

Arcare for Forte Limited

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## 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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 8 March 2016 and was unannounced. This was the first inspection since the service was registered in November 2013.

Arcaro for Forte Limited is a care home which is registered to provide care to up to five people. The home specialises in the care of people who have a learning disability. On the day of our inspection there were five people living at the home.

There was a registered manager in post and they were present during our inspection. 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.

People were protected from the risk of abuse, because the provider had trained staff to be able to recognise and act upon report or suspicions of abuse. Risks people experienced had been assessed and action taken to minimise the risk, while enabling people to live active and fulfilling lives. Staff understood how to provide care that respected people's rights.

People were supported by sufficient numbers of staff that felt valued and motivated.

People were supported to receive their medication as prescribed, because the provider had effective systems in place.

People were supported by staff that had received the training and support they needed so that they could carry out their role effectively and meet the individual needs of people using the service.

People were supported by staff that were kind, respectful and knew them well. People were supported to pursue their interests and hobbies and lead interesting lives.

People were treated with dignity and respect and were encouraged to develop their independent living skills.

People were able to make choices and decisions about how they wanted their care delivered and what they wanted to do.

People knew what to do if they were unhappy with the care they received, but people told us that they were happy with the care they received.

People were supported to eat food and drinks that they enjoyed and they were able to be involved in its

preparation.

The provider had effective management systems in place to assess and monitor the quality of the service provided to people. The provider used feedback from people to improve the service they provided.

People benefited from a service that was led by a capable registered manager who demonstrated good leadership skills.

## 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.

Risks to people had been assessed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm because the provider had effective systems in place to minimise these risks.

There were enough staff to support people.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before they were offered care. Staff understood their responsibilities to protect people's rights.

People's needs were met by staff that were well supported and had the skills and knowledge to meet their needs.

People were supported to eat food and drink that they liked.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well and who understood the things that were important to them.

People were treated with kindness and respect.

People were treated with dignity and their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

Care was delivered in a way that met people's needs and preferences.

People were able to take part in activities that they enjoyed and which were important to them so that they had an interesting life.

People knew how to make a complaint if they were unhappy.

**Is the service well-led?**

**Good** ●

The service was well led

Systems were in place to assess and monitor the quality of the service provided to people. People were involved in how the service was run and felt listened to.

The registered manager was visible in the home, knew people well and provided clear leadership.

People benefitted from an open and inclusive atmosphere in the home.

# Arcare for Forte Limited

## 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.

This inspection took place on 8 March 2016 and was unannounced. The inspection team comprised of one inspector.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We also contacted the local authority who commission services from the provider for their views of the service.

During our inspection we met with all of the people that lived at Arcare for Forte Limited and spoke with three people. We observed how staff supported people to help us understand their experience of living at the home.

We spoke with the registered manager, one member of the care staff team, one relative and two health care professionals. We looked at the care records of two people, the medicine management processes and at records maintained by the home about the quality of the service.

# Is the service safe?

## Our findings

People told us that they felt safe living at the home. They told us if they had any concerns that they would speak to staff or the registered manager. One person said, "I am safe here. When we lived on our own we were not safe. The staff look after you here." Another person said, "They look after me here, they don't hurt me." We saw that people using the service looked relaxed and comfortable in the presence of staff. The relative we spoke with told us, "[Name of relative] is safe here, they know how to look after him. I have no concerns about [Name of relative] here."

The member of staff we spoke with told us that they had received training on how to protect people from the risk of abuse. Staff we spoke with were knowledgeable about the different types of potential abuse and what action they would take if they saw anything that they thought placed the person at risk of harm. A member of staff told us that some people would not be able to tell anyone that they were been harmed and that staff needed to be vigilant for changes in people's behaviours or mood that would indicate that something was wrong. Staff spoken with told us they had never witnessed anything in the home that they considered was abusive. The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The information the provider sent us and the records we hold showed that the provider had reported incidents of potential abuse appropriately.

The risk to people from avoidable harm had been minimised. One person told us that they knew the risks they faced, and explained to us that staff had talked to them about the things that they could do to reduce the risk to themselves. We saw that care plans were in place to inform and guide staff on what they needed to do to support people to reduce risks. Risk management plans were in place to support people with managing their behaviour to reduce anxiety and to keep them safe. The staff we spoke with were knowledgeable about the risk to people and how to keep them safe from avoidable harm. We saw that staff followed risk management plans. A healthcare professional said that, "Staff are aware of the risk to people and work closely with health and social care professionals to minimise the risk." "[Name of person] is safer here as they have been anywhere."

People were kept safe in emergencies. All the staff we spoke with knew what to do in the event of an emergency. Staff could explain to us the action they would take for example in the event of a fire and how to report accidents or incidents so that these could be managed effectively.

Staff we spoke with told us that there were always enough staff on duty. One person we spoke with told us that there were always enough staff to help them. They said, "The staff are about to help me with the things that I find hard." Another person said, "There are enough staff so I can go out when I want, except when they are on training." A relative told us, "There are always enough staff on duty." We saw that there were enough staff to support people to do the things that they liked to do, when they wanted to do them. We asked the manager how they managed unplanned staff shortages. They told us that unplanned absences were covered by permanent staff where possible. They told us that they were in the process of creating a bank of staff from staff that worked in the provider's other homes to ensure that people were supported by people that knew them well and this would help to promote continuity of care and reduce the risk of people feeling

anxious when faced with staff they did not know.

The staff told us that before they started work all employment checks were made. Records we looked at confirmed these checks had been undertaken before they started work. This meant that systems were in place to help reduce the risk of unsuitable staff being employed.

Staff supported people to take their medication. One person told us, "I used to take my own tablets but my eyes are not so good now so I like staff to do it." Another person said, "Staff look after my tablets, they give me pain tablets when I need them." We looked at the systems in place for managing medicines in the home and found that there were appropriate arrangements for the safe handling, storage and disposal of medicines. Staff told us that they had received training so that they were able to give medicines safely.



## Is the service effective?

### Our findings

One person told us, "The staff take me to appointments." Another person told us that they had seen a number of healthcare professionals and that they were doing a course to help them to become more confident. People had regular appointments with health care professionals which included community nurses, social workers, psychologists and psychiatrists. Records about people's mental and physical health needs were well maintained. All of the staff we spoke with knew about people's mental and physical health care needs, and the signs that people were unwell. A health care professional told us, "[Name of person] has come on in leaps and bounds since they have moved into the home." They told us that [person who used the service] was more compliant with their attendance at appointments and were more engaged in their treatment plans." Healthcare professionals told us that staff were proactive in seeking advice from them if they were worried about people's health or wellbeing and that staff followed their instructions to enable them meet people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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. We checked whether the service was working within the principles of the MCA. People who lived at the home told us that staff got their consent before supporting them with tasks. We saw that staff listened to what people wanted to do and respected the decisions they made. For example we saw staff asking people what they wanted to eat and where they wanted to go, and then supported them to do that activity. One person told us, "I choose when to go to bed and get up." We spoke with staff who told us they had received training in the MCA and could give an explanation of how they applied these principles within their role.

People should only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us they had received training in DoLS. The manager told us that applications had been made to deprive some people at the home of their liberty and so far one application had been approved. Staff were aware of what applications had been made and could tell us the reasons these were required and how this would impact their work. People told us that there were no rules and where people had been restricted they understood why. One person we spoke with said, "I know I can't go out on my own. I have to have staff with me". A healthcare professional told us that staff had worked with them to ensure that a person was restricted legally to ensure they were safeguarded from harm.

People told us that the staff had the skills to meet their needs. One person said, "The staff know how to look after me". A relative told us that, "Staff know what they are doing." The staff we spoke with told us that they had the training they needed to do their job. One member of staff said, "We get good training here, we are encouraged to learn." They also told us that the provider encouraged them to develop their skills and was paying for them to do a level five qualification in leadership. The provider had a record of the training they had provided to staff and this showed that staff had received all the training they needed to meet people's needs. A health care professional told us that the registered manager had requested and they had provided

some bespoke training to enable them meet the individual needs of some people with complex behaviours. They told us that staff followed the training provided to enable them meet people's needs. The provider information return told us that that the induction programme followed best practice guidelines. (Care certificate training) and that staff had the training they needed to meet people's needs. Staff told us that they felt supported; the registered manager was approachable and had an open door policy. Staff told us that they had the opportunity to meet regularly with the registered manager and talked about their learning and development and the needs of people using the service to ensure they continued to be able to meet people's needs. . A staff member told us, "I get regular supervision, I get feedback on my performance." Staff also told us that regular team meetings were held where they could talk about what was happening in the home.

People told us that they liked the food and they were able to choose what they wanted to eat on a daily basis. One person told us, "On the menu are the things I like to eat." Another person said, "I like the food." Staff told us that they helped people menu plan and encouraged them to make healthy choices. We saw that a bowl of fresh fruit was available for people to help themselves. One person told us that they were doing a healthy eating course so that they could learn to make healthy choices. A member of staff said, "People are encouraged to come shopping for food so we can get what they want." We saw people helping themselves to snacks throughout the day. A bowl of fresh fruit was available for people to help themselves and people were given a choice of food and drink at each mealtime.

## Is the service caring?

### Our findings

We saw that staff spoke with and about people in a warm and caring way. One person told us, "Staff are nice, really good to me." Another person said, "I get along with all the staff, they are good to us." A relative told us, "Staff are all lovely, very kind. It is like a second family." One person told us that They really liked the people they lived with and got on well with them. We saw that people that lived at the home were caring towards each other and spend time in each other's company chatting about the things that were important to them.

People benefited from a stable staff team, and staff knew people well so they recognised when people were happy or becoming anxious. During our observations we saw staff responded to people in a caring and empathic way so that they were reassured. Staff knew the things that were important to people and what their interests were and how they liked their care to be provided. We saw that the interactions between people using the service and staff were caring. These interactions showed that staff had a good relationship with people. Conversations were warm and caring and we saw people enjoyed banter with the staff. Comments from a healthcare professional within the provider's quality survey said, "Staff communicate appropriately with the service user group, all carers are very caring and supportive."

People were supported to be independent and develop their skills. People were supported to do shopping, cooking, and laundry and to help keep their home clean. For example washing up and clearing the table. One person told us, "Staff have taught me how to use the washing machine by myself." We saw some people asking staff if they would like a cup of tea and making them a drink. Another person was baking cakes with some staff support.

People were supported to make choices and decisions about their care. Choices included how people wished to spend their day, where they went, what time they went to go to bed and got up. One person said, "Staff know what I like."

People's privacy and dignity was promoted. People were well presented and dressed in individual styles that reflected their gender and personal taste. This showed that staff understood the importance of looking good to people's wellbeing. One person told us, "If you are in the bathroom staff knock the door and wait to be asked to come in." People told us that the staff treated them and spoke to them nicely. We saw that people were addressed by their preferred name and saw that staff spoke to people respectfully.

## Is the service responsive?

### Our findings

We saw that staff knew people well and knew what people liked. Staff were able to tell us about the things that were important to people. One person told us that they were involved in planning their own care and that staff knew how they preferred their care to be delivered. One person we spoke with told us about the way they wanted staff to support them and said that staff ensured that this was always done the way they liked. Staff were able to give detailed explanations about people's needs as well as their life history and likes and dislikes. This meant that the staff we spoke with were knowledgeable about people's care needs.

Throughout our inspection we saw that people had things to do that they found interesting. Some people went to play pool, other people went out shopping. People told us about the things that they liked doing, such as visiting their boyfriend or girlfriend, going to the gateway club, luncheon club and going to church. One person told us that staff had taken them to go and watch their favourite football team, which they enjoyed but it was 'cold'. Another person was excited about their plans to go to a with a member of staff at the weekend to a night club.

The service was flexible to meet people's wishes. On the day of our inspection staff were able to respond promptly to people's wishes and their plans for the day. A relative told us, "[Name of relative] does so much more here than he did at home. He has a good life here." They told us that, "There are always enough staff to take him out."

People were supported to maintain the relationships that were important to them. A relative told us, "We can visit at any time, we are always made welcome. It's a second home." People told us that staff supported them to visit their boyfriend or girlfriend and they could have friends to visit them. We saw that when a relative visited the home the relative knew all the people living there and spoke with and spend time with everybody.

People knew how to complain. One person told us, "I am happy at the moment but if I was unhappy I would tell the staff and they would sort it." People told us they had not complained as there wasn't anything to complain about. The provider had a complaints procedure in place that was accessible to people. Information the provider sent us and records we looked at showed that the provider had not had any complaints in the last 12 months. A relative told us, "I can talk to any of the staff about anything and would be comfortable to do so, however I haven't had to as there isn't anything to complain about."

## Is the service well-led?

### Our findings

The people we spoke with all knew who the registered manager was; they told us the registered manager was 'kind'. One person said, "[registered manager] is the boss. I can talk to [registered manager]" We saw that people were comfortable and confident to approach the registered manager for assistance.

There were effective systems in place to monitor the quality of the service, quality audits were undertaken by the registered manager. These included audits of clinical practice, competence of the staff, infection control and prevention, food and medication. We saw that where these audits identified areas for improvement an action plan had been developed. These action plans had been monitored to ensure that the service continually improved. The provider had a system to address maintenance issues in the home, our observations and the records we saw showed that the home was homely, comfortable and well maintained.

There was a strong emphasis on continually striving to improve. The registered manager recognised, the importance of getting other people's views in order to provide a high-quality service and looking for ways to continually develop. They had sought feedback from people who used the service, relatives and healthcare professionals. The provider's analysis of this feedback was all positive. We saw comments from relatives that stated, "I have never seen my [relative] so settled", and "This is the best home he has been in." Comments from healthcare professionals stated, "My service user is always protected and their needs are being met fully, care given is outstanding, having been to many homes my service user has been most settled here, very good manager always shares information when needed." Healthcare professionals we spoke with were very complimentary about the registered manager and the leadership she provided. They referred to the registered manager as being proactive in seeking support when needed to ensure that people's needs were met. They told us, "Because of the manager and staff here we know far more about [person who uses the service] than we ever have, this insight enables us to work with them therapeutically."

The provider had effective systems in place to maintain accurate records. These systems were well organised and the registered manager and staff were able to retrieve the information they needed easily.

Staff told us that regular staff meetings were held where they were able to talk about the service and how it was meeting people's needs. Staff were clear about their role and their responsibilities to people and what was expected of them. We saw that staff had a person centred approach, with people at the heart of what they did and recognition it was people's home they had the privilege of working in. Staff felt valued. One member of staff told us, "You always get thanks for a job well done. We are told what we have done well." Staff also told us that the provider recognised staff birthdays which made them feel valued. One member of staff told us, "The provider is paying for me to do a level five course, this makes me feel valued." This course would potentially support the staff member to advance in their career by gaining a promotion.

We discussed with the registered manager and area manager their plans for the future. They were clear about how they wanted the service to move forward. The provider had recognised that a person's health needs were changing. They were being creative in ensuring they could continue to meet the person's needs

by purchasing the property next door. They were in the process of developing this to create additional communal space and a ground floor bedroom to enable them continue to meet the person's needs.

We saw that the registered manager was visible in the home. We saw throughout our inspection that the registered manager led by example guiding and supporting staff and modelling a positive response to people's needs. The registered manager told us that the area manager had in response to feedback from them and other managers within the group had completed a qualification in care management and leadership that meant that he was better able to support her and other managers. This showed that there was good leadership at all levels. The area manager visited the home during the inspection. We saw that people that people knew who he was. People using the service greeted him by name and were keen to spend time in his presence. We saw that people were comfortable with the area manager, we saw that he knew about the things that were important to people.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Staff told us that there was an open culture in the home, and they felt comfortable to raise any issues with the registered manager. Staff we spoke with said that the registered manager was supportive and approachable. One member of staff said, "I would be comfortable to tell the manager that I had made a mistake. I feel confident about telling the manager I had made a mistake and I wouldn't be blamed. " A healthcare professional told us, "The manager is open, they tell us what has gone well, but they also tell us when things of gone wrong to." The staff said that the registered manager listened to them, and gave us examples where they had made a number of suggestions to improve the quality of the service and these had been acted upon. Staff we spoke with was aware of whistleblowing and said that they would be happy to do so. However they hadn't seen anything that caused them concern.

Communication in the home was good with daily handovers to discuss people who used the service and their wellbeing. Staff , relatives and healthcare professionals described good communication between themselves and the management team about their shifts, about general changes and described feeling that the service was well organised and efficient. People felt involved in their care and were listened to .One person told us, "Staff asked me where I wanted to go on holiday. I am going to Blackpool this year. I like Blackpool." People were supported to be part of the local community, and access local facilities. Such as pool halls, pubs, clubs and shops. Some people told us that they went to a local church luncheon club every week, which they enjoyed. Some people also went to a local place of worship. People went to social clubs weekly and had formed friendships that were important to them.