

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Arcare for Forte is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Arcare for Forte is a care home without nursing, which can accommodate up to nine people. At the time of our inspection eight people were using the service and these included older people, people with learning disabilities or those on the autistic spectrum.

### People's experience of using this service and what we found

People were kept safe by staff who knew how to report concerns, manage risks and identify concerns, for people they were supporting. Staff knew how to raise safeguarding concerns. There were sufficient numbers of staff to meet people's needs. Medicines were managed in a safe way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received training to ensure they had the skills and knowledge to support people safely. Staff received regular supervision to support them in their role. People's dietary needs were met, and they had access to healthcare services where needed.

People received personalised care and support to meet their needs and wishes. People using the service, relatives and staff were given the opportunity to provide feedback on the service. Audits took place to ensure the quality of the service was maintained.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. Based on our review of safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 22 January 2019). At this inspection we found the rating remained good.

#### Why we inspected

The inspection was prompted in part due to concerns received about the safety and monitoring of people using the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating of good for the service has remained the same based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arcare For Forte Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Arcare for Forte Limited

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

The inspection was triggered by concerns we had received about the safety of people living at the service. During the inspection we did not find any evidence that people were at risk of harm.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This was an un-announced focused inspection carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service on 18 January 2022 and the second inspector made telephone calls to staff members. The Expert by Experience made calls to people's relatives.

#### Service and service type

Arcare for Forte is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was unannounced.

Inspection activity started on 18 January 2022 and ended on 24 January 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed other information that we held about the service, such as notifications, which are events which happened in the service that the provider is required to tell us about. We sought feedback from the Local Authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven relatives and nine members of staff including the area manager, registered manager, deputy manager, team leaders and day and night support workers. We reviewed a range of records. This included the people's care records, risk assessment and medication records. We looked at three staff files to check safe recruitment practice was followed. We also reviewed a variety of records relating to the management of the service, including policies and procedures and quality audits.

#### After the inspection

We continued to review records which included training, audits and risk assessments. We also received feedback from two external health care professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

This inspection was triggered in part due to concerns which we had received about a person's safe care and treatment. During this inspection, we did not find any evidence that people were at risk of harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives, staff members and external health care professionals all told us people were kept safe. A relative told us, "I absolutely feel [Name] is safe there." Another relative told us, "[Name] would let us know if they did not feel safe. I have never seen anything unsafe either before or during COVID." A health professional said, "I am confident with the care and support that [Name] receives. They are safely and appropriately supported with their physical and health needs and also their emotional needs. The staff are pro-active in contacting us for guidance and advice."
- Staff had completed safeguarding training and understood their responsibilities and how to report concerns. One staff member said, "If I had any concern CQC would have heard from me. I would speak to [Name] registered manager and senior management. I am not scared to approach people who are above me if I am not happy. I am familiar with what I need to do and what I am expected to do to keep people safe."

Assessing risk, safety monitoring and management

- Overall relatives told us they felt their loved ones were safe. One relative was not happy about the support their loved one received; however, this was already known to the provider prior to the inspection and had been a reason the inspection had taken place.
- Care plans were detailed, and risk assessments had been completed for each person's individual support needs. Staff had a very good understanding of the people's needs and risks. One staff member told us about positive risk taking and how they worked with people to manage potential risks so people could live 'their best life'.
- Where there were risks associated with people's care, there were a range of monitoring tools in place which were implemented in a person centred approach to keep people safe. These included repositioning checks, skin monitoring, recording of seizures and recording people's food and fluid intake, to minimise any risks of ill health or to their wellbeing.
- Health professionals were always contacted in a timely way to ensure people received appropriate support and treatment. Behaviour risk assessments, behaviour monitoring records, and care plans, were detailed and contained up to date information. Where possible, the person and their relative were involved in the review process.
- Systems were in place for all accidents and incidents to be recorded and reviewed. The registered manager monitored any incidents to identify patterns and trends in behaviour and other risks. Action was then taken to try to minimise these.

### Using medicines safely

- People received their medicines to support their needs but on the day of our inspection records for two people had not been accurately completed to confirm medicines had been administered. This was addressed by the registered manager during our visit.
- We were assured the provider had access to suitable PPE. Staff told us personal protective equipment was available to them and we saw staff accessed and disposed of this appropriately.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. They had systems in place to ensure all visitors provided evidence of a recent, negative Lateral Flow Device (LFD) test. There were robust cleaning schedules in place which included frequent cleaning of frequently touched areas. Staff had received training in infection control and were able to tell us the correct and safe use of equipment.
- We were assured that the provider was meeting shielding and social distancing rules where possible. We saw evidence that people who were required to shield did so. Risk assessments were in place relating to people's known health conditions to ensure those at higher risk from COVID-19 had all the appropriate measures in place to reduce the risks where possible.
- We were assured that the provider was admitting people safely to the service. We saw evidence that people returning from hospital were isolated as per the guidance at that time.
- We were assured that the provider was accessing testing for people using the service and staff as per the current guidelines. The registered manager kept a record of the tests which were completed and the results.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date and they were adhering to best practices and current guidance.

### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

### Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references.
- During the inspection, we saw there were enough staff on duty to meet the needs of people. Relatives told us they saw the same staff who knew their loved ones well and felt there were enough staff.

### Learning lessons when things go wrong

- There was a system in place to review incidents which occurred. Staff told us the registered manager had discussions with them following incidents to assess how these may have been managed differently, and where applicable, how they should manage such incidents in the future.
- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff supported people in an individual and person centred way. Each person's care plan guided staff to provide care that was individualised and focused on people's strengths and abilities.
- Staff members told us they felt supported by the management team and were able to make suggestions for improvements within the service. Staff members said the management team were all approachable and very supportive. One staff member told us, "[Name] registered manager has been here a long time, she was a support worker herself, she's brilliant."
- Records demonstrated the registered manager carried out spot checks and competency assessments of staff members. This meant the registered manager could be confident the staff team provided good care and support.
- Staff told us they knew about the whistleblowing policy and action they could take if they had concerns.

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

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.
- A health professional told us, "The management team are excellent with support and feedback." A relative told us they were contacted if their loved one had a fall or needed any treatment.

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

- Staff understood their responsibilities and what was expected of them. Staff said they attended daily handovers to ensure they were updated about people's health and well-being before each shift. They told us they also had regular team meetings and received supportive supervisions which gave them the opportunity to discuss any concerns or learning and development needs they had.
- The deputy manager told us she had been supported to develop her care plan and risk assessment skills since joining the management team to ensure she had the skills and knowledge to fulfil her role
- The registered manager was clear about events they were required to report to the CQC, in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

People, their relatives and staff were given the opportunity to give feedback on the service and support they received, this was through meetings, care reviews and telephone calls. This provided them with the opportunity to express their views and opinions, knowing they would be listened to and valued.

- We saw there were different formats of communication used to help people engage in providing feedback about how their day has been and if they were happy with the support they received. This meant people were able to feel involved in making decisions that impacted on them.
- Where required, staff communicated with external professionals on a person's behalf. One health professional told us how they had worked with the management team to assess if the service was the most suitable place for one particular person to live. This was because they wanted to ensure the person was able to live their best possible life. Another health professional told us, "They [management] have gone above and beyond what is normally expected and keep me updated on any events relating to [Name]. They have been outstanding." This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

#### Continuous learning and improving care

- We saw audits had taken place and any areas of improvement identified had been actioned, evidencing the provider was working to drive improvement in the home.
- The registered manager told us they had made changes to people's rooms to ensure people were able to move freely and safely, having access to all areas of the home, without un-necessary restrictions.
- During the inspection the management team were very responsive to the things we found and discussed with them, addressing them immediately. This included the gaps on the MAR charts and replacing the bathroom cabinet which had become porous.