



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Platinum Plus Healthcare Ltd

**Torbay Innovations Centre
South Devon College
Vantage Point, Long Road
Paignton
Devon
TQ4 7EJ**

Lead Inspector
Clare Medlock

Short term announced Inspection
4th March 2009 10:00a

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	Platinum Plus Healthcare Ltd
Address	Torbay Innovations Centre South Devon College Vantage Point, Long Road Paignton Devon TQ4 7EJ
Telephone number	07830 292701
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Platinum Plus Healthcare Ltd
Name of registered manager (if applicable)	Mr Michael Ellis
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection N/A

Brief Description of the Service:

Platinum Plus Homecare Ltd is a newly registered family run domiciliary care agency providing personal care and nursing services to people in their own homes in Devon.

This Domiciliary Care Agency operates from a business centre within South Devon College in the seaside town of Paignton. The office is a secure fully accessible premises. There is some parking directly outside the office, but this needs to be booked via the agency in advance. There are other parking facilities within walking distance. The agency operates from a small office but has access to training and meeting rooms within the self-contained business centre.

The manager and responsible individual are members of the staff team. Together they are responsible for the day-to-day running of the office, recruitment of staff, assessing people and performing reviews. The Registered Manager is a first level Registered Nurse and the co director of the business.

Fees for this agency start from £14.50 but depend upon the length of care package that is required by people who use the service. Fees increase during public holidays. A detailed quote regarding fees can be obtained from the manager of this agency. Copies of the statement of purpose and service user guide are provided people and can be requested from agency staff.

SUMMARY

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

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

This first inspection was announced a short time before the site visit to ensure the manager would be present for this first inspection. The site visit took place on Wednesday 4th March 2009.

Prior to this inspection we requested an Annual Quality Assurance Assessment from the agency. The AQAA is a self-assessment record that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service. The document was well completed and submitted within timescales.

We also sent surveys to people who use the service. We received four responses.

During our visit we spoke to the manager, looked at staff recruitment records, training records, policies and procedures and computer systems. We did this because we wanted to understand how well the systems work and how people are protected by these systems.

All this information helps us to develop a picture of how the agency is managed and what it is like to receive a service from Platinum plus domiciliary care agency.

What the service does well:

Platinum Plus domiciliary care agency provides a very small family run service. The agency supplies care staff to people's own homes. This service is provided between the hours of 7.30am and 10pm, seven days a week 365 days of the year.

The service is tailor made for each person. Information provided to clients and people who use the service is good. This enables people to decide whether the agency can meet their needs. People told us 'The care and support is exceptional' and staff are 'professional' and 'wonderful'.

Staff have recruitment checks to ensure they are safe to work. Staff are checked against the criminal records bureau police register and the protection of vulnerable adults and child registers to show they are suitable to work with vulnerable people.

Staff have access to comprehensive induction, access to NVQ training and other training programmes. Records kept by the agency are done to a high standard. Information given to staff is extensive to ensure they have enough information and guidance to work in a safe way.

Communication between the agency and people who use the service is good. People said, 'staff are very helpful and responsive'.

Confidential information is handled appropriately at the branch and the office is suitable for the business.

The safety of people is considered a priority by the agency and systems are in place to ensure both people and staff are safe when care is provided.

The manager and responsible individual have the skills and experience to run the agency in an effective way. Complaints are effectively managed.

The manager and office staff have a clear understanding of the nature of the service they provide and identify short term and long term plans to improve the quality of the service.

What has improved since the last inspection?

This is the first inspection performed on this agency.

What they could do better:

Minor changes to some documents are needed to provide clearer information for people who use the service. The statement of purpose, service user guide and complaints register should be separated for each of the domiciliary care agency and nurses agency. This will mean that people who are considering using the service are aware of what each agency can provide. Separating the complaints registers will also make it easier for the manager to monitor trends in concerns and where they come from.

Assessments should include a prompt for asking about a person's mental health and cognition so staff can plan for those care needs if they are necessary.

The agency also need to improve the policies and record keeping on what they do if a member of staff applies for a job with a conviction on their CRB (criminal records bureau). This will show that the agency have taken satisfactory steps to protect vulnerable people.

Improvements to the recruitment process record keeping are also recommended to show that recruitment procedures are more robust. The application form should be amended to include details of the next of kin. More information as to the physical and mental well being of the member of staff should be also be obtained. The manager should also ensure references are from employers rather than work colleagues. Proof of ID should also be kept on file once the CRB has been completed.

The manager should look at ways to provide evidence that some documents have been issued. This will show that as the employer the agency have provided staff with information and will show that systems can be checked and audited.

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

DETAILS OF INSPECTOR FINDINGS

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Personal Care (Standards 7-10)

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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):

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

The assessment process is robust and means sufficient information about the needs of people is obtained before they are offered a domiciliary care service. The service is responsive and meets the needs of people.

Minor changes to some information would clarify exactly what services the agency provide.

EVIDENCE:

Certificates to show this agency are registered with the Commission for Social Care Inspection (CSCI) are displayed on the office wall along with valid insurance certificates.

The statement of purpose and service user guide are documents used to inform health care professionals, care managers, people and their families about the service Platinum plus provides. Both documents were detailed and reflected the service that is provided. One relative said she had received this 'early on and read it when she had a quiet moment'. Minor changes were recommended to separate the information provided for people receiving care from the domiciliary care side of the agency from the nurse's part of the agency.

People told us in the surveys that they were not involved in the decision for Platinum to provide the domiciliary care service as this was done by social services. However one person told us that they had been referred by their social worker. Another person told us 'I am really glad it was Platinum we are delighted'.

After the initial enquiry the agency provide people with a letter of introduction, an abridged service user guide and information on the CSCI. Once the person has agreed to the agency to provide care a full assessment is performed at a time suitable to the person.

Each person has a detailed assessment performed before the care package starts. At present either the manager who is a registered nurse or the responsible individual perform the first visit and assessment. The assessment covers topics such as what services each person requires and also includes more detailed information regarding general health, home environment, medical history and medication. Other information about religion, race and family involvement is also listed. Whilst information about mental capacity and psychological assessment is obtained it was suggested that prompts for this were included on the assessment.

Risk assessments are performed and reported upon in a later section of this report.

Staff told us that once the assessment has been performed a plan of care is agreed with the person and their relatives. Representatives of people who have used this service told us 'it was clear what care was needed and this was always provided in a professional manner'. It was recommended that evidence was obtained of the person's involvement and consent to care where appropriate.

Relatives we spoke with said they were aware there was a social services contract but assumed the agency held this as the agreement was between the

agency and social services. Examples of contracts issued by social services and service level agreements were available within the office but not inspected. The manager showed us an example of a contract, which will be used for people who privately fund their package of care. This contract was detailed and reflected the service that was offered. Some minor details were missing from the contract but could be located within the service user guide. There was no evidence to show that people had received a service user guide. The manager gave assurances that this would be addressed.

We were told that the length of the visit for each person varied and depended upon the needs of the person. Computer systems showed how visits were allocated and how travel time was incorporated within this allocation. Representatives we spoke with said all staff arrived on time and stayed for their allocated time 'leaving the house tidy with drinks cleared, cushions plumped and blankets rearranged'. Another person said 'they were always on time, even in the snow'.

The agency currently supply domiciliary care packages to approximately 10 people. This has the advantage of ensuring staff know the person's needs well and develop professional relationships with the person and their families. During the inspection the manager was heard speaking with one relative and demonstrated an appropriate understanding of family members. All surveys and all people we spoke with were extremely positive about the service. One person said 'they were very, very good. I can't speak highly enough of them'

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):

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

Personal care is planned and delivered in a sensitive person centred way. People are protected by robust policies and excellent record keeping.

EVIDENCE:

Each person is assessed before a package of care is planned and agreed. The assessment is used to form a plan of care and this care plan is then developed over the following days.

Each person has a care plan, which clearly shows what care the person needs and requests. Each plan is written reflecting what the individual person needs support with. The care plans were well written and detailed. Risk assessments are also performed so staff are aware how to safely move the person, and are

aware of any other risks including the skin condition and nutritional status. One care plan we looked at also contained a moving and handling assessment by an external health care professional. Environmental risk assessments are also performed to highlight any risks to the person and staff and to highlight how staff maintain the security of the person home. A daily evaluation is used to record and changes in care or entries from other health care professionals. Specimen signature pages are also present for reference.

All information kept at the agency is securely stored. Paper records are kept in locked filing cabinets. The office is alarmed out of hours. Electronic records are protected by ensuring only staff and people with passwords can access information.

Staff are provided with a handbook on employment, which contains details about Confidentiality, record keeping, and data protection. The handbook also contains information on the codes of conduct, which include privacy and dignity. People told us their relative was treated with the utmost respect. A comment to the question: what you feel the agency does well read 'providing a tailor-made service to be increased at any time. They listen to me and keep me informed of all the improvements towards my care'. Another response to the same question read 'everything'.

Relatives said they are kept informed about the care their relatives receive and the communication is 'two way'. One relative said 'they enabled me to be as involved as I wanted'

The agency have a policy for the administration of medicines for care workers. This policy is within the staff handbook and explains the responsibilities of care staff. The manager explained that at present they only employ care staff who have got a high level of training in the administration of medicines so even basic tasks such as 'passing the bottle' can be done safely. All staff are expected to adhere to the Nursing and midwifery codes of practice with regards to handling medicines. The policy is very clear and includes information regarding prescriptions and what to do if an error is made.

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):

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

There are systems, policies and training in place to protect both people who use the service and staff.

EVIDENCE:

Care Plans and initial assessments contain risk assessments which cover looking for risks within the environment where staff work, risks of using equipment within the home, moving and handling risks, risks when performing personal care maintenance of equipment. The manager, who is a registered

nurse, completes these risk assessments. Unusual risk assessments are also performed and include such things as dogs being present in the home.

Information is provided for staff in the handbook about entry to a person's home. Staff are provided with the information on how to access a person's home any keypad information is changed on a frequent basis.

Staff are provided with ID badges, which they show to people who use the service on arrival to the home. One person said 'they were always very professional in their uniform and always wore their badges'.

Staff are issued with a handbook which contains detailed information on safe working practices, lone working, financial protection, safeguarding adults, record keeping and maintaining the security of a person's home. This information is also covered in the induction period. Training in safeguarding adults and the prevention of abuse is also covered at induction. The manager was aware of what to do if an allegation of abuse was reported to him. Flow charts with locally agreed multidisciplinary procedures were on display within the office.

A CRB (Criminal Records bureau-police check) and POVA (Protection of vulnerable adults register) check are performed at the branch. A decision whether to clear a positive CRB is done by the manager and responsible individual. Discussions confirmed that this process is informal and that there are no records or policies in place to follow, should this be the case.

A discussion was held about satisfying the CSCI regulations by keeping proof of identity following the criminal records bureau check.

Staff are provided with a 'box of tricks', which contains equipment such as torch, panic alarm, personal protective equipment, first aid kit, resuscitation mask and incident forms. Staff are also issued with an identification badge with relevant information.

Staff all receive moving and handling, health and safety, first aid and medicine training before they are able to work. There is a manager on call during operational hours who is available for advice. One representative told us an incident occurred and staff acted professionally and the manager appeared very promptly.

There are operational policies regarding how staff protect people from abuse. Financial policies are in place for the safe management of the person's money and property. Policies are also in place providing staff with guidance about what is not expected such as borrowing money, accepting cash and using staff loyalty cards

for the persons shopping. There are also guidelines for staff on how to leave people safely and securely in their home and what to do if there is no response. One person said 'I was notified by the staff, as next of kin and key holder when they could not get in'

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):

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

People who use the service can be confident that the staff that care for them have a good standard of pre employment checks and induction.

Several minor improvements would show the recruitment process is more robust.

EVIDENCE:

Staff provide a completed application form, details of employment history, names of references and declarations regarding criminal history. Minor omissions were noted on the application form including evidence of statement

of physical and mental health of the applicants and details of the applicant's next of kin. The manager gave assurances that these would be included.

All staff have an interview where different scenario questions are given and responses recorded. All interviews are face to face and performed at present by the manager who is a registered nurse. The agency continue to look at ways to improve the service. The AQAA stated that 'the interview procedures could follow a more standardised format to ensure equality is further maintained' and that they 'could have set questions which all applicants are required to answer as well as some questions which may be particularly relevant to the level of post being applied for'.

The manager checks references, identity, driving licence and car insurance. Inspection showed that one person had a reference from a colleague. The manager was aware of this but told us both the manager and responsible individual knew the member of staff.

A CRB (Criminal Records bureau-police check) and POVA (Protection of vulnerable adults register) check is performed at the branch. A decision whether to clear a positive CRB is done by the manager and responsible individual. Discussions confirmed that this process is informal and that there are no records or policies in place to follow, should this be the case. A discussion was held about satisfying the CSCI regulations by keeping proof of identity following the criminal records bureau check. This is reported on earlier in this report.

Staff have a formal skills for care induction, which covers infection control, fire safety, food hygiene, COSHH(Control of substances hazardous to health), Riddor (accident reporting) and health and safety. Staff are also told about the protection of vulnerable adults, moving and handling and information about the agency's issues such as uniform, contract, timesheets and the on site library where staff can look at medical reference books. Staff also work for two weeks in a supernumerary capacity watching and working alongside experienced members of the team.

The manager told us all staff are provided with the General social care council code of practice, nursing and midwifery codes of practice and handbook. However there was no evidence that staff had received these documents.

Each member of staff has a file where recruitment records, supervision records, contract of employment, car insurance and evidence of union membership is stored. Disciplinary records will also be stored in the staff file.

The manager said the recruitment records are easy to maintain at present because the agency only employ three staff. However, an audit document was provided which shows how staff files will be checked on a monthly basis.

Staff supervision is performed for staff. The manager explained that he is able to receive clinical supervision from a colleague within the college.

There are opportunities for staff to access further training. The majority of training is provided within the branch by the manager who teaches and assesses at South Devon College on the Health and Social Care Course. NVQ training is also available after the initial probationary period. However at present all staff have a minimum of NVQ 3.

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):

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

The agency is well run and managed well.

EVIDENCE:

This Domiciliary Care Agency operates from a business centre within South Devon College in the seaside town of Paignton. The office is a secure fully accessible premises. There is disabled parking directly outside the office and other spaces. However, these spaces need to be booked via the agency in advance. There are other parking facilities within walking distance. The agency operates from a small office but has access to training and meeting rooms within the self-contained business centre.

The office is well equipped. There are computer systems, telephones, fax machines and storage space available for use. First aid boxes and accident books are available for office staff to use.

The manager is a qualified level 1 nurse who spent several years working with the Royal Navy as a trauma nurse and also had experience of community and primary care nursing. He is an NVQ assessor and tutors at the South Devon College on the Health and Social Care Course.

The responsible individual has previously worked as a domiciliary care co-ordinator for another provider for several years. She has NVQ level 3 in care, NVQ assessors award and Registered Manager's award.

Records and documents are well managed at the agency with appropriate secure storage and disposal of confidential documents. Policies and procedures are provided by the agency. The handbook provided to staff also contains information relating to some of the more important policies.

People who used the service told us they knew who to complain to, although none of the respondents had made any complaints. All feedback about the agency was very positive.

The Commission for Social Care Inspection have not received any complaints regarding the agency since it has been registered. The complaints register was inspected and showed that one minor feedback had been received about the answerphone message being too quick. Observation showed that this has been dealt with appropriately and in accordance with the agency's policy.

Insurance certificates are displayed and are valid for no less than 5 million pounds. Financial viability was not inspected during this visit as this was performed as part of CSCI registration process.

Quality assurance is to be performed in a variety of ways at the agency. Platinum provide people with a feedback form in their care plan which is how the answerphone message comment was received. The AQAA also told us that the agency will seek the views of the people they provide a service to. This is done by issuing people and their representatives with a satisfaction survey every 6 months as part of the service review assessment. The AQAA also told us of future plans of how feedback will be obtained as the service grows.

Staff supervision is also a time where staff are able to reflect on incidents to see whether change in practices could improve the quality of care. This is seen as good practice.

The AQAA also told us that the agency are involved in local palliative care education groups which is helping the agency to adapt their ways of working and support cross organisational changes in palliative care practice.

The AQAA was well completed and showed what barriers to improvement were present and what changes were needed in the future as the business grows.

The agency have developed an internal home care audit to perform spot checks on each others practice which is then addressed through staff supervision.

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 No	Score
1	2
2	2
3	3
4	3
5	3
6	3

Managers and Staff	
Standard No	Score
17	2
18	3
19	3
20	3
21	3

Personal Care	
Standard No	Score
7	3
8	3
9	3
10	3

Organisation And Running Of The Business	
Standard No	Score
22	3
23	3
24	3
25	3
26	2
27	3

Protection	
Standard No	Score
11	3
12	3
13	3
14	2
15	3
16	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

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	The manager should separate the statement of purpose service user guide from the nurses agency documents to show what services the domiciliary service offer
2	DO2	The manager should provide evidence that people and their relatives have received a service user guide and have been involved in the assessment process
3	DO2	The manager should include a prompt on the assessment document to ask about mental health and cognition
4	DO14	The manager should keep records and risk assessments about how staff with convictions on their CRB are processed through the recruitment process
5	DO17	The manager should consider providing evidence that staff have received a copy of the handbook, Nursing and Midwifery Council codes of practice and General Social Care Council Code of Practice.

6	DO17	The manager should try to obtain references from employers rather than colleagues.
7	DO17	The employer should keep evidence that ID has been checked
8	DO17	The manager should ensure information about next of kin and health statement are obtained for all staff.
9	DO26	The manager should separate the complaints register for the nurses agency and domiciliary agency

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