

# Key inspection report

## DOMICILIARY CARE AGENCY

Autonomy Care Ltd

**Albion House  
Market Place  
Westbury  
Wiltshire  
BA13 3DE**

*Lead Inspector*  
Malcolm Kippax

*Key Unannounced Inspection*  
29th October 2009      09:30

This report is a review of the quality of outcomes that people who use this agency experience. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Domiciliary care agency can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money

## Reader Information

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# SERVICE INFORMATION

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<b>Name of registered provider(s)/company (if applicable)</b>	Autonomy Care Ltd
<b>Name of registered manager (if applicable)</b>	Mrs Christine Stapleton-Smith
<b>Type of registration</b>	Domiciliary Care Agencies

# SERVICE INFORMATION

## Conditions of registration:

None

**Date of last inspection:** Not applicable: this was the agency's first inspection.

## Brief Description of the Service:

Autonomy Care Limited was registered as a new domiciliary care agency in May 2009. The agency has its office in the centre of Westbury.

Autonomy Care specialises in providing a range of care and support services to adults with learning disabilities. The agency also provides services to adults who need support for other reasons, for example because of a physical disability.

The people who use the service may pay privately or be publicly funded by a local authority. The agency's charges are from £15.00 - £16.00 per hour.

Autonomy Care has produced a 'Statement of Purpose' which gives details of the agency's aims and the services it provides. Copies of inspection reports for Autonomy Care are available from the agency and can also be seen on the Commission's website at [www.cqc.org.uk](http://www.cqc.org.uk)

# SUMMARY

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

The quality rating for this service is **2 star**. This means that people who use this service experience **good** quality outcomes.

We inspect a new care service within six months of it being registered. This was Autonomy Care's first inspection. We already knew how the agency intended to operate, from the information that they gave us when they applied to be registered.

After the agency had been running for a few months, we asked them to complete an Annual Quality Assurance Assessment (known as the AQAA). This was their own assessment of how they were performing. The AQAA gave us statistical information about the agency and told us about their plans for the future.

We reviewed the information that we had received about the agency since it was registered. We then visited Autonomy Care's office on 29th October 2009 to see how the agency was being managed and to look at some records. We met with the agency's manager, Mrs C. Stapleton-Smith, and with other members of the management and staff team.

It was reported in the AQAA that the agency was providing a service to two people. We had telephone conversations with the relative of one of these people and also with two of the agency's carers. This was so that we could get their views about the service.

The judgements contained in this report have been made from evidence gathered during the inspection and takes into account the views and experiences of people using the service.

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

People have the opportunity to talk about their care requirements and expectations before they receive a service from the agency. This helps the agency to assess the person's needs and know how they wish to be supported.

Individual plans are written, which provide details of the support that has been agreed with people. The plans include headings such as 'What I would like help with'; 'Who I would like to help me'; and 'How I would like to be assisted'. This presents the information in a person-centred way, which reflects people's own views. The plans are kept under review so that they reflect changes in people's care needs.

The agency has a range of policies that set out how staff should go about their work. These cover such topics as maintaining confidentiality and treating

people with dignity and respect. The relative of someone who has been using the service told us that the agency were very helpful and dealt with things in a sensitive way. The carers were described as having a 'cheerful disposition'.

There are procedures for how the carers enter people's homes and to ensure that people who use the service do not accept somebody into the home who is not authorised by the agency.

People's home environments are assessed so that hazards can be identified and action taken to reduce the risks to people. The agency considers other matters as part of the overall assessment process. These include looking at the parking arrangements at the person's home and whether they have any pets. Road safety and issues in the local neighbourhood are also considered. It is good practice to look at these areas, as it helps to ensure that the carers are safe and aware of any difficulties there might be when arriving at a person's home.

People who use the service are supported by staff who have been safely recruited and who are developing their skills and knowledge. The agency's manager, Mrs Stapleton-Smith has a lot of experience of working in the care sector. She is supported by a management team who are readily on hand to assist with the running of the agency.

Overall, the agency is developing in a planned and organised way, which should ensure that people benefit from an efficient service that meets their needs.

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

Not applicable. This was the agency's first inspection.

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

The agency gave us good information in their AQAA about what the agency has achieved since registration and their plans for the future. It was acknowledged in the AQAA that, as a new service, the agency's processes and systems were relatively untested and would need to be monitored and developed during the coming months.

Staff had not yet received training in some subjects. We were told that the agency's training programme was being kept under review and further courses were to be arranged. This is important, so that the carers are well prepared for meeting the individual needs of the people who use the service in the future. There were plans for staff to access a range of other courses to further assist them in their roles. Training in equality and diversity was being prepared and this was to form part of an 'annual rolling training programme'.

It was stated in one person's individual plan that they received support 'in

respect to parent enabling'. We have recommended that further details about this support are included in the plan. This is to ensure that the carers have good information about the support that is involved, and also the type of support that is not appropriate for them to provide.

We have also recommended that the use of topical creams is recorded on printed forms for the administration of medication. This will provide a clearer record of the types of cream that have been used and when they were applied.

Other records would also benefit from attention. The starting and finishing times of the carers' visits should be consistently recorded in their daily reports. This will help to ensure that there are no misunderstandings about whether a carer stayed for the correct length of time.

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

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# 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):

1 and 2

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

People who are interested in using the agency have access to the information that they need. This helps people to decide whether the agency can provide a service that will be suitable for them.

People's needs are assessed, so that a decision can be made about whether the agency is able to provide the support that they require.

### EVIDENCE:

The agency provided us with a Statement of Purpose when it applied for registration. This set out the agency's aims, and gave information about how the agency would be run and the services it intended to provide. The

Statement of Purpose was available to interested parties on request from the agency.

A summary of the agency's aims and the services it provided was available in a printed leaflet. This included a referral form, so that people could ask the agency to contact them to discuss their circumstances in detail. It was stated in the leaflet that this could be done either by telephone or by a personal visit to the person's home. The agency also had a website, which provided people with information about its aims and philosophy, the care provided, and the management and staff team. People could contact the agency through the website to request further information or to discuss their care needs.

In the information that the agency had produced, there were references to Exalon Care Homes Ltd, which was described as a sister company of Autonomy Care Ltd. The two companies worked closely together. It was stated that Autonomy Care Ltd. was established in June 2008, although the information did not include the date (May 2009) when the company was registered as a domiciliary care agency. The date of registration would give an accurate indication of how long the company had been operating as an agency.

The agency had produced a Service User's guide. This was primarily for people who use the service to keep in their own homes. It provided people with contact details for the agency and other information that they might need on a day to day basis.

Copies of the Statement of Purpose and the Service User's guide were available in the agency's office. We were told in the AQAA that people who use the service were given both documents, and also received a copy of the agency's complaints procedure. All were reported to be available in a range of formats, such as large print and clip art, and in different languages. It was reported in the AQAA that the agency planned to develop an audio version of the information. We were also told that a DVD would 'visually assist enquirers to be aware of some aspects of the service'.

The agency kept a record of the contact made with people who were interested in using the service. We saw the record of the visit that had been made to one person, so that they could talk about their individual circumstances and need. This information had then been recorded as part of the agency's assessment process. The information had been recorded under a range of headings, including Current needs; Health; Well-being; Allergies; Dietary requirements; Emotional state; Sleep pattern; and Preferred method of contact.

The agency had produced an aide memoire, which highlighted other matters to be taken into account as part of the overall assessment process. This included for example, looking at the parking arrangements at the person's home and whether they had any pets. Road safety and issues in the local neighbourhood were also identified. We thought that it was good practice to consider these

matters, as it would help to ensure that the carers were safe, and aware of any difficulties that there might be when arriving at a person's home.

We also saw information which the agency had received from the local authority that was funding one person's care. This included details of the type of support that had been agreed and the times during the week when this would be provided.

## 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):**

7, 8 and 10

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

People who use the service have individual plans, which provide information about the support that has been agreed.

People are treated with respect by the agency. The agency's policy and procedures on medication protect people and assist them to remain in their own homes.

### **EVIDENCE:**

We looked at the care and support records for two people. Each included an individual plan which set out the care and support to be provided. The plans included details of the support that people required. We saw that one person's plan had been reviewed on a number of times in recent weeks to reflect changes in their care needs.

Other information was recorded about people's needs and preferences in relation to daily living, diet, work, hobbies, finances, leisure and social time. This also provided the agency's carers with an insight into the people they supported as individuals, with different interests and backgrounds.

Information was recorded under some general headings, such as 'What I would like help with'; 'Who I would like to help me'; and 'How I would like to be assisted'. This helped to ensure that the information was presented in a person-centred way that reflected people's individual views.

The copies of the plans that we saw in the agency's office had not been signed. Mrs Stapleton-Smith said that people signed the original plans which they had been given to keep in their own homes.

People's records contained other support related information, which was not included in their individual plans. This provided guidance to the carers about carrying out specific tasks. It included, for example, information about moving and handling, and how somebody would be assisted with having a bath.

Mrs Stapleton-Smith told us about one person who received help in different areas, which could include personal support and assistance with household tasks. The agency worked in conjunction with other parties, to provide the support that was needed for the person.

The agency's role in supporting this person was described in their individual plan. This included support 'in respect to parent enabling, in a manner that promotes independence ...'. We discussed this with Mrs Stapleton-Smith, as we thought that there was a lack of clear guidance for the agency's carers about what this meant in practice. Mrs Stapleton-Smith said that the support was primarily aimed at assisting the person, at their request, when they were caring for their young child.

The agency had a range of policies, which set out how staff should go about their work. These covered such topics as maintaining dignity and privacy, confidentiality, equal opportunities and non-discriminatory practice. These subjects were also covered in the induction programme that the agency had produced for new staff.

We spoke to the relative of one person who had been using the service. They told us that the people they saw from the agency were very helpful and dealt with things in a sensitive way. The carers were described as having a 'cheerful disposition'.

The agency kept a 'Contact log' on which to record the contact that there had been with people, outside the times when they had visits from the carers. This helped to ensure that any issues could be followed up promptly.

The agency had produced a policy regarding medication and how carers could be involved in supporting people with their medicines. The agency also had a copy of the Commission's guidance about the safe handling of medication in domiciliary care.

At the time of our visit the involvement of the agency with people's medicines had been limited to supporting one person with the application of a cream. We saw that the use of the cream had been mentioned in the person's care plan, as part of their personal care routine. A medication administration form was not being used although the application of the cream had been recorded in the daily log that was completed at the time of the carers' visits.

## 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):**

11, 12, 14 and 16

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

People's health and safety are promoted by the agency's policies and procedures. Staff are provided with guidance, which helps to ensure that people are safe and protected from harm.

### **EVIDENCE:**

The agency had produced a number of policies in relation to health and safety. These set out the agency's responsibilities as an employer, and also the carers' role in ensuring that they carried out their work and supported people in a safe way.

One of the policies concerned 'lone working' by the agency's carers. We saw forms on the carers' employment records that they had signed to confirm receipt of various items that would help them, and the people they supported, to be safe. These included, for example, a mobile telephone, torch, first aid kit and personal alarm. The carers had been issued with a photo I.D. card, which would help to ensure that the people using the service did not accept somebody into the home who was not authorised by the agency.

It was reported in the AQAA that, in addition to the identity cards, the carers wore polo shirts which showed the company logo. We were also told that the carers entered people's homes in an agreed way, and that there were procedures in place if the agency acted as the 'responsible keyholder'.

We saw records of assessments that the agency had undertaken in relation to people's own homes. Mrs Stapleton-Smith said that this assessment was carried during a second visit to the person's home, after the initial needs assessment had been completed. This was in order to identify any hazards which might have an impact on people's safety when support was being provided. An 'Escape and emergency evacuation' procedure had also been completed. We were told in the AQAA that the agency's carers ensured that the equipment used in a person's home, and the building, were left in a safe condition.

It was reported in the AQAA that personal protective equipment was made available to staff. The carers who we spoke to confirmed that they had the items that they needed, such as disposable gloves, when providing support to people.

We were also told that COSHH (control of substances hazardous to health) sheets were kept in people's homes for any products that the carers may need to use during their visits. The agency kept an accident book to record any accidents to staff or to the people who use the service.

The agency had produced a number of policies in relation to protecting people's interests and the prevention of abuse. These included, for example, the carers' involvement with people's financial affairs and how this should be recorded. There was a 'Gifts' policy, which set out what was acceptable and the need for staff to enter any gifts received in a 'Gifts Log'.

There was a Whistleblowing policy and we were told in the AQAA that all staff had been informed at induction of the procedure for safeguarding people who use the service. All staff were reported to have been given a copy of the 'No Secrets in Wiltshire and Swindon' booklet, which summaries the local procedure for safeguarding vulnerable adults from abuse.

There was a module in the carers' induction programme which included abuse awareness.

It was reported in the AQAA that the agency's processes and procedures would be kept under review in line with changes in the legislation and guidance. There were plans to develop the safeguarding procedures following the introduction of the Independent Safeguarding Authority. We were told that there were plans for all staff to receive detailed training in relation to the Mental Capacity Act and Deprivation of Liberty safeguards legislation.

The agency had also produced a policy on child protection. This was particularly relevant as the carers could have contact with children when visiting people's homes during the course of their work. As reported under the section 'Personal Care', one person received a service from the agency which included support with 'parent enabling'.

The agency had set up systems for record keeping which helped to ensure that people's interests were protected. Records of the carers' visits were being maintained using a 'triplicate' copying book, which produced an original and two copies. This meant that the original record could be taken back to the office, while a copy was given to the person who uses the service and the book also remained in their home. This looked like a good way of ensuring that the records were readily available to the people who would need to have access to them.

Although details of the support provided were being recorded, the records did not consistently include the starting and finishing times of the carers' visits. Misunderstandings about whether a carer stayed for the correct length of time can arise if this information is not recorded.

## 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):**

17, 19 and 21

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

People are supported by staff who have been safely recruited and are developing their skills and knowledge.

### **EVIDENCE:**

The agency had a written policy for the recruitment and selection of staff.

We looked at the recruitment records for the five staff that the agency had appointed. Application forms had been completed, giving details of previous employment and the names of referees. The applicants were asked to complete a 'Health Screening' questionnaire, so that their fitness for the work could be assessed. Notes had been kept as a record of the interview process and how the applicants had performed.

Written references had been obtained as part of the recruitment process, to verify the applicants' suitability for the work. This included references received from the applicants' previous employers, where possible.

Applicants were asked to make a declaration in relation to the Rehabilitation of Offenders Act.

There was a system in place for obtaining Criminal Records Bureau (CRB) disclosures. One staff member's disclosure had not been received and Mrs Stapleton-Smith said that they were not yet providing support to people. We were told that nobody started working with people before their names had been checked against the POVA (Protection of Vulnerable Adults) and POCA (Protection of Children Act) lists. This helped to ensure that support was not provided by people who were unsuitable to work with vulnerable adults.

The agency had evidence of the staff members' identities. Some staff were already known to the agency because they also worked for Exalon Care Homes, which the agency described as its 'sister' company. Mrs Stapleton-Smith said that staff contracts were flexible, so that their hours could rise as the agency developed and the number of people using the service increased.

The agency had produced a staff handbook which contained a number of the company's policies and procedures. The handbook had been given to the carers, so that they would be familiar with their roles and responsibilities and the agency's expectations. We were told in the AQAA that staff also received a copy of the General Social Care Council's code of conduct.

The relationship between Autonomy Care Ltd and Exalon Care Homes Ltd was described in the information that we received from the agency. During our visit to the agency's office we met with the Director of Care Services who worked across both companies. We also met with the Chairman of the two companies who was closely involved with their day to day operation. The management team for both companies also included a Director of Development and a Company Administration Manager.

Mrs Stapleton-Smith's role as Domiciliary Care Manager was limited to the day to day management of Autonomy Care. Mrs Stapleton-Smith has had previous experience as a manager in residential services for adults with learning disabilities. Mrs Stapleton-Smith's qualifications included NVQ Assessor, NVQ Level 4 and Level 5 in Management, Diploma in Health and Social Welfare, Diploma in Management and the Registered Home Managers Award.

Mrs Stapleton-Smith was registered as manager at the same that the agency was registered. As part of the registration process, the applicant is required to show that they are a 'fit person' to manage the service. 'Fitness' refers to a number of personal attributes, such as having integrity and being of good character. The applicant will also have demonstrated that they have the

qualifications, skills and experience that are necessary for managing the service.

During our visit to the office, we met with a staff member who was in the role of supervisor. They told us that they had helped to set up the carers' induction programme, which covered the first five days of their employment. The supervisor said that the induction included ten modules, and the agency's procedures were gone through with the carers.

The staff members' files included records of their induction and the training attended. We saw that the carers had received training in food hygiene, infection control, first aid, moving and handling and medication. Mrs Stapleton-Smith said that the specific needs of the people who use the service had been discussed at staff meetings, before they had started to receive a service.

The two carers who we spoke to said that they felt confident about how to support people and perform tasks safely. They also told us that they were supported in their work and could contact a senior person at all times. We saw that a formal programme of staff supervision was being established. Staff members were due to have supervision meetings on the day after we visited the agency.

We read in the AQAA about further training that was being planned, and Mrs Stapleton-Smith updated us on the current arrangements. The carers had attended 'End of life' care training on the day before we visited. There was a training plan which identified the subjects to be covered in the coming months. Training in equality and diversity was being prepared and this was to form part of an 'annual rolling training programme'. Other subjects to be covered included safeguarding adults and mental capacity.

We were told that there were plans to provide Learning Disability Qualifications, prior to undertaking NVQs (National Vocational Qualifications). Two of the agency's five staff had a NVQ at level 2 or above. It was reported in the AQAA that those staff who did not hold a NVQ were to be registered for the award. The agency had also registered for 'e learning', which would enable staff to access a range of courses.

## 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):

22 and 26

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

The agency is developing in a planned and organised way, which should ensure that people benefit from an efficient service that meets their needs.

### EVIDENCE:

The agency was operating from office premises in the centre of Westbury. This was a relatively central location for the agency, which aimed to provide support for people throughout Wiltshire. There was a private parking area, which was swipe card activated, and public parking was available directly outside the premises.

The offices were already being used by Exalon Care Homes Ltd, when Autonomy Care Ltd was registered as an agency. It has since become the base for both companies, with offices for the chairman and members of the management team. During our visit we saw facilities for the efficient running of the business, such as a photocopier, I.T. systems and lockable cabinets for the safe storage of documents. We were told in the AQAA that the company

was registered under the Data Protection Act 1998.

Mrs Stapleton-Smith said that the owners of the property overviewed its maintenance and managed the health and safety arrangements. There were reported to be no concerns in these areas at the time of our visit. We saw that smoke alarms and fire extinguishers were in place, and there was a rechargeable torch that could be used for emergency lighting.

The main rooms, including offices, and the toilet facilities were on the first floor, which was only accessible via stairs. There was one room on the ground floor, which Mrs Stapleton-Smith said could be used as a meeting or training room. There were some steps down into this room, although there was a ramp that could be used.

The lack of accessibility was discussed at the time of registration. During our visit, Mrs Stapleton-Smith said that accessible rooms were available locally, which the agency could use on a casual basis for training purposes or for meeting with people. Mrs Stapleton-Smith said that in practice, the agency would offer to meet with someone in their own home, rather than expect them to come to the office. Longer term, consideration was being given to the need to move to new premises as the agency developed.

Mrs Stapleton-Smith said that the agency was hoping to expand its services to include more people and was taking steps to do this. There was a management and staffing structure which Mrs Stapleton-Smith felt could cope with an increase in capacity. The management team was readily on hand to support Mrs Stapleton-Smith with the development of the agency.

At the time of our visit, the agency's supervisor was primarily involved in providing support. We were told that they would take a more supervisory role as the work of the carers increased. The carers' flexible contracts meant that a gradual increase in support hours could be responded to by the existing staff team, until new carers could be appointed.

We were given good information in the AQAA about what the agency had achieved since registration and their plans for the future. Mrs Stapleton-Smith, who completed the AQAA, recognised that as a new service, the agency's processes and systems were relatively untested and would need to be monitored and developed during the coming months.

We were told in the AQAA about how the agency kept up to date with developments with good practice and changes in legislation. This included representation at local forums for domiciliary care and learning disabilities. The agency was registered with companies that provided advice and consultancy in relation to employment law and care matters.

The agency had produced a policy which set out the importance of quality assurance and how this would be put into practice. It was stated in the policy that people who use the service would be given a say through routine evaluations of their care and through annual surveys. People's views would then contribute to an annual development plan. During our visit we saw that the Director of Care Services had set up a programme of 'quality monitoring' visits, to get feedback from the people who use the service. It was also stated in the policy that the Domiciliary Care Manager and Director of Care Services would be taking responsibility for carrying out an annual audit of standards

It was stated in the policy on quality assurance that people would be free to complain about any aspect of the organization, and that complaints would be acted upon promptly. The agency had produced a separate 'Clients Guide to Complaints', which set out the action to take if not happy with an aspect of the service. It was reported in the AQAA that the agency had not received any complaints.

# 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>	3
<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>	3
<b>8</b>	3
<b>9</b>	X
<b>10</b>	3

<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>	3

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 Agencies 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.	DO1	That the information produced about the company is reviewed. This is to ensure that it includes accurate information in relation to the agency.
2.	DO7	That a system of cross-referencing is used between the individual plans, risk assessments and other written guidance. This is so that all the information in relation to a particular need can be readily identified.
3.	DO7	That further details of the support provided in relation to 'parent enabling' are included in the person's individual plan. This is to ensure that the carers have good information about the type of support this might involve, and also the support that it would not be appropriate for

		them to provide.
4.	DO10	That the application of all creams is recorded on a printed form for the administration of medication. This will provide a clearer record of the types of cream that have been administered and when they were applied.
4.	DO14	That the policy on child protection includes a section about the limitations of the support that carers can provide to people who use the service in relation to child care.
5.	DO16	That the starting and finishing times of the carers' visits are consistently recorded in the carers' daily reports. This will help to ensure that there are no misunderstandings about whether a carer stayed for the correct length of time.



## **Care Quality Commission**

Care Quality Commission

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