

ARCH Care Services Limited

ARCH Care Services Ltd

Inspection report

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11 July 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Arch Care Service Ltd is registered to provide personal care. At the time of the inspection 67 people were receiving care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People felt safe however improvements were required to pre-employment safety checks and guidelines for people who required staff to administer creams. Some people received care from staff who they were unfamiliar with and who at times were not on time. Risk assessments confirmed people's support needs and identified risks. Staff demonstrated a good understanding of infection control procedures and demonstrated this in practice.

The service was effective in meeting people's needs. Staff felt supported and they received training and supervision in order to meet people's individual needs. People were supported to attend medical reviews or to see a GP and other healthcare professionals when required. People's care plans contained important information relating to their mental capacity.

People were supported by staff who had a good understanding of equality and diversity and people's care plans reflected people's wishes. Staff demonstrated how they gave people choice and how people made choices about their care. Most people had built a positive relationship with staff who they knew well.

The provider and registered manager were not accurately registered with us. This was due to the office location moving. Action was taken during the inspection. The registered manager monitored the quality of the service however shortfalls relating to pre employment checks and medication records hadn't been identified as requiring improvement prior to our inspection. Staff felt supported and happy working in the service. People's views were sought so that improvements could be made to the care they received. The registered manager also monitored feedback so that improvements could be made.

Rating at last inspection: Good (published January 2017).

Why we inspected: This was a planned inspection based on previous rating. At this inspection the service had deteriorated and the overall rating had changed to Requires Improvement.

Enforcement: We have identified one breach in relation to the failure to ensure staff had adequate checks undertaken prior to undertaking employment.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

ARCH Care Services Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector, and an expert by experience who made calls to people. An expert by experience is someone who has experience of caring for an older person.

Service and service type:

Arch Care Services Ltd is a domiciliary care service that provides personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced we gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 10 July 2019 and ended on 11 July 2019. We visited four people in their homes on these dates. We also visited the office location on the 10 & 11 July 2019 to see the registered manager and office staff; and to review care records, policies and procedures.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We also looked at information the provider sent to us prior to our inspection. This gave us key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people, and six members of staff, including the registered manager, office staff and the nominated individual. During the inspection we reviewed six people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, safeguarding records, questionnaires, recruitment and training records, policies, audits and compliments and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines safely and when required. However, records did not confirm details of where people's creams required applying and how often to confirm and monitor these were being applied correctly. We raised this with the registered manager for them to take the necessary action.
- Staff received training in the safe administration of medicines to people.

Staffing and recruitment

- Staff did not always have a completed Disclosure and Barring Service check (DBS) in place. For example, one member of staff was still awaiting their DBS check however was working within the service supporting people. Another member of staff had started working with people 11 days before their DBS results were back. This meant people were being supported at times by staff who had not received satisfactory checks to confirm their suitability to work with vulnerable adults.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by enough staff. However, some people experienced inconsistent call times and from staff who they were unfamiliar with. One person told us, "My Carer was 1/2hr late. They had lost their way. They didn't let me know". Another person told us, "Three out of seven I've not seen before".
- The registered manager confirmed due to the geographical area some people were experiencing variations to their call times and care staff. This was due to certain areas not having a consistent staffing team who worked back to back with other staff. The registered manager confirmed this was something they were trying to address and resolve via recruiting new staff.
- Staff used a phone system to book in and out of people's visits. This was so people's care could be accurately billed. The quality compliance officer and home care officer was able to monitor staffs progress throughout their time at work.

Assessing risk, safety monitoring and management

Learning lessons when things go wrong

- People had risk assessments in place that identified risks and equipment required. However, during the inspection, we found one person required a risk assessment following an incident with their pet. The registered manager and staff were following new safety precautions measures however there was no risk

assessment that identified the risk and what arrangements were in place. The registered manager confirmed following the inspection they had taken the necessary action to address this shortfall.

- Incidents and accidents were recorded and monitored by the registered manager and actions taken when required.
- People's care plans had detailed information relating to their next of kin and emergency information in the event of an incident.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good knowledge of the different types of abuse and who they would raise a concern with. Staff had received training in safeguarding adults.
- People felt safe. One person when asked if they felt safe told us, "They are special people. They really do care".

Preventing and controlling infection

- Staff used personal protective equipment (PPE) appropriately.
- Staff demonstrated they had good knowledge of when to wash their hands and when to dispose of (PPE). One member of staff confirmed the service provided face masks. This was to prevent colds being passed onto people they provide care to.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans confirmed if people lacked capacity. However, one person who had been identified as lacking capacity had no mental capacity assessment or best interest decision in place relating to their care needs. We raised this with the registered manager for them to address this shortfall. They took action following the inspection to address this shortfall.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans contained information relating to people's religion and how they wished to be addressed.
- Staff were able to demonstrate a good understanding of the protected characteristics under The Equalities Act 2010 law.
- People took an active part in making choices relating to their care and treatment. Staff demonstrated this as part of the inspection.

Staff support: induction, training, skills and experience

- Staff had a training and development plan. This confirmed any training identified for the coming year. Staff received training in, administering medicines, moving and handling, food hygiene, safeguarding, mental capacity and equality and diversity.
- Staff had additional training to support people with their individual needs. For example, staff received bespoke training in mental health awareness and pressure injury awareness.

- Staff were supported to gain The Care Certificate. This is a nationally recognised set of standards ensuring staff have a basic knowledge in subjects relevant to their employment.
- The service provided staff with supervisions and appraisals. These were an opportunity to review staff conduct, time keeping, training, and any other areas relating to their work or life.

People supported with their nutrition and hydration in line with their wishes.

- People's care plans confirmed their likes and dislikes and important information relating to their dietary requirements.
- Staff gave people choice and their wishes were respected and accommodated.

Staff working with other agencies to provide consistent, effective, timely care

People supported with medical appointments when required.

- Most people were independent however staff supported people if required to attend appointments including medical reviews. One person told us, "They are special people. They managed to get a doctor to me. I wouldn't know what to do without them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt supported by staff who were kind and caring and people and staff were observed to have a positive friendly relationship. One person told us, "They are friendly and chat. I enjoy knowing their background and families". Some people however weren't supported by regular staff which meant it effected how well staff knew them. We fed this back to the registered manager.
- Staff had a good knowledge of equality and diversity. One member of staff told us, "People are treated according to their race, sexuality, disability, religion, beliefs and culture".

Supporting people to express their views and be involved in making decisions about their care

- People felt able to express their views and make decisions about their care. One person told us how they had changed the length of time for their visit. They said, "One hour was too long, it is now ¾hour and times have changed". Another person told us, "They came from the office and talked to my spouse".
- During the inspection we observed people make decisions about the care and support provided by staff that day. This included what the person wanted to have for breakfast and if they wanted a shower or another type of wash that morning.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were able to give good examples of how they supported people. Such as shutting doors, closing curtains and providing sheets and towels to cover people whilst they supported them with their personal care.
- People's care plans were written encouraging staff to support people with their independence. For example, where people could wash and dress, shower or make meals and drinks this was confirmed within the person's care plan. Staff demonstrated a flexible approach to supporting people depending on the persons wishes that day.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were reviewed face to face every three months. Telephone reviews were provided every three months and an annual assessment conducted every 12 months.
- Care plans contained important information relating to people's medical histories, professionals involved, end of life care, and their routines with how they liked their care provided.
- During the inspection we reviewed one care plan which required updating due to changes to where staff leave the person's sandwich for lunch. Following the inspection actions were taken to update this care plan with this information. We found this care plan also contained limited information relating to the checking of medicines and the person being self administering.

Improving care quality in response to complaints or concerns

- People felt able to raise complaints with the management or care staff.
- Care plans contained a complaints policy. One complaint had been raised this was recorded on an overall log. The record confirmed the date of the complaint, it's nature and actions taken. One person confirmed their daughter would address any complaint. They told us, "My daughter would deal with it".
- The registered manager kept a log of issues and concerns that weren't formal complaints. Any actions taken were recorded so there was a clear audit trail of learning and actions taken.
- Various compliments had been received by the service. One compliment confirmed the person was now satisfied with the change to their call time. The compliment confirmed, 'I would like to thank you that I now receive my carer at the times which suit me'. Another compliment included, 'Just a little note to say "Thank you" for the support you've given and all you've done in recent weeks it's very much appreciated and means a lot'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plan confirmed any communication needs such as hearing aids and glasses required to improve people's sensory requirements.

End of life care and support

- One person at the time of the inspection was receiving support with their end of life care.
- Care plans contained important information relating to health care professionals involved, end of life wishes, and if the person had a 'Do not resuscitate' (DNAR) in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was not registered correctly with us. Following the last inspection, the provider had moved their office location. They had failed to make the necessary applications prior to this inspection.
- The registered manager wasn't registered with us correctly due to the change in office locations. During this inspection applications were submitted to accurately register the service and the registered manager.
- At the time of the inspection the provider had two registered managers registered with CQC. One registered manager had left following the last inspection. We took action to remove the additional registered manager no longer working for this provider, from their registration.
- The registered manager undertook regular checks on the quality of the service. Checks included, care plan reviews, training, supervision, medication records and staff rotas. However shortfalls relating to staff having no guidelines for topical medicines had failed to be identified. Along with staff starting work prior to satisfactory checks being in place. We fed this back to the registered manager for them to take the necessary action.
- The service had a registered manager, a quality compliance officer, a home care officer and a team of care staff.
- Notifications were made when required. This is when certain changes, events and incidents that affect the service or the people who use take place.
- The service was displaying their rating in the main entrance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt happy and supported. One member of staff told me, "I Love it here. They are always on the end of the phone to help even if its personal".
- Staff supported people in a person centred approach and care plans were personalised to people's individual wishes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Continuous learning and improving care

- People's views were sought. For example, people's views were sought on people's satisfaction with their visit's, the conduct of the staff and if they were treated with dignity and respect. Positive feedback was gained in people feeling safe, that personal care was carried out in privacy and dignity and that staff were obliging.
- A monthly newsletter was available to staff. Staff had team meetings which were an opportunity to raise any changes to people's care and support needs along with any other issues.
- The registered manager monitored feedback received so that improvements could be made. Records confirmed actions taken when problems and issues arose.

Working in partnership with others

- The registered manager confirmed they liaised with outside agencies such as the local authorities, district nursing teams, GP practices, therapists, safeguarding and social work teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider was not ensuring staff had satisfactory checks were undertaken prior to supporting vulnerable adults.</p> <p>19 (2) a) b)</p>