care
132/134 Wellington Road
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Care and Social Services Inspectorate Wales

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Registered provider:	Laura Kim Barron
Registered manager:	Laura Kim Barron
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:	13 March 2008 to: 29 May 2008
Dates of other relevant contact since last report:	November – February 2008
Date of previous report publication :	3 August 2007
Inspected by:	Christine Williams
Lay assessor:	None
Other regions contributing to this report:	None

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 inspector would like to pay tribute to Lynda Boughey former owner and manager of Carezza Care following her unexpected death in November 2007. Lynda was a fervent and committed champion for people who suffered from alcohol related dementia. She will be missed by all who came into contact with her.

Prior to the inspection the registered person returned the self-assessment documentation, which was comprehensively completed.

Questionnaires were sent to staff. The inspector interviewed four service users and had a discussion with the registered person. The inspector visited the premises. Three staff files were examined and three service user files were also examined.

Carezza care is a small agency whose primary work is with people who have Korsakoff's syndrome. Recently the agency has been approved to work with people who have physical disabilities.

The agency has a person centred focus. The inspector confirmed this by observation and discussion with service users as well as examining documentation.

The inspector, through discussion with service users, confirms that information regarding the agency was given to service users who were new to the service. This information has been recently reviewed and contains all the information required by CSSIW to ensure that prospective service users are aware of what the service offers as well as the philosophy of care, aims and ambitions.

Thorough and holistic needs assessments, reviews and risk assessments were present on the three files that the inspector examined. Service users interviewed stated that the agency was flexible to meet its needs, willing to listen and to discuss issues.

The inspector interviewed four service users' all of whom stated that they were treated with respect and their privacy and dignity were maintained. Personal care needs were carried out sensitively and with the appropriate equipment.

Service users stated that there have been no missed calls and that they knew who their staff team were.

The staff team receive induction training and regular update training.

All staff have Criminal Record Bureau (CRB) disclosures and Protection of Vulnerable Adults (POVA) first checks. However the inspector examined three staff files. Two did not contain employment history with dates or a criminal record declaration. This was discussed with the registered manager who agreed that the job centre application form was not suited to the needs of the agency. It is to be noted that all other documentation was present and correct.

The agency has sufficient staff to cover staff sickness, holidays and unforeseen problems. Service users confirmed that the agency deals with complaints immediately. The inspector observed such a discussion and noted that the issue was handled in a professional manner demonstrating that the registered manager, listened thoroughly, discussed robustly and explored the complaint to the satisfaction of the service user. The registered manager operates in a person centred manner.

The agency operates from its own central premises which are comfortable and adequate for the task.

The registered manager stated in the Self Assessment Form that Quality Assurance review is yet to be completed. CSSIW requires that a Quality Assurance review is carried out and a report sent to CSSIW by 31st October 2008.

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

The agency supplies information about its aims and objectives, philosophy of care and the service it offers to service users as well as the complaints process. This document has recently been updated. Two service users interviewed confirmed that they had been given this information. Two other service users interviewed were unable to remember if they had the information. This memory problem is noticeable for people who have Korsakoff's syndrome, however the agency is sensitive to this and maintain good communication with service users in order to ensure that they are aware of their rights and what the agency will do for them.

The inspector examined three service user files, this included two which were the most recent. Needs assessments were present and had been carried out for all new service users prior to a service being offered. A service is only offered when the registered manager is confident that the agency could meet the service users' needs. There was evidence on the files examined that the registered manager had contact with the key workers in the local authority and had visited the service users to discuss what they wanted and what they needed. The assessments were thorough and holistic in nature, covering all aspects of their needs and included well thought out risk assessments.

Each of the files examined contained a service delivery plan which provided the basis for the care delivered this had been discussed with the service users and was open to revision at any time if required. One service user commented that she was going to ask for a change as circumstances had changed. She stated that the agency was flexible to meet her needs and that she felt listened too.

The agency needs to consider how it will meet the needs of service users with for example vision impairment or whose first language is Welsh or another language other than English. The National Minimum Standard 1.2 state that the service user guide should be in a format appropriate for the 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:

The agency needs to consider how it will meet the needs of service users with for example vision impairment or whose first language is Welsh or another language other than English. The National Minimum Standard 1.2 state that the service user guide should be in a format appropriate for the service user.

Personal care**Inspector`s findings:**

The inspector interviewed four service users all of whom confirmed that they were treated with respect and their privacy and dignity was maintained. They confirmed that personal care needs were carried out sensitively and that proper discussion, thought and research had gone into finding the most appropriate and suitable equipment to be used. Service users' confirmed that staff respected their information as confidential. The agency has a confidentiality policy and staff are required to sign to say that they will support this.

Service users also confirmed that the agency was flexible to meet their needs as well as reliable and dependable. There have been no missed calls and service users know who their staff team are. Consistency of staff is maintained.

The inspector observed that staff were sensitive and responsive to the needs of the service users in such matters as for example physical disability.

The inspector examined three service delivery plans all of which demonstrated an approach which was person centred. The plans focussed on not only maintaining independence but also improving it, they gave space for flexibility of service.

The inspector was unable to attend at any of the service users' homes and was therefore unable to audit medication. The agency has a medication 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:

Protection

Inspector`s findings:

Staff are protected by a lone working policy, which ensures that the management are aware of their movements if they are working late for example.

The inspector examined three service users' files and all of them contained comprehensive risk assessments covering issues such as challenging behaviour and how to manage such situations.

The registered manager informed the inspector that no member of staff has access to service users' finances.

The agency has a robust protection of vulnerable adults policy and staff and service users' stated that they would speak to the registered manager should there be any issues regarding their protection.

One of the service users who was interviewed stated that they did not wish records to be kept about their everyday needs. The registered manager and service user thoroughly debated this matter and have found a creative way to manage this issue. This has been documented and demonstrates the agencies commitment to the person centred approach.

The agency has a key holder policy.

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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Managers & staff

Inspector`s findings:

The manager has recently become registered and demonstrates a firm commitment to the agency, the service users and the staff. She has many years experience of working with people with alcohol related dementia and has worked alongside Lynda Boughey who was known as a pioneer in this field.

The agency has a recruitment policy and procedure. The inspector examined 3 staff files and noted that although there was a history of employment there were no dates. This means that it is difficult to be confident about a person's past history. This was discussed with the registered manager who agreed that the application form from the job centre was not completely suited to the agency's needs. This application form also does not have a criminal record declaration. However all other documentation was present. All staff have been POVA first checked and have a CRB disclosure. It is a requirement of the report that the agency use their own application form to ensure that they have all the information that is required.

There was evidence of supervisions on the files as well as certificates and signed confidentiality statement.

The agency uses Mulberry for induction. All staff questionnaires stated that they had received an induction.

The agency has 5 staff members and also a bank of 6 staff to cover holidays, sickness and training. Two members of staff are undertaking National Vocational Qualification (NVQ) level 3. Three members of staff have undertaken first aid training and manual handling training, two have undertaken health and safety, five have undertaken training in Korsakoff's syndrome and received an induction. The registered person has signed to say that all staff receive updated training.

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
To ensure that full documentation is available for each staff member	31/05/08	15(1)(b)

Good practice recommendations:

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Organisation and running of the business

Inspector`s findings:

The agency has been through a difficult period since the death of its' founder Lynda Boughey, however staff, senior staff and registered manager have worked hard to maintain the work of the agency during this painful period. The registered person has begun to widen the horizons of the agency and recently varied its registration to include people with physical disabilities.

The agency considers that complaints must be dealt with immediately and service users interviewed confirmed that the registered manager was easy to contact and would discuss and address issues thoroughly. The inspector observed such a discussion and states that the issue was handled in a professional manner demonstrating that the registered manager listened thoroughly, discussed robustly and explored the complaint to the satisfaction of the service user. The registered manager operates in a person centred manner.

The agency operates from its own central premises which are comfortable and adequate for the task.

Records are kept securely.

The agency has a set of policy and procedures which are easy to read and which staff and service users have access to.

Quality assurance has not taken place during this period because of the difficult situation the registered manager stated in the Self Assessment Form that this is yet to be completed. CSSIW requires that a Quality Assurance review is carried out and a report sent by 31st October 2008.

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
To carry out a quality assurance review and to provide a report to CSSIW.	31/10/08	23 (1)

Good practice recommendations:

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