



*Making Social Care  
Better for People*

# inspection report

**DOMICILIARY CARE AGENCY**

**Independence Homes Ltd**

**Airport House  
Purley Way  
Croydon  
Surrey  
CRO OXZ**

*Lead Inspector*  
**Michael Williams**

*Key Announced Inspection*  
**26th January 2007 10:00 am**

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

| <b>Reader Information</b> |   |
|---------------------------|---|
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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>  | Independence Homes Ltd                                      |
| <b>Address</b>  | Airport House<br>Purley Way<br>Croydon<br>Surrey<br>CRO OXZ |
| <b>Telephone number</b>                                       | 020 8781 6960   |
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| <b>Email address</b>  |   |
| <b>Provider Web address</b>                                   |   |
| <b>Name of registered provider(s)/company (if applicable)</b> | Independence Homes Limited                                  |
| <b>Name of registered manager (if applicable)</b>             | Dr Melanie MacLeod  |
| <b>Type of registration</b>                                   | Domiciliary Care Agencies                                   |

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      14th February 2006

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

Independence Homes is a privately run domiciliary care agency providing specialist support for adults with epilepsy and some of whom may have learning disabilities and who live in the community but require substantive support from domiciliary care workers. The head office is based in South Croydon. The clientele served by this agency are not living in registered care homes but the agency seeks to provide a regular team of support workers for each of the addresses currently on their books. Typically the agency is providing support-workers to premises each occupied by up to six tenants with similar needs. This is an innovative service targeted at a specific client group. The provision of 24-hour care is unusual but is confirmed by the CSCI as meeting legal requirements because the Directors state that the service users' accommodation (rented accommodation) forms no part of the care service delivered by Independence Homes Limited. The Agency managers confirmed this point again during this inspection.

The Commission confirmed the registration of Independence Homes Limited as a domiciliary care agency (and not a group of residential care homes). The Care Standards Act, Section 4(3) defines domiciliary care and differentiates between that service and residential care. As this agency intends only to provide care, and not accommodation, it is registered as a Domiciliary Care Agency within the meaning of the Act.

Fee ranges £147 to £358 per day depending upon individual care needs.

# SUMMARY

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

This was the third, announced, inspection of this Agency following its registration in 2004. The agency's office is based in South Croydon and the inspection was conducted in those offices; in addition a number of agency staff (support workers) were interviewed and 3 service users were also interviewed. The CSCI also supplied questionnaires to relatives and to visiting professionals such as General Practitioners and Care Managers; Several written responses were received back and were exceedingly positive about this Agency. The inspector was invited to meet several service users in their own accommodation and their contribution to this inspection is acknowledged. There have been no substantive changes to the Agency so many standards that were met before are still being achieved in the same manner.

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

The most outstanding commentary about this Agency comes from the service users themselves, they state it "gives them their freedom". This is an unusual service in that it helps groups of service users, who require a lot of support because of their epilepsy, to live in the community when they might otherwise remain in hospital or a care home. From this and previous inspections it is clear the service users value the autonomy and independence they have whilst receiving the level of support commensurate with their needs and safety. This agency has been assessed as providing a good service.

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

At the last inspection a small number of requirements were made requiring improving to a number of records and to the recruitment procedures. The agency has addressed these. Qualified Nurses specialising in the field of epilepsy are now employed as advisors to the Agency and this will also improve services.

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

No requirements arise on this occasion. The Agency itself is developing its services and is increasing the options for accommodation for service users – noting that the Domiciliary Care division of the organisation will not be providing that accommodation.

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. The summary of this inspection report can be made available in other formats on request.

# **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.

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

NMS 2. Quality in this outcome area good. This judgement has been made using available evidence including a visit to this service.

This domiciliary care agency provides all of the information needed for potential service users, and their relatives, to make an informed decision about whether it is able to meet their specific needs. This information is based upon thorough assessment before decisions are made whether or not to use the Agency's services.

### **EVIDENCE:**

This standard is met in so far as the agency has its own comprehensive assessment tool used to assess potential clientele prior to arranging a service. The inspector noted the wide-ranging and thorough assessment undertaken by agency staff and noted that where appropriate documents can be translated in alternate formats, languages and communication methods.

## 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):**

NMS 8 10. Quality in this outcome area excellent. This judgement has been made using available evidence including a visit to this service.

Service users have an individual care plan compiled from an initial assessment and they are supported in a respectful manner that maintains their dignity, privacy and personal autonomy. It is the ability of this service to give service users their autonomy within safe limits that gives an excellent outcome in this area. There are robust medication policies in place to protect the health of service users.

### **EVIDENCE:**

Service users contributed their comments during the inspection and are quite certain that their right to be treated with respect is being upheld. People who use services are asked what they need and actively encouraged to be involved in their care plans and reviews and referred to them frequently during the inspection as the basis for planning and decision making. Innovative methods enable service users to participate this is reflected in the Agency's whole approach to its service users – to ensure they are consulted and have real choices, about their accommodation, their care and their lifestyle.

A service user plan is produced from the initial assessments, which support workers are aware of prior to providing support. The support plan identifies the level of support required by the person receiving care and includes accommodation needs, risk assessments and plans for their daily activities.

A folder is kept in their home, which holds a copy of the plan of care. Daily recording sheets are also held in the home and used to record all relevant events including personal care; the administration of medication, assistance in handling cash (for shopping), and other assistance provided day by day. The support workers complete the daily recording sheets, which are sent to the head office after an agreed period of time. The plan is being used as a working tool between service users and the on site carers - so that it positively supports delivery of an effective and positive service. Staff are exceptionally aware of the individual's particular requirements and how these are to be addressed having particular regard to service users' various levels of epilepsy and how it will affect their daily living, cooking, bathing, swimming, travelling, employment, and so forth. Where staff changeovers occur, the care planning and recording systems will ensure that care is always provided to the highest standards providing seamless recording and a well managed handover meetings.

The agency's service managers visit service users' homes and monitors these records regularly. Managers were interviewed during the course of the inspection and it is clear they recognise that working in partnership with service users will result in better outcomes for users of services. The service users and a consultant neurologist confirm the Commission's assessment that this standard is excellent, the service users state that the Agency has "given them their freedom", which is a tremendous endorsement of the service.

The agency provides a minimum of five days training for all support workers as part of the induction process. The content is also repeated during staff meetings. The agency also provides equality, diversity and anti-discrimination training for the staff team during the induction period. A number of service users and their carers were contacted during the inspection process and they commented that the personal care and support they receive is of a very high standard and the staff are polite and respectful at all times. The written feedback to the CSCI describes the agency, as it did last year, as "an excellent service providing excellent care...".

In order to ensure safe standards in the administration of medication two Nurses are now employed to monitor support given to service users, this includes regular checks to ensure policies and guidance are put into practices. No errors in this area were identified including the arrangements for service users to self administer medication and the arrangements for travelling with emergency and immediate use medication. The Nurses now employed by this Agency are specialist in the care of people with epilepsy and so they can assist staff in monitoring the well being of service users. Feedback from a consultant neurologist indicates good health care support is being provided by the Agency.

# 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):**

NMS 11 12 14. Quality in this outcome area good. This judgement has been made using available evidence including a visit to this service.

The Agency has in place the Policies and Procedures to ensure service users are protected from harm.

## **EVIDENCE:**

The company has overhauled its health and safety policies and procedures and now has in place two nominated health and safety advisors. Policies and procedures are in place to deal with health and safety matters such as manual handling, restraint, chemical safety, food safety and so forth. Risk assessments are in place for a range of matters in which the agency gives support including medication, dealing with challenging behaviour and close supervision when bathing for example. The staff that were interviewed

confirmed that they have received training in respect of the protection of service users from abuse.

This Agency has a comprehensive range of policies including written procedures for the safe management of specific and predictable risks that might be a hazard for service users or Agency staff. These policies are available to all staff. Key policies are in each staff member's handbook, and will be updated in line with changing legislation. Health and safety issues are discussed at the time of induction of new staff and this was confirmed by staff interviewed by the inspector during the inspection. Staff confirmed that they receive training in respect of these risk-taking areas including information about dealing with challenging behaviour, handling service users' money, support in giving medication and so forth. The Agency has specific forms for both service users and carers to complete when any financial transactions are undertaken. The forms are kept in the service users homes. This should ensure that the monies of service users are as protected as possible. Last year a requirement was made ensure all money records are maintained accurately and that discrepancies are properly accounted for and recorded. When money is removed by staff the records should show this as a withdrawal and the change recorded as a deposit. This matter has now been addressed and suitable record of money transactions is now in place.

Service users have individual risk assessments depending upon their needs. Risk assessments are completed in consultation with the service users. Copies of individual risk assessments are kept in the service users' files and covers a variety of situations including personal care, dealing with challenging behaviour and manual handling.

The agency has comprehensive documentation relating to adult protection. It was cross-referenced to the Local Authority multi-agency adult protection procedures. All staff complete training on adult protection.

## **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):**

NMS 17 19 21. Quality in this outcome area good. This judgement has been made using available evidence including a visit to this service.

The recruitment procedures ensure that service users are protected. A wide range of training is available for staff so they can meet the needs of service users. Staff are supervised and receive regular performance appraisal to monitor how well they are meeting service users' needs.

### **EVIDENCE:**

A number of staff were interviewed and their individual personnel files were checked in detail in order to evaluate the recruitment procedures of this Agency. The staff files are detailed and substantial in size because they contain all the information required by Regulation including pre-employment checks plus induction, training and supervision records. The files are now in very good order and contain as recommend a detailed checklist of the recruitment processes.

The Agency provides a specialist service to a limited range of service users (those with severe epilepsy) so training is very detailed in these areas.

The inspector attended part of the induction training during the previous inspection in order to meet new recruits and he was then able to observe examples of training dealing with epilepsy in its complex forms and how service users are supported when seizures occur.

The staff records, and the staff themselves, confirm that they now receive regular supervision and appraisal from senior staff. At the last inspection a number of requirements arose in respect of staff recruitment including matters relating to police checks and the application forms required to be completed by staff applying to work for the Agency. These matters have now been addressed and the recruitment of new staff appears sound.

## **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):**

NMS 22 26. Quality in this outcome area good. This judgement has been made using available evidence including a visit to this service.

This is a well-managed Domiciliary Care Agency, operated from a suitable office base in South Croydon. Effective procedures are in place to ensure good financial management and record keeping. The views of service users and their relatives are listened to, and taken seriously.

### **EVIDENCE:**

The Agency is well run by the registered manager, and the 'development managers' who manage day to day services. The Agency operates from well-appointed offices in South Croydon and appears to have a suitably large team of administrators. All records inspected and, required to be maintained by Regulation, were found to be in order.

The management structure reflects the increasing size of the Agency and the volume and complexity of the care provided. Administration at the agency is of a good standard and all records maintained for Regulation purposes were found to be in order and stored securely. Daily care records are kept in the home of service users with copies held in the head office. Service users are

helped to access their records when they wish and there is a policy on accessing personal information in accordance with Data Protection legislation.

The inspector checked the registration of Independence Homes Limited - as a domiciliary care service and not a group of residential care homes. The Care Standards Act defines residential care as a service that provides both accommodation (that is, a place to ordinarily reside) and care (that is, assistance with bodily functions). As this agency provides, and intends only to provide, care and not accommodation then it is registered as a Domiciliary Care Agency within the meaning of the Act. The managers assisting with the inspection confirmed this continues to be the case.

# 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>                     | X            |
| <b>2</b>                     | 3            |
| <b>3</b>                     | X            |
| <b>4</b>                     | X            |
| <b>5</b>                     | X            |
| <b>6</b>                     | X            |

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

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

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

| <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>          | 3            |
| <b>15</b>          | X            |
| <b>16</b>          | X            |

Are there any outstanding requirements from the last inspection? No

**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 |
|-----|-------------------|-------------------------------|
|     |                   |                               |

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