



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Nadja Hartwig Ltd

**9 Carlingford Road
Hampstead
London
NW3 1RY**

Lead Inspector
Linda
Kapambe

Announced
15th August 2005

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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

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SERVICE INFORMATION

Name of service Nadja Hartwig Ltd

Address 9 Carlingford Road, Hampstead, London, NW3
1RY

Telephone number 020 7916 7270

Fax number

Email address

Name of registered provider(s)/company (if applicable)

Name of registered manager (if applicable) Ms Nadja Victoria Hartwig-James

Type of registration Domiciliary Care Agency

No. of places registered (if applicable)

Category(ies) of registration, with number of places

SERVICE INFORMATION

Conditions of registration:

Nadja Hartwig is registered by the Commission as a Domiciliary Care Agency.

Date of last inspection First inspection

Brief Description of the Service:

Nadja Hartwig Domiciliary Agency is situated in a purpose built business complex located in Belsize Park and accessible by buses that stop right outside the building. The agency provides a service for around fifty service users whose care is funded in a variety of ways such as Direct payments, private funding and Local Authority funding. The care provided is for adults of all ages and for those with a variety of care needs.

SUMMARY

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

The inspection was the agency's first annual announced visit since becoming registered as a Domiciliary care Agency. The inspection took place over three days, which involved time in the office looking at the agency's policies and procedures and examining records. I also spoke with the registered manager and various staff members in the office. Throughout the inspection I visited four service users in their homes and was able to speak to and observe some carers on the visits, I also spoke to two carers in the office.

The registered manager was sent a pre-inspection questionnaire and a self-audit form to complete prior to the inspection; this was received only a few days before the inspection, which did not enable the commission to send out service users and care worker surveys prior to the inspection. Therefore this form of valuable feedback was not available before the inspection.

What the service does well:

There is a clear and consistent referral and assessment system in place that adequately provides carers with the information they need to meet the service users' needs. The service is being well managed by a competent registered manager and a dedicated staff team, which is reflected in the high and consistent standard of care given to the service users. A service user was quoted as saying. **"The carers I've had have always been well matched they've come from a variety of backgrounds, they are interesting with a happy temperament and always turn up with a smile at any time of the day or night"**

The staff team are well trained and the agency is fortunate enough to have two full-time training coordinators as part of the overall staff team. Staff consistently receive up-to-date training and the continued staff development ensures they are able to meet the service users' needs.

Service users and carers appear to have an equal respect of one another, with service users feeling valued and that their opinions are sought in all aspects of their care. **"The carer has the right temperament and gets along without imposing, she is extremely nice and not intrusive"**. Said one service user.

What has improved since the last inspection?

This was the agency's first inspection.

What they could do better:

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

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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User Focused Services (Standards 1-6)

Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

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

Scoring of Standards

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 standard(s) 2

There is a clear and consistent referral and assessment system in place that provides staff with the information they need to meet the service users needs.

EVIDENCE:

Care needs assessments were seen in service users files for those referred by the Local Authority. The registered manager contacts the service user and does an assessment visit to the home of the perspective service user. The manager does her own assessment that includes a risk assessment, then matches a suitable carer or carers for the service user. One service user said **“The carers I’ve had have always been well matched they’ve come from a variety of backgrounds, they are interesting with a happy temperament and always turn up with a smile at any time of the day or**

night” Details of the assessments are produced in the Job Specification (Care Plan). These are also kept in the service users file at home and also electronically in the office.

Carers interviewed confirmed that the Job Specifications are very detailed and include all the information they need prior to working with the service users, such as types of disability, medical issues, any challenging behaviours, risk assessments and any social interests as well as cultural and religious needs.

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 standard(s) 8 &10

The carers have the necessary information and skills to meet service users needs in their own homes.

EVIDENCE:

The Care plans (Job Specification) held on the service users files clearly detail what care is needed and how it is to be provided. A service user interviewed Said **“The carer has the right temperament and gets along without imposing, she is extremely nice and not intrusive”**. The carers interviewed clearly demonstrated that knew about how to provide support that afforded the service user dignity and respect, and were clear about confidentiality issues. Direct observation visits take place when the carer starts working with the service user and as part of their on going supervision.

A written medication policy is in place in respect of assisting service users who take medication. Details of the policy can also be found in the staff handbook

and in the service users guide. Assistance with medication and other health related issues form part of the care plan. Support workers demonstrated that had a clear understanding of their roles if a service user is on medication, and what to do if refusal occurs.

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 standard(s) 11,12 &14

Policy and procedures are in place, and the understanding demonstrated by staff ensures the health and safety of service users.

EVIDENCE:

All relevant health and safety policies and procedures are in place that comply with the requirements of Health and Safety legislation. The registered manager is the Health and safety officer for the agency she ensures staff working in the building, and those that visit are in an environment that is free from hazards. There are procedures in place for carers to report any incidences that affect their own health and safety as well as that of the service user.

The managers do risk assessments, which then form part of the care plan. Each task for the service user and carer is assessed individually and reviewed as things change. Forms to record and review the assessments were in place. There is a 24-hour on call system; managers take it in turn to be on call. Carers interviewed said the system works well and they feel very well supported when working with service users.

There were policies and procedures in place for the protection of vulnerable adults. Support staff interviewed demonstrated a good understanding of what constituted abuse and knew what actions to take should they suspect abuse. POVA training was given to all new carers through induction and a foundation course; a more in depth course has also been planned for all carers and staff to attend.

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 standard(s) 17, 19 & 21

Staff are appropriately trained and competent to meet service users' needs. Comprehensive recruitment policies and procedures in place are adhered to, which should ensure the safety and wellbeing of service users.

EVIDENCE:

Selections of staff files were seen and included the relevant documentation relating to the recruitment of staff. A recently employed member of staff described the recruitment procedure she went through, her experience confirmed that robust policies and procedures were in place.

There is a structured induction procedure in place that includes the required Topss and health and safety training. Part of the induction also includes shadowing carers on shift. There is a staff development plan in place, which is kept on file, in a book and also electronically. The agency has two fulltime trainers one of which has enrolled for this September to become an NVQ assessor. The staff team have a range of experiences and qualifications between them.

Supervision takes place for all staff on a regular basis; staff interviewed and accessing personal files confirmed this. Direct observations also form part of the supervision process. The managers undertake three monthly appraisals of care workers. The carers meet each other regularly, individual carers are able to ask for meetings with other carers that are working with the same service user; enabling them to clarify their roles and continuity of care for the service user.

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 standard(s) 22 & 26

The agency is managed efficiently and effectively. The complaints procedure ensures service users and relatives are aware of how to voice their concerns.

EVIDENCE:

The office is well managed, organised and contains the necessary equipment and facilities to ensure the agency runs smoothly. These include good communication systems, computers and a comprehensive filing system. There is a good management structure in place and staff and service users interviewed, felt that the managers were competent and easily accessible. The managers demonstrated that affective systems are in place to ensure adequate staff cover at all times. **"Always get a replacement carer if one doesn't turn up"** said a service user

There is clear information in place on how to make a complaint. The information is presented in the service users guide and staff handbook. The complaints procedure in place includes stages and time scales for the process. The complaints book is presented in a clear format that reads easily and includes the action taken. Complaints are also kept electronically. Most service

users interviewed were aware of the complaints procedure and knew whom they could talk to. Those that had made complaints felt the agency dealt with them in an efficient and effective manner. One service user said, **“When I made a complaint I was satisfied with the way the agency dealt with it”**.

SCORING OF OUTCOMES

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

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

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

User Focused Services	
Standard Number	Score
1	X
2	3
3	X
4	X
5	X
6	X

Managers and Staff	
Standard Number	Score
17	3
18	X
19	4
20	X
21	3

Personal Care	
Standard Number	Score
7	X
8	3
9	X
10	3

Organisation and running of the business	
Standard Number	Score
22	3
23	X
24	X
25	X
26	3
27	X

Protection	
Standard Number	Score
11	3
12	3
13	X
14	3
15	X
16	X

N/A

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 2003 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.				

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.		

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