



*Making Social Care  
Better for People*

# inspection report

## DOMICILIARY CARE AGENCY

### First Class Recruitment

**485-487 Bethnal Green Road  
Bethnal Green  
London  
E2 9QH**

*Lead Inspector*  
Sarah Greaves

*Key Announced Inspection*  
11<sup>th</sup>, 12<sup>th</sup> and 13<sup>th</sup> April 2007      10:30

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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	First Class Recruitment
<b>Address</b>	485-487 Bethnal Green Road Bethnal Green London E2 9QH
<b>Telephone number</b>	0207 739 4994
<b>Fax number</b>	0207 739 6004
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	First Class Recruitment
<b>Name of registered manager (if applicable)</b>	Mrs Katie Rebecca Brewis
<b>Type of registration</b>	Domiciliary Care Agencies

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      13th June 2005

## **Brief Description of the Service:**

First Class Recruitment Domiciliary Care Agency is located in Bethnal Green, within a one minute walking distance of the underground station. The premises occupy the first and second floor offices above a parade of shops. The premises are accessed by stairs and would not be suitable for a wheelchair user or people with specific restrictions to their mobility. The service uses separate premises for staff training. The agency provides personal care and domestic services for approximately 450 people living in the boroughs of Hackney and Tower Hamlets.

# SUMMARY

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

This inspection was conducted over three days. The inspector gathered information through speaking to service users, domiciliary care staff and agency office based staff. Evidence for this report was also obtained through reading documents such as service user files, staff files, complaints investigations and staff training records. The agency completed a pre-inspection questionnaire and the inspector received written responses to a CSCI service user survey.

## **What the service does well:**

The service provides a very good quality of care to people in their own homes, which enables individuals to remain in the community and enjoy a more flexible lifestyle. Service users spoke highly of staff, stating that they are very helpful and reliable. The interactions between service users and staff demonstrated that staff understood the need to respect and support people to feel that they have maintained their rights and dignity, particularly if sensitive and personal care is being provided. The service demonstrated that it has maintained a high standard of care since the last inspection and has actively sought to improve the experiences of people that use the service.

## **What has improved since the last inspection?**

No requirements were issued in the last inspection report. A recommendation was issued for the service to produce a visually 'bolder' style of print on its staff identification badges (to enable easier checking for service users); this recommendation had been complied with. The service had appointed a training manager; this had impacted upon the scope and quality of the training. The inspector was informed about a forthcoming service users meeting, which was being developed as a more in-depth event than previous forums.

## **What they could do better:**

Two requirements have been issued in this report. The service needs to ensure that all staff are aware of their responsibility to immediately remove expired medications and all staff must have valid expiry dates on their identification badges. Recommendations have been issued for staff training (office based supervisory staff development and additional food hygiene training). The service also needs to liaise with the pharmacy suppliers in regard to ensuring that dispersible tablets are clearly identified.

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](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

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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 at least once during a 12 month period.**

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

1,2,5 and 6

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to the service.

Service users are assured that they receive a very well delivered domiciliary care service that meets their individual needs.

### **EVIDENCE:**

The service produced a well written and accurate Statement of Purpose and Service Users Guide, which informed service users and their representatives about what to expect from the service.

The inspector looked at four service user files during this inspection; all of the files demonstrated that the care needs of service users had been properly assessed prior to First Class Recruitment commencing a service.

The service was noted to store confidential information regarding service users in lockable cabinets, within securely maintained premises. Service users and their representatives were notified (in writing) of any circumstances in which the service might need to forward confidential information to other organisations (for example, social services would need to be alerted if a service user was at risk of any kind of abuse).

The inspector met four service users in their own homes. Service users stated that they received an excellent service, which was reliable and punctual.

## 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 at least once during a 12 month period.**

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

7,8 and 10

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to the service.

Service users receive a very good standard of care, which respects their individuality and correlates with a personalised care plan. The service has put in measures to promote safety with medication, including strategies for improvement; however, there is a need to address the issues identified in this report.

### **EVIDENCE:**

The inspector read four care plans during this inspection. The care plans were observed to be relevant to the assessed needs of individuals and were up-to-date.

The inspector was impressed with the comments received from service users (people met during the course of the inspection and people that sent their

comments to the CSCI). One service user demonstrated that they had a clear understanding of professional boundaries; however, this service user stated that they thought of their regular domiciliary worker 'like a daughter' because of the worker's kindness. The inspector observed very good interactions between service users and staff, including positive relationships that enabled service users to develop their confidence and independence. Many of the service users required support due to frailty associated with the ageing process but First Class also demonstrated very good skills in working with other service users who benefited from a 'rehabilitation' approach to leading fulfilling lives in the community.

The inspector met one service user that was supported to take their medication as part of the agreed care package. It was observed that the service user possessed an expired bottle of medication, which was in the kitchen but set apart from other medication. The inspector was informed that the domiciliary care worker had realised on a previous day that this medication needed to be returned to the pharmacist but did not take immediate action to achieve this task. The inspector also found that the dosage box from the pharmacist did not enable staff to clearly identify a medication that needed to be dispersed in water before being given to a service user. The registered manager confirmed that she would raise this issue with the pharmacy supplier. Staff were provided with medication training; however, the service was making arrangements for this training to be amended, in order to be more relevant to the current needs of domiciliary care workers.

## 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 during a 12 month period.**

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

11,12,14 and 15

Quality in this outcome area is good. This judgement has been made using available evidence, including a visit to the service.

Service users are assured that the service responsibly responds to meeting their health and safety needs, including their entitlement to be protected from abuse. However, the service needs to address the concerns identified at this report.

### **EVIDENCE:**

The inspector reviewed the service's health and safety policies, as well as the information provided to staff in the staff handbook. The service provided staff with training in health and safety, including moving and handling. The inspector

has recommended that the current training for food hygiene (currently undertaken in the induction course) should be expanded into a more in-depth course.

The agency demonstrated that other appropriate actions were taken in order to promote the safety and welfare of both service users and staff. These actions included risk assessments, staff supervision, monitoring checks and the recent introduction of senior grade support staff.

The agency produced a satisfactorily written Adult Protection policy and staff were provided with Adult Protection training. The inspector looked at all of the service's correspondence related to the protection of vulnerable adults; no areas of concern were identified regarding the service's management of these issues.

The agency had provided staff with identification badges; however, it was noted that a member of staff was using a badge with an expired date. Via discussion with the registered manager, the inspector agreed that available evidence indicated that this was likely to have been due to a printing error. A requirement has been issued for the agency to ensure that all identification badges are now scrutinised.

## **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 at least once during a 12 month period.**

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

17,19 and 21.

Quality in this outcome area is excellent. This judgement has been made using available evidence, including a visit to the service.

Service users are assured that they will receive care and support from a safely recruited staff team that receive suitable training and regular supervision.

### **EVIDENCE:**

The inspector read four staff files, which evidenced that a safe and thorough approach was used during staff recruitment. The service demonstrated a vigilant approach to ensuring that people interested in employment were suitable for the role and responsibilities of a domiciliary support worker.

The inspector observed that the service had developed upon its training provision since the last inspection. The training package for staff was noted to reflect specific current needs in the local community; for example, staff received dementia training in their induction course and dementia training was

being offered as an on-going course for established domiciliary workers. At the time of this inspection, approximately 60% of domiciliary workers possessed a National Vocational Qualification (NVQ) in Care at Level 2. The inspector spoke to the registered manager regarding additional training opportunities for office based staff (people that undertook a supervisory role for domiciliary workers). The service had also introduced a senior carer role for more experienced staff. The senior carers still provided direct care to service users but also carried out monitoring checks (assessing the quality of care provided by other staff). The service planned to encourage senior carers to undertake NVQ Level 3.

The four staff files looked at during this inspection clearly identified that staff received at least four formal supervision sessions each year, in accordance to the National Minimum Standards for Domiciliary Care.

## **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 during a 12 month period.**

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

22,26 and 27

Quality in this outcome area is excellent. This judgement has been made using available evidence, including a visit to the service.

Service users are assured that they will receive a care from a well-managed service, which demonstrates a commitment to listening to service users views, compliments and complaints.

### **EVIDENCE:**

The service operated from appropriately maintained premises in Bethnal Green. The office is not accessible for service users that are wheelchair users; however, there was very satisfactory evidence to demonstrate that representatives from the service would meet service users in their own homes to discuss any concerns or complaints. The service complied with all requests to produce records, including financial documents.

The inspector looked at the investigations for all complaints received by the service since the last inspection. The complaints were properly investigated and appropriate actions were taken when required (for example, staff

disciplinary procedures). The agency produced clear and accurate complaints guidance.

The service was keen to increase upon its consultation with service users. A meeting had been planned for May 2007, which was due to take place in a fully accessible venue. The purpose of this meeting was to hear the views of the people that used the service, as well as providing refreshments, an entertainment and access to other community advice. The inspector considered this to be a creative means of quality assurance to strive for on-going improvements. The agency demonstrated that it sought the views of service users through surveys, telephone monitoring calls and personal monitoring visits (also known as 'spot checks'). The inspector recommended that there should be a consistent approach to recording on monitoring forms all actions taken if a service user identified that they wanted amendments to the delivery of their care.

# 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

<b>User Focused Services</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	4
<b>2</b>	4
<b>3</b>	X
<b>4</b>	X
<b>5</b>	4
<b>6</b>	4

<b>Managers and Staff</b>	
<b>Standard No</b>	<b>Score</b>
<b>17</b>	4
<b>18</b>	X
<b>19</b>	3
<b>20</b>	X
<b>21</b>	4

<b>Personal Care</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	4
<b>8</b>	4
<b>9</b>	X
<b>10</b>	2

<b>Organisation And Running Of The Business</b>	
<b>Standard No</b>	<b>Score</b>
<b>22</b>	4
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	4
<b>27</b>	3

<b>Protection</b>	
<b>Standard No</b>	<b>Score</b>
<b>11</b>	3
<b>12</b>	3
<b>13</b>	X
<b>14</b>	X
<b>15</b>	2
<b>16</b>	3

NO

Are there any outstanding requirements from the last inspection?

### **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
1.	DO10	14.7	The registered manager must ensure that all staff adhere to the service's policy for the prompt disposal of expired medication in order to protect service users from harm	30/06/07
2.	DO15	18	The registered manager must ensure that all staff possess a valid identification badge so that service users, their representatives and other relevant persons can determine that the worker is genuinely employed by the service.	30/06/07

## **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.	DO10	Staff need to be provided with safe systems to determine the correct procedures for supporting service users to take medications that need to be dispersed in water.
2.	DO18	The service should provide office based supervisory staff with developmental training and all care/supervisory staff should be provided with a more intensive level of food hygiene training.

## **Commission for Social Care Inspection**

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