



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Arthur Bliss House

**Finches Gardens
Lindfield
Haywards Heath
West Sussex
RH16 2PD**

Lead Inspector
Mrs Y Gosset

Announced Inspection
4th and 5th July 2006 09:00

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	Arthur Bliss House
Address	Finches Gardens Lindfield Haywards Heath West Sussex RH16 2PD
Telephone number	01444 482671
Fax number	01444 482671
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Fernhill Care Limited
Name of registered manager (if applicable)	Post Vacant
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 21st June 2005

Brief Description of the Service:

Fernhill Care Limited is a domiciliary care agency providing care services to an extra care scheme run by Hanover Housing within Arthur Bliss House in the village of Lindfield.

It was established during this inspection that the agency have limited input into the placement of persons to the scheme. The tenancy terms with Hanover Housing include the wearing of pendant alarms, which should only be used in emergencies. The alarm calls register both with the Estates Manager and the agency carers call systems, the Registered Manager is reminded that this service is registered with the Commission for Social Care Inspection as a Domiciliary Care Agency and not a residential care home.

Nick Craik is the Responsible Individual and at the time of this inspection the post of Registered Manager was vacant for this agency. A newly appointed Manager, Melanie Hudson, had been in post since 21st March 2006 and assisted the Inspector with the inspection process.

SUMMARY

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

This announced inspection took place over two days, 21st and 22nd June 2005 when the requirements, together with the twenty-three standards were re-assessed and found to be have been met.

To establish the quality of care provided by this agency information was gathered using various methods, the most important was by case tracking six tenants. The inspector visited and interviewed these persons in their own homes, five members of staff responsible for the care to those same tenants were also interviewed at the agency office. The relevant documentation kept in the tenants' flats and at the agency, together with staff files was also examined. A number of health and social care professionals were sent questionnaires, three were returned. Qualitative responses were "Staff at this establishment do try very hard to access help, advice, input for their tenants and will try to meet the changing needs the tenants present"; "Fernhill continue to provide a consistent and reliable service of a good standard". All questions posed on the questionnaires were answered with positive responses.

The agency had been without a Registered Manager from the beginning of December 05 until 21st March 06. This had affected the quality of the service provided by this agency. In the interim period the service was being managed by the Team Supervisor overseen by the Extra Care Manager who was based at the head office in Eastleigh. Discussions took place with the newly appointed Manager in relation to the findings below. This inspection was conducted without a person registered with the Commission as responsible for this service. The newly appointed Manager is commended for her professionalism in assisting with this inspection. Tenants comments made of her were "... kind person"; "... very nice"; "... very helpful". Arthur Bliss House is an Housing Association Scheme and persons living there have tenancy agreements. The agency office based within Arthur Bliss House and throughout this report the persons receiving care from this agency are therefore referred to as tenants.

What the service does well:

Appropriate information is provided to clients and relatives about the services the agency can and cannot provide. They conduct care needs assessments to ensure tenants receive the appropriate care package to meet their assessed needs. Tenants receive care from suitably skilled and competence care staff. Tenants commended the care staff "... have received only kindness from all the staff, I think they are marvellous"; "They are excellent"; "... They're wonderful here, don't think anybody could fault them. Always so pleasant and happy"; "... Girls extremely good if I need a little more help one day ... one or two notice what needed doing, others say they have to ask if they can assist with extra".

Confidentiality is maintained. The agency only have seven care staff, all of whom have been with the agency a long time which provided consistency of carers attending tenants.

Care staff reported that Fernhill were pro-active in providing training but would like more in-house training on areas pertinent to the care packages being provided at Arthur Bliss. All permanent care staff had either a National Vocational Qualification at level 2 or 3. The one bank member of staff does not have this qualification. The newly appointed Manager gave assurances that regular supervision and staff meetings would be re-instated as soon as possible.

What has improved since the last inspection?

Sadly things have not improved but deteriorated.

What they could do better:

Tenants do not always receive a flexible and reliable service. At the time of this inspection there were 24 tenants, 3 of whom currently required two carers and 17 others also required assistance with washing and dressing. The morning shift begins at 8.00 am with 4 care staff. This resulted in some tenants not receiving a call until past 10.00 am. Tenants reported 10.15/10.30 am late to get up and have breakfast, especially as lunch was 12.30 pm. One tenant reported that they must try to ensure they did not require a toilet call after 1.50 pm until 4.00 pm as two carers were required to assist and only one carer was available. This contravenes the care package. This was also the case for the other two tenants. Another tenant responded "... Carers are a bit thin on the ground". The Responsible Individual is required to establish how these two other persons' needs would be met when the third person recovers sufficiently not to require a second carer.

There were major discrepancies found with one tenant's medication, this was brought to the attention of the newly appointed Manager during this inspection. The day logs evidenced indiscriminate recordings of whether the medication had been prompted or not. The Responsible Individual is required to ensure all tenants medication procedures are risk assessed and appropriately managed, taking into account tenants wishes.

Care staff records and interviews evidenced that appropriate manual handling and other health and safety training, including abuse awareness, was provided and up to date. However the issues identified in relation to poor medication practices, insufficient management information relating to chronic conditions and staffing ratio's for double-handed calls at certain times of the day have compromised some tenants health, safety and welfare.

The newly appointed manager has been in place since 21st March 2006 and is now tackling the resultant issues from the agency being without a Manager. Care staff surveys also identified this, answering the question what could Fernhill improve "For Fernhill to be more supportive to new managers, which has a knock on effect for them to be supportive of the carers".

In light of the evidence gathered the Inspector could conclude that the service was not run in the best interests of the tenants.

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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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 Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected at least once during a 12 month period.

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

1, 2, 3, 5, 6

Appropriate information is provided to clients and relatives about the services the agency can and cannot provide.

The agency conducts care needs assessments to ensure tenants receive the appropriate care package to meet their assessed needs.

Tenants receive care from suitably skilled and competence care staff.

Confidentiality is maintained.

Tenants do not always receive a flexible and reliable service.

Quality for this outcome is adequate. This judgement has been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.

EVIDENCE:

The Statement of Purpose and Service User's Guides have been amended to identify the newly appointed manager for this service.

There had been no new tenants since the appointment of the new Manager. Since the previous Registered Manager left, care needs assessments had been conducted for new tenants by the Supervisor in her role as acting interim manager using the established format. The newly appointed Manager had found vital information missing from some care files and would be systematically reviewing them all.

Through evidence gathered during interviews with tenants, surveys received and documentation examined the Inspector could establish that tenants receive care from skilled and competent care staff.

Responses from tenant surveys and interviews evidenced that confidentiality of tenant's personal information continues to be maintained.

Tenants receive care from a consistent workforce but the flexibility and reliability is challenged due to shortage of staff. At the time of this inspection there were 24 tenants, 3 of whom required two carers, 17 required assistance with washing and dressing with only 4 care staff. The morning shift begins at 8.00 am. This resulted in some tenants not receiving a call until past 10.00 am. Tenants reported that 10.15/10.30 am was late to get up and have breakfast especially as lunch was 12.30 pm. One tenant reported that they must try to ensure they did not require a toilet call after 1.50 pm until 4.00 pm as two carers were required to assist. This persons care package states toilet calls as required and therefore the persons' needs are not being met. This was also the case for the other two tenants. On the second day of this inspection the agency office received a call from one of the tenants at 11.55 am stating that they had not received their morning call. The newly appointed Manager dealt with it immediately.

Tenants reported that they never knew who would be attending their care but did not see this as a particular problem as the team of staff numbered 7 and therefore they knew all of them. Since the return of a tenant from hospital a second carer had been allocated to be on-hand from 4.00 pm to 7.00 pm as they required two persons, however there were two other persons requiring two carers for toilet calls which until recently were not catered for from 2.00 pm until 5.00 pm. The agency is required to establish how these two other persons needs would be met when the third person recovers sufficiently not to require a second carer.

Personal Care

The intended outcomes for Standard 7 – 10 are:

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected at least once during a 12 month period.

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

7, 8, 9, 10

Tenants did not benefit from up to date care plans to ensure appropriate care was given.

Tenants felt treated with respect and their privacy upheld.

Tenants are assisted to maintain independence through choice and control.

Tenants were put at risk through staff lack of adherence to the agency's medication policy; as far as possible tenants are assisted to maintain responsibility for their own medication.

Quality for this outcome is poor. This judgement has been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.

EVIDENCE:

Care plans were evidenced to be reasonably up to date and included desired outcomes. The newly appointed Manager reported however that on beginning her review of care files there were insufficient records in relation to chronic conditions and the medication regime required for two tenants, which she had

rectified. The newly appointed Manager gave assurances that she would be systematically reviewing all tenants files and updating where required. Survey results and discussions with service users and care staff evidenced that tenants were treated with respect and their privacy upheld. Tenants and relatives comments from surveys were "The majority of care provided is good, occasional lapses and forgetfulness of my Mother's lack of vision"; "I expect them to respect the privacy of both myself and other residents"; "I am very happy with the care I receive"; "They are excellent". Tenants reported that they were encouraged to maintain control and make decisions in relation to their maintaining independence. There were major discrepancies found with one tenant's medication which was brought to the attention of the newly appointed Manager during this inspection. A number of days medication remained in three separate blister packs, a large quantity of old medication was left on the worktop and a number of individual tablets found loose in the medication storage box. The care plan stated to prompt medication but the tenant, through physical disability, cannot access the medication. The day logs evidenced indiscriminate recordings of whether the medication had been prompted or not. A requirement has been made for all tenants medication procedures to be risk assessed and appropriately managed taking into account tenants wishes.

Protection

The intended outcomes for Standards 11 - 16 are:

11. The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
12. The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
13. The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
14. Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
15. Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
16. The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once during a 12 month period.

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

11, 12, 13, 14, 15, 16

The health, safety and welfare of tenants may be compromised through lack of monitoring the implementation of policies and procedures.

Quality for this outcome is poor. This judgement has been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.

EVIDENCE:

Care staff records and interviews evidenced that appropriate manual handling and other health and safety training, including abuse awareness, was provided and up to date. However the issues identified in relation to poor medication practices, insufficient management information relating to chronic conditions and staffing ratio's for double-handed calls at certain times of the day have

compromised some tenants health, safety and welfare. See requirements made in this regard.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

- 17.** The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
- 18.** Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- 19.** Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- 20.** The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- 21.** Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected at least once during a 12 month period.

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

17, 18, 19, 21

Tenants are protected through robust recruitment procedures.
Tenants benefit from clarity of staff roles and responsibilities.
Tenants were aware that care staff were appropriate trained to meet their needs.
Tenants receive care from supervised care staff.

Quality for this outcome is good. This judgement has been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.

EVIDENCE:

Although there have been no new care staff since the last inspection the agency recruitment procedures remain the same.

The newly appointed Manager had been in place since 21st March 2006 and tenants reported of her "... kind person"; "... very nice"; "... very helpful". Care staff and tenants reported that things had not been easy and adjustments

made between the previous Registered Manager leaving and the new one arriving.

Tenants stated through survey responses and interviews and they were aware of the training undertaken by care staff. Care workers surveys and interviews stated in response to what the agency does really well "Training"; "Fernhill are very keen on training for different aspects, but it would be much easier for carers if it was more in-house and relevant to our particular circumstances"; "Good training". The agency had seven care staff. Two care staff had completed National Vocational Qualifications at level 3, four had completed to level 2 and one carer working as bank staff did not have this qualification at any level but had a number of years experience as a care worker.

Staff received regular supervision when the previous Registered Manager was in post, however this has not taken place in the interim months of a new Manager being appointed. The newly appointed Manager stated that she had conducted one carer's supervision and would be timetabling supervision for all care staff, together with staff meetings.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

22. Service users receive a consistent, well managed and planned service.
23. The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
24. The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
25. The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
26. Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
27. The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once during a 12 month period.

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

22, 23, 24, 25, 26, 27

Tenants did not always receive a consistent, well managed and planned service.

Financial accountability was managed by the head office at Eastleigh.

Tenants' best interests were not always safeguarded by accurate and up to date records.

Tenant's health and best interests were not always safeguarded.

Tenant's and relative were confident that complaints were taken seriously.

The service is not run in the best interest of its tenants.

Quality for this outcome is adequate. This judgement has been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.

EVIDENCE:

The care service had deteriorated through the interim period of the absence of a Registered Manager and the appointment of a new Manager. Responsibility during the interim period was given to the Care Team Supervisor and overseen by the Extra Care Scheme Manager. The evidence gathered during this inspection indicated that insufficient support was given to the agency during

this interim period shown by the lack of supervision, issues with medication and recording, lack of care staff cover to meet certain tenants needs. The newly appointed manager had been in place since 21st March 2006 and is now tackling the resultant issues. Care staff surveys also identified this, answering the question what could Fernhill improve "For Fernhill to be more supportive to new managers, which has a knock on effect for them to be supportive of the carers". The difficulties experienced by care staff and new Manager affects the tenants although one tenant reported "... since the previous Manager left and now the new Manager there has been an atmosphere but doesn't impact on the quality of care provided".

All financial dealing, including invoicing Social Services is handled by Fernhill Care Limited head office at Eastleigh, variations for care are dealt with by the individual agency office to Social Services.

As previously identified through issues with medication, recording of information and insufficient care staff to meet certain tenants needs, tenants' health and safety were not always safeguarded. This has resulted in Statutory Requirements being made.

The agency had recorded seventeen complaints, these were examined by the Inspector and the majority were care staff complaints relating to abuse from particular tenants. Those made by tenants were dealt with immediately and evidenced satisfactorily resolved. One complaint is on-going which relates to the requirement for two care staff's attendance to facilitate toilet calls 'as required' as stated on the persons care plan.

In light of the evidence gathered the Inspector could conclude that the service was not being run in the best interests of the tenants.

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	3
2	2
3	3
4	X
5	3
6	2

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

Personal Care	
Standard No	Score
7	2
8	3
9	3
10	1

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

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

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 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	DO6	15	The Responsible Individual is required to ensure sufficient staffing is provided to meet the required needs of tenants as identified on their care plans. An action plan must be provided to CSCI detailing how this is to be met by	31/07/06
2	DO10	14	The Responsible Individual is required to ensure medication is appropriately risk assessed and safe procedures implemented. An action plan must be provided to CSCI detailing how this is to be met by	31/07/06

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	Good Practice Recommendations
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	Standard	

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