Arck Living Solutions Ltd

24 Villa Close

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 17 July 2015. We announced the inspection as it is a domiciliary care service and we wanted to be sure there would be someone available at the location office to see us.

The service registered in August 2013 and had not been inspected previously.

The organisation had two small residential homes, as well as the domiciliary care service, for people with learning and physical disabilities, and those on the autistic spectrum. This is relevant to this inspection as staff from these services also provide support for people using the 24 Villa Close service when required.

24 Villa Close registered to provide personal care in people's own home in August 2013 and initially provided support to younger adults with physical and learning disabilities and to older people living with dementia. The maximum number of people the service supported was 10. However, the provider decided to focus on support to younger people. They now provide support to two young people, who live at the same address. They currently provide 110 hours of support per week. The registered manager advised they are not currently taking any new customers for domiciliary care.

The service has a registered manager, who also manages the two small residential services the organisation runs.

Summary of findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had enough staff to deliver the support needed. Staff were flexible and provided additional support when this was required. Some support staff had accompanied people and their carers on holidays. Staff had been recruited safely.

People had detailed risk assessment and management plans in place and staff knew how to respond in an emergency. There were clear protocols in place for the administration of rescue medicines.

Staff had been trained to administer medicines safely and the service had a medication policy for staff to refer to.

Staff understood the importance of how to protect people from avoidable harm, the service had a safeguarding policy and staff could tell us about types of abuse and, although they had never had to, they knew how to raise concerns.

Staff had received effective training. This included a comprehensive induction period and ongoing training. All of the staff we spoke with told us they felt well supported by the registered manager.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and we could see they were applying this legislation. However, we did not see any record of MCA assessments or best interest decisions.

People had support to access a healthy balanced diet.

Staff sought support and guidance from relevant health care professionals.

Staff were kind and compassionate and it was evident there was a good rapport between staff and people who used the service. Staff stressed the importance of supporting people to have a good life and helped people take part in a variety of activities.

People received personalised support which was responsive to their needs. Support plans contained detailed information and were person centred.

Although there were some gaps in support plans this did not have an impact on people because their core staff team knew them so well. The registered manager had already started to address these gaps.

The registered manager was aware areas where further development was required. Record keeping required improvement. We have made a recommendation regarding this.

The service had effective systems in place to monitor the quality of support people received. The registered manager was keen to develop the service with the aim of ensuring people received the best support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to provide the support required. Staff had been recruited safely.

People had detailed risk assessments and risk management plans in place. Staff were aware of how to safeguard people from avoidable harm.

Medicines were managed safely. Staff had received specific training about how to administer rescue medicines.

Is the service effective?

Good

The service was effective.

Staff told us they felt well supported by the registered manager. We were told supervision took place regularly but we did not see records of this. We saw appraisals had taken place for some staff and were told the other staff were booked in. Staff had received the training they needed to provide support.

People were supported to access a healthy and varied diet and we saw staff recorded what people had eaten and drunk.

Staff had been trained in the Mental Capacity Act 2005 and understood and applied the principles of consent before delivering care. It was evident they knew when people needed support to make specific decisions and they provided this. However, we did not see any records of mental capacity assessments or best interest decisions.

Is the service caring?

Good

The service was caring.

There was a core staff team who knew people well and delivered kind and compassionate care. Staff spoke about people with warmth.

Staff supported people to be as independent as possible.

People's support plans contained information about their likes and dislikes and this reflected what staff told us.

Is the service responsive?

Good

The service was responsive.

People received personalised support and were supported to take part in activities which they enjoyed.

Support plans contained detailed and person centred information, we saw some gaps but the registered manager already had a plan to address these.

Summary of findings

People were encouraged to give feedback and the service had a complaints policy.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The registered manager had a clear plan to develop the service, they were aware of the service's strengths and also areas which needed development and they had started to address these. We found some gaps in record keeping across the service. We have made a recommendation regarding this.

All of the staff we spoke with told us they felt well supported by both the registered manager and the provider.

There were systems in place to monitor the quality of the service.

24 Villa Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. We spoke to the local authority contracts and commissioning team, and contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

The inspection team consisted of one inspector; who visited the office and then met with the people who used the service in their own home. They were unable to verbally communicate with us so we observed the interaction with support staff. We offered their relative, who was their main carer, an opportunity to give their view on the service. They did not get back to us.

We looked in detail at the two support plans, and a staff manual which contained practical information about supporting the people in their own home.

We spoke to the registered manager and three support workers. We looked at three staff files. We looked at documents and records that related to people's care and support, and the management of the service such as rota's, training records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service were unable to tell us whether they felt safe. However, we observed a positive rapport between people and support workers.

People who used the service were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people, they were aware of the types of abuse and how to report concerns. The service had an up to date safeguarding policy, which offered guidance to staff. Staff told us they had received safeguarding training and we saw records, in staff files, which confirmed this.

The service had detailed individual risk assessments in place. The risk assessment recorded the identified risk and assessed the impact to the person of the risk without any control measures in place. It contained detailed information on what had been tried to manage the risk, what had worked well and what the overall concern was. It then went on to highlight the control measures which had been put in place to manage the risk to the person, and reassessed the impact to the person.

We saw an example of a risk management plan about a medical condition. There was a step by step protocol for staff to follow. This had been developed in conjunction with the person's family, health care professionals, support workers and the registered manager. This meant staff had clear guidance to follow in emergency situations. Staff were able to explain what they would do and this was in line with the risk management plan.

Medicines were managed safely. Staff had received medication training and specialist rescue medication training. The service had a medication policy which staff followed. There was a specific protocol in place for rescue medicine. This had been developed with guidance from the specialist nurse.

There were sufficient staff available to meet people's needs. The registered manager explained they provided a core of 110 hours per week; each person received 55 hours. However, there was flexibility around this based on the needs of the individual and their carers. The service achieved this by having core support staff and additional support workers, from one of their residential service, who had the required skills and training. This had been built up over time to enable people and their carers to trust the new support staff. Staff confirmed this flexibility was offered, and one member of staff explained they provided additional overnight support when this was needed.

We looked at the rota for the previous five weeks and saw this reflected what we had been told. We also saw additional staff were on the rota recorded as completing 'shadow' shifts. Staff explained to us before they were able to provide support to people they completed 'shadow' shifts to ensure they knew what support was needed, and to gain more understanding of the person's wishes and preferences. This was important as people could not tell staff what they wanted or needed.

The service had effective recruitment and selection processes in place, to make sure staff employed were suitable to work with vulnerable people. We looked at three staff files and saw appropriate checks had been undertaken before staff began work. These included checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Good

Is the service effective?

Our findings

Staff told us they received the training they needed to provide a good standard of support. They said the registered manager was always available and offered guidance and reassurance. The registered manager also worked as a support worker to ensure they kept up to date with people's needs.

We saw staff had access to an effective induction programme which included mandatory training such as; first aid, moving and handling, food hygiene, safeguarding and medication. Staff told us once they had completed their induction training they shadowed experienced staff to enable them to get to know people's needs, preferences and routines. Before staff provided support they completed specialist training based on the needs of the people they supported. This training included how to administer rescue medicines.

All of the staff we spoke with told us they felt well supported by the registered manager. One member of staff said, "[Name] is a supportive and responsive manager. We work well together and support one another as a team." The registered manager explained supervision should take place at least six times a year and said they had regular discussions with staff about how they were doing. Staff confirmed these discussions took place and they felt well supported. However, we did not see these were routinely recorded within staff files and we saw some gaps in supervision records. The registered manager was aware of this, they explained they were in the process of supporting senior support workers to take over supervision of some staff and would ensure all future supervision was recorded. Records of supervision could be used to enhance the support people received as it would enable the registered manager to monitor staff performance and development.

We saw appraisals had taken place for some staff. The registered manager told us the others were being booked in for the year ahead.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. The registered manager and support workers had attended training on the MCA. They demonstrated a good understanding of the legislation. They were able to tell us how they supported people to make their own decisions, and could tell us about areas of people's lives where they could not make an informed decision, and what support workers needed to do as a result of this. It was evident, from our discussions with support staff decisions made were in people's best interests and their carers had been involved in these. It was evident the service was applying the principles of the MCA however; we did not see any written record of this assessment and decision making within people's support plans.

Support plans contained detailed information about people's preferences in relation to food and drink. Support workers told us people made their own choices about what they wanted to eat and drink. We saw records which included information about what the person had chosen to eat and drink and how much they had. This record was important as it meant their carers could monitor people's nutrition throughout the day.

We saw people had access to health care based on the support they required. A support worker explained to us they had sought guidance from the doctor and occupational therapist about how to ensure people were supported to be as independent as they could be when being supported with moving and handling. They told us equipment had been provided to enable this.

Good

Is the service caring?

Our findings

There was a consistent and stable team of staff who knew people well. One member of staff had worked with the family for a number of years, and had transferred to the new provider once they had taken over the service. They explained they helped newer staff get to know people, the support they needed and what was important to them and their carers.

Support staff spoke about people they supported with warmth and kindness. Staff told us it was important to them to ensure they helped people lead good lives. There was a small core team of staff who provided a high number of support hours therefore they got to know people well.

Staff explained they had accompanied people and their carers on holidays and spoke warmly about their shared experiences. They reminded people of this when talking to them and included them in the conversation.

We saw staff respected people's dignity and privacy, when they visited them in their rooms they knocked and asked permission to come in. All of the interaction we saw was respectful and at the person's pace. Staff provided explanations to ensure people knew what was happening and why.

Support plans contained information about people's likes and dislikes. Staff described to us the support people needed, along with their interests and how they liked to spend their time. We saw this information recorded in their support plans. This meant people were given consistent support from staff who knew them well.

A senior support worker explained to us how they tried to support people to be as independent as they could be. One example they gave us was of some work they had done with an occupational therapist to support the person to be able to be as involved as possible when staff assisted them with moving and handling.

Staff told us they would be happy for their relatives to receive support from the service if they needed this kind of support.

The registered manager told us the service offers a one to one person centred approach, people they support are happy and staff are willing to "pull out all of the stops and are committed to helping them have a good life."

Good

Is the service responsive?

Our findings

People received support which was personalised and met their needs. The registered manager explained to us they assessed people's needs prior to them starting to receive support from the service. They explained it had taken them time to get to know people and develop more detailed support plans which captured their support needs, preferences and personalities.

Support plans contained detailed information about how people wanted to be supported. They contained a section called 'My Routine' which provided support workers with step by step instructions to follow. These were person centred, which means they contained specific information important to that individual.

There were some gaps in support plans which could have meant it would be difficult for staff to know how best to support people. One example was that there was no assessment or support plan with guidance for staff about how to communicate effectively with the person. It is important for this information to be recorded so that staff apply a consistent approach to support and for new staff to understand how best to support people. Despite the gaps we did not see an impact on the person as the core staff team knew them well and knew how to communicate with them. We saw evidence of this when we observed interaction between the person and their support worker.

We did not see evidence of support plans being reviewed on a regular basis. We saw the support plans were written in December 2014, and reviewed in March 2015, with a record of 'no change to support plan', to be reviewed July 2015. However, the registered manager told us reviews did happen regularly, the core staff team communicated well with carers and then communicated any changes within the team. Staff we spoke to told us people's needs changed regularly and they spoke to members of the staff team, and recorded changes in the daily records. We looked at the daily records and could see they contained detailed information about how the person was both physically and emotionally. It is important for information about changes to people's needs to be recorded in the support plan because it enables staff to provide consistent support. Information in daily records could be lost as these are filed at the end of each month.

The registered manager explained to us they were in the process of developing new support plans and because of the changing needs of people had decided a senior support worker would be responsible for this. We spoke with this staff member who told us they had recently started to support people and this had enabled them to ensure they understood their needs before they started to update the support plans. They confirmed this would be done in conjunction with people and their carers, along with any appropriate health and social care professionals.

A member of staff told us they had started to encourage people to take part in more activity in the local community. This was something which was being worked towards; they gave us an example of going to the local pub and accessing the village shops. The service kept an activity timetable which showed what people had done with their support workers. This record meant it was easy for their carers to see what they had done throughout the day, and was an indication of how well the person was.

The service had a complaints policy. We saw one written complaint had been received, this had been responded to appropriately. We saw feedback was listened to and acted upon. The registered manager and senior support worker explained there were clear guidelines in place for staff, which reminded them of the 'rules' associated with working in people's own homes. This had been devised following concerns which were raised by carers. We saw a copy of these were contained in the health and safety manual for the service.

Requires improvement

Is the service well-led?

Our findings

The registered manager was open and honest throughout the inspection and was able to answer all of our questions and provide the information we requested. They had a good understanding of the strengths of the service, and also areas of the service which needed development.

There were some gaps in record keeping. This was a theme across the service. Whilst it was evident staff understood the principles of the MCA, and were applying this in practice we did not see a record of this within the person's support plan.

In addition to this there were some gaps in support plans. The registered manager told us they looked through the support plans regularly, they were able to identify where improvements were required and we could see they had put a plan in place to address this. Despite this there remained the potential for information to be lost as it was recorded in the person's daily records but not updated in their support plan. Support staff knew people well which meant it did not have a significant impact on the support people received. However, if this information was recorded accurately it could enhance support for people as staff would have clear and consistent information available to them.

We recommend the service looks at examples of good practice in relation to record keeping.

A senior support worker had been allocated to the service. Their job was to lead on reviewing and updating support plans as people's needs changed. They covered at least one shift a week so they knew what support people needed; could review how things were and address any minor issues as soon as possible. The registered manager also worked shifts with people to make sure they kept up to date with the support they required. This helped them to keep up to date with the service and to support staff.

The registered manager explained they had recently set up a monthly meeting with people's carers to ensure any issues were discussed and resolved. They were attending a meeting the following week with the carers and the commissioning authority. This showed they were keen to review and improve the service to ensure people received a good standard of support.

There were systems in place to monitor the quality of the service. Audits took place and contained relevant information about any action needed to make improvements to the service. However, the registered manager explained they were planning to improve these. They recognised the need to have dedicated time to do this and were in discussion with the provider.

The service had policies in place, these included; safeguarding, whistle blowing, health and safety at work, and medication. They contained detailed guidance for staff. We saw the registered manager was in the process of reviewing and updating these in line with recent changes to health and social care legislation and the new CQC regulations. This showed the registered manager was aware of the importance of keeping up to date with policy changes.

Support staff were aware of the whistle blowing policy and knew how to raise concerns. No one had needed to do this. However, they told us they were confident the registered manager would respond appropriately to any concerns raised with them.

Staff told us they were well supported by the registered manager and the provider. One member of staff said, "If I had any concerns I could ring [registered managers name] or [providers name] and they would help me to sort it out."