Arrow Support Limited

Arrow Support Limited

Inspection report

Office 19, The Business Centre
2 Cattedown Road
Plymouth
PL4 0EG
Tel: 01752 546263

Date of inspection visit: 17 February 2015
Date of publication: 30/03/2015

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

Overall summary

We carried out this inspection on 17 February 2015. The inspection was announced. We last inspected Arrow Support in February 2014, there were no concerns identified at that time.

There was a registered manager in post. 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.

Arrow Support Limited is a domiciliary care service that provides care and support to people in their own homes. This includes people with general health needs, mental health needs, acquired brain injuries and learning disabilities. The care ranges from a few hours of support a week up to 24 hour care for people in supported living. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home.

Summary of findings

We visited by agreement, people living in a house where supported living support was being provided by this service. This was a shared house where people had their own bedrooms and shared the other parts of the house with staff supporting them throughout the 24 hour period.

People told us they "trusted" the care staff who supported them and felt they were safe. One commented, "They look after me well. They make me feel calm and happy in stressful situations." Staff were confident about the action to take if they had any safeguarding concerns and were confident the registered manager would follow up any worries they might have. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. People were involved in recruiting and choosing the staff who supported them. Efforts were made to match staff with people by identifying any shared interests and hobbies.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. The registered manger and quality manager spoke highly of the staff team describing them as committed and enthusiastic in their approach to their work.

Staff had high expectations for people and were positive in their attitude to support. They helped people set goals and found innovative ways to work towards achieving them. Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

Care plans varied in the depth and quality of information they contained. While some clearly guided staff in how to support people well at various times of the day and in different situations others were brief and uninformative.

The management team had a clear set of values which was also apparent in our discussions with staff. People and staff told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board. A quality group had been established with representatives from management, staff and people who used the service.

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?
The service was safe. Risk assessments supported people to develop their independence while minimising any inherent risks.

There were sufficient numbers of staff to meet people's needs.

People were involved in recruiting staff and the associated processes were robust.

Good

Is the service effective?
The service was effective. Staff were supported by a system of induction, training and supervision.

People received support from stable staff teams who knew their needs well.

People were supported to access other healthcare professionals as they needed.

Good

Is the service caring?
The service was caring. Staff had high expectations for people and had formed positive relationships with them.

People were treated with dignity and their privacy was respected.

Staff supported people to access the community and extend their social networks.

Good

Is the service responsive?
The service was responsive. However care plans were inconsistent. Some contained detailed information while others were lacking in information.

There were systems in place to help ensure staff were up to date about people's needs.

There was a complaints policy in place which people had access to. No complaints had been raised recently.

Good

Is the service well-led?
The service was well led. People and staff told us they felt involved in the development of the service.

Arrow Support had a clear set of values and visions.

Quality audits were carried out to monitor the quality of the service

Good

Arrow Support 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.

The inspection took place on 17 February 2015 and was announced. The provider was given three days' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector 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. In this instance the expert by experience was a parent of someone with a learning disability.

Before the inspection we reviewed any information we held about the service including past inspection reports.

During the inspection we spoke with the registered manager, the quality manager and two care staff. We looked at five care plans, four staff files, staff training records and records relating to the running of the service. We visited two homes where we spoke with three people. Following the inspection visit we spoke with a further three members of staff, three people who used the service and a relative on the telephone. We also contacted two external health care professionals to gather their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe with care staff and "trusted" them. There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. In the office were safeguarding and whistleblowing policies and procedures and staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff told us they had not had any concerns regarding colleagues working practices but would be confident to raise them if they had and believed management would take them seriously and act on them.

The service had risk assessments in place which reflected the ethos and values of the service. They were designed to encourage people to develop their independence and normalise their lives. In discussions with staff it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. We were told, "We never want to stop people doing anything. They, (risk assessments), are there to empower people, but they are also there to protect people and staff." Another staff member said, "It's a case of making people aware. You have to take some risk and [person's name] enjoys that independence." Risk assessments identified the risk and when it was more likely to occur. They described any precautions in place and further actions needed. There was clear guidance for staff on how to minimise the risk. Staff described them as, "incredibly useful."

Accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence. Staff explained when it would be necessary to record incidents and what action they would take in these circumstances. One told us, "Physical restraint is out." They were able to describe what actions they would take and in what sequence should someone they were supporting start presenting behaviour which was challenging to them. They told us, "There is a de-escalation procedure in place. We might go for a drive, a lot of talking. It's about treating [the person] with respect and explaining."

People were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and the registered manager and quality manager then decided whether they could meet those needs. The registered manager told us they turned down care packages for people where they felt they did not have the capacity to meet them and told us of a recent example when this had happened. They commented, "We don't grab every referral that comes in. We either do it to the same standard or we don't do it."

People were supported by dedicated teams and there were suitable arrangements in place to cover any staff absence. Team leaders had responsibility for overseeing staff. People told us they were never supported by someone they did not know. They told us staff were punctual and there were no problems with absenteeism. The quality manager said, "Support workers are very driven and will cover shifts."

People were involved in the recruitment of their staff and told us they were able to decide if they did not want a particular carer working with them. Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

Arrangements for the prompting of and administration of medicines were robust. Support plans clearly stated what medicines were prescribed and the support people would need to take them. People told us they were reminded when to take their medicines when they needed them.

Good

Is the service effective?

Our findings

People received care and support from staff that were well trained and supported and knew their needs and preferences well. The registered manager told us, "We have a really motivated staff team; they know what makes the service users tick." Staff teams were built around the person and staff were recruited to teams according to their specific skills and interests. For example one member of staff had previously worked as a chef and was matched to work with people who wished to build on their independent living skills. This approach helped the development of positive relationships between people and staff. One person told us, "[Care worker 1 name], she's a very lovely lady. I felt from my very first day that we hit it off. [Care worker 2 name] works in different ways but they are as good as each other. I'm fond of them both. They are kind and respectful." When relationships broke down people were able to exercise choice about who supported them. For example one person told us they had started to feel less comfortable with a member of staff and had spoken to the team leader about this. The member of staff no longer supported them as a result.

People were supported to attend regular health appointments with GP's and dentists. The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. During the inspection we heard a member of staff arranging for one person to get additional support from a physiotherapist. A staff member told us an occupational therapist (OT) had attended a staff meeting to talk to the team about how to support someone well and ensure they were taking a consistent approach.

New employees were required to go through an induction programme in order to familiarise themselves with the services policies and procedures and undertake some training. Training included safeguarding, moving and handling, health and safety and medicines awareness. Any training specific to the needs of people being supported was also included for example acquired brain injury training. The induction programme was in accordance with the requirements of the Common Induction Standards (CIS) which are recognised as good working practice in the caring sector. There was also a period of shadowing more experienced staff until such a time the new employee felt confident to work on their own. People confirmed this had happened with one commenting, "I was nervous about meeting them but we bonded well. I could have gone back to [team leader name] if I didn't like the support staff but I didn't need to." The quality manager told us the induction period was flexible according to the needs and experience of the employee. One member of staff commented, "You're not thrown in the deep end. You're given all the information needed to get going."

Staff received regular supervisions. These took place formally approximately every other month and were an opportunity for staff to identify any training needs and discuss working practices with their line manager. Staff told us they felt able to ask for support or advice at other times. These conversations were documented as informal supervision.

Training was updated regularly and staff told us they felt they had enough to do their jobs properly although one said they would like more specific training around mental health as they felt that was relevant to the people they supported. People said they considered care workers to be competent. Staff files contained a front sheet which was a checklist audited bi-monthly to identify when staff training required updating or supervision was due. An external healthcare professional told us, "Their level of training and understanding is fantastic. Each member of staff I have worked with has been open to support and education to ensure their patients' needs are met individually."

Staff had not had training in the Mental Capacity Act (2005). This is legislation which makes sure people, who do not have the mental capacity to make decisions for themselves, have their legal rights protected. We discussed this with the registered manager who acknowledged this was an important aspect of supporting people and said they would arrange for the staff team to have the training as soon as possible. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care.

People were supported to maintain a healthy lifestyle where this was part of their support plan. One person's support plan stated, 'I may neglect my fluid intake. Please be aware of this and take a proactive approach and make me a cup of coffee.'

Good

Is the service caring?

Our findings

People were positive about the staff who supported them and said they were treated with consideration and respect. One person told us that since joining Arrow Support they had got, “A hell of a lot better. They’ve helped me get my confidence back. They are carer’s but you get to know them as friends.” An external healthcare professional told us, “They go over and above what I generally experience with an agency.” And, “staff members are dedicated, kind and show great initiative.”

Staff spoke about the people they supported fondly and displayed a pride in people’s accomplishments and a willingness to support people to develop further. They spoke about people positively and focussed on their achievements, demonstrating high expectations for people. One said, “The best thing about the job is watching people improve.” Another said, “I particularly look out for [person’s name] because I feel they’ve missed out on so much. They’re blossoming now.” The registered manager said, “Some people might not go out much or it’s always same old, same old. We want to expand options for people that might expand their social networks.” They told us how they worked with people to give them more social opportunities which tied in with their interests. “Regular things, not just one offs.” For example one person had an idea of having a music night where they could share their favourite albums with their peers and have a jamming session. The registered manager had arranged to hire a room to accommodate this.

One person receiving support had very specific communication needs. Staff explained how they worked with the person to help ensure they had a voice and opportunity to contribute to decisions about their day to day lives. An external healthcare professional commented, “The staff appear motivated and driven to provide individualised care and are constantly thinking of new options that could meet the patient’s needs.”

People told us they were treated with respect and their privacy was upheld. Care plans described how people needed to be supported in order to protect their dignity. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

Staff talked about the need to remember they were working in people’s homes and be mindful of this. One said, “They’re in charge because it’s their home. You don’t have paperwork all over the place.” Where people lived in shared accommodation staff told us they had individual routines and were supported to maintain them. For example in one household we were told people usually ate their meals separately although they sometimes chose to have a ‘house meal’ which they were supported to cook together.

We heard how one person liked to go out to pubs and night clubs and the arrangements that had been put in place to make this an ordinary experience. For example the person had agreed that in these circumstances staff were not required to get receipts for drinks as this would make the person stand out as different.

One person described how his support workers helped them to stay calm as they could get agitated in some situations. They told us staff talked reassuringly to them. They said, “I can get anxious. They look after me well. They make me feel calm and happy in stressful situations, like in the queue in the bank. They talk to me.”

Good

Is the service responsive?

Our findings

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Most people had support plans which detailed the support to be provided on a daily basis. However the standard of these was inconsistent and there was no organisational approach to their format. Some were highly detailed and contained a depth of information to guide staff on how to support people well. For example there was information about people's routines and what was important to and for them. We saw one person liked to smoke but needed reminding to regulate the amount they smoked. There was detail about how people preferred their food cooked, 'I enjoy bacon sandwiches (verging on crispy please)' and step by step descriptions of how to support people with personal care. Other plans were not as detailed, for example we saw written in one, 'I need support in the shower.' There was no further information on how much support was required. For one person we found there was no plan at all other than the original one provided by the local authority although they had been with the service for over a year. We discussed this with the quality manager who told us the person had not wanted a support plan putting in place. They said most of the staff team had worked with the person a number of years, prior to their receiving support from Arrow, and knew their needs well. However this meant there was no clear guidance for staff and new staff would be totally reliant on others to guide them. The registered manager said they would arrange for the support plans to be brought up to a consistent standard.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred team leaders contacted the whole staff team by phone, text or email. Information was also recorded in people's daily records and communication books which were kept at people's homes. Staff were required to sign these to confirm they had read them. At households where more than one person was supported there were staff handovers when shifts changed. A senior support worker told us they updated support plans as necessary.

People's support was designed around their individual needs and there was evidence the service had worked with other health care professionals in order to develop support plans which met their needs. For example we saw one person had a goal to go out independently. A plan had been devised in consultation with a psychologist which outlined how this was most likely to be achieved and the steps staff would need to take to help the person accomplish this.

The registered manager and quality manger told us they prided themselves on their ability to adopt a flexible approach to supporting people. The quality manager said, "It's something we do really well. Adapting and being flexible." A team leader told us how they "tweaked" someone's hours so they could have some time in the morning and some in the afternoon to suit them. A relative told us the care worker had changed the hours they worked to accommodate the family members new medication regime. They used to take medication every four hours but it had been reduced to every three and the care worker changed their hours to accommodate this.

People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do. One said, "We do lots of wonderful things and have happy times, like the movies. She [care worker] knows what I get excited about. I tell them I like to go here and there – music shops, charity shops, places within walking distance."

Regular house meetings were held for people who were sharing their home with others. People told us they were in regular contact with the office and their team leader. Meetings were held to discuss what was working and what needed changing. One person told us they found it difficult to talk on the telephone and preferred to communicate via text. They had the telephone numbers of all their care workers and emailed or texted them with queries. They said "They're very good and always help me out."

People told us they knew how to contact the office at all times and would contact them if they had any concerns or complaints. No-one had made an official complaint. One person said if they had any 'niggles' they would talk with staff or the registered manager and were confident their concerns would be addressed. We looked at the complaints log and saw no complaints had been received since 2010. This had been dealt with appropriately and within the guidelines laid down in the complaints policy.

Good

Is the service well-led?

Our findings

People and staff told us they were involved in developing and running the service at an individual and organisational level. Their views were sought out and acted upon. The registered manager said, "The support workers are the experts when it comes to the service users. They are the eyes and ears." Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. One told us they had developed a spreadsheet to use in a household to help people record their finances and this had been adopted.

A quality group had been set up to explore ways of developing and improving the service. Support workers, team leaders and higher management were all represented in the group and at the meeting due to take place following the inspection a person who used the service was going to start attending on a regular basis. Ideas to develop an informal supervision file and new training spreadsheet had come from this group.

Arrow Support had a clear set of values and visions. The registered manager told us they wanted to be seen as, "the organisation that goes that one step further." In discussions with us the registered manager and quality manager spoke of working to "normalise" people's lives in particular for people who had an acquired brain injury or had suffered from mental health problems. An external healthcare professional told us, "I was invited along to an Arrow team meeting to provide ongoing support and advice and throughout all of this time Arrow were open to new ideas and suggestions to continue to support the patient." Staff told us how they supported people to develop their independence and showed they had high expectations for people. One said, "He's made massive improvements and there will come a day when he can do it [achieve a goal]. He will be alright."

Staff told us the registered manager was approachable and they felt well supported by their line managers. There was an on call system in place which meant staff and people could access advice and support at any time. People told us they knew where the office was and popped in regularly. One commented, "It's only a ten minute walk. I can go down if I want." The registered manager told us they knew all the staff and everyone who used the service. They told us about one person who was relatively new to the service who had visited the office. They said, "He knows who I am and that's really important."

There were systems in place to monitor the quality of the service provided to people. Staff undertook a range of monthly and weekly checks which included financial records and medicines. People had been asked for their views on the service via a questionnaire. This was in easy read format and used simple text and pictures. This meant it was easier for people with limited literacy skills to use it. Six monthly audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received.

Staff meetings were held regularly for each team and the quality manager sometimes covered shifts to ensure all staff could attend. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service. One commented, "They take good care of staff and people." Another said, "I love working there, I really do. We work as a team."

The registered manager and quality manager had a strong and positive working relationship and told us they, "support each other and recognise each other's strength." They employed an independent Human Resources (HR) consultancy where they could access any advice or guidance. This was also available for senior support workers. They attended conferences and seminars on acquired brain injury and a regional Brain Injury South West Group (BISWG). This meant they were able to keep up to date on any developments in the field. An external healthcare professional told us, "They are open with their experiences and receptive of new ideas."

Monthly newsletters to people and staff kept them informed about any developments to the service and any social events. It also invited people to make suggestions and share their experiences. The newsletter was developed by a support worker.