

# Blackpool Borough Council

# The Arc

## Inspection report

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Date of inspection visit:  
03 March 2020

Date of publication:  
01 April 2020

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Assessment and Rehabilitation Centre (The ARC), is an integrated provider with the national health service and social services working together to provide care and support for 31 people at the time of inspection. The staff team consists of rehabilitation support workers, occupational therapists, physiotherapists and nurses. Accommodation is located on two floors with a lift available to facilitate access to the second floor. The service can support up to 33 people.

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

Care was not planned in a personalised way. Care files did not always contain care plans to reflect how people's needs were to be met. Gaps in documentation meant there was not a clear record of the food and fluids people with nutritional concerns had received. Falls care plans were not always updated to reflect the mobility support people required.

We have made recommendations about risk taking management, lessons learned and care plan record keeping which can be found in the 'safe' and 'responsive' sections of this report.

Safeguarding procedures were in place to protect people from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. Staff were recruited safely and there were enough staff deployed to meet people's needs. Medicines were managed safely. People were protected from the risk of infection as prevention and control measures were in place.

Staff received the training and support they needed to carry out their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect and said staff were kind and caring. People's right to privacy was upheld. The registered manager provided people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

People's communication needs had been assessed and where support was required these had been met. People knew how to complain, and felt concerns raised would be listened to and acted upon.

People were consulted and asked their views on the service provided. The registered provider reviewed exit surveys completed by people and relatives to assess their satisfaction with the service.

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 27 September 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider responded immediately during and after the inspection to effectively mitigate the risks by reviewing care planning arrangements and documentation.

### Enforcement

We have identified a breach of regulation in relation to good governance at this inspection. The registered manager failed to maintain good records of care planning and monitoring and evaluation.

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

### Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always responsive.

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Arc

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of 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.

#### Service and service type

The ARC is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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.

#### What we did before the inspection

We completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also sought feedback from professionals who worked with the service and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This helped us to gain a

balanced overview of what people experienced using the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We also spoke with six staff members including the registered manager, one nurse, one team leader, two rehabilitation support workers and the cook.

We looked at care records of three people and spoke with staff about their recruitment, training and support they received from the registered manager. We also looked at arrangements for meal provision and records relating to the management of the home, and procedures for the administration of medicines. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

# 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 deteriorated to requires improvement. This meant people's needs were not always met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- People were supported to take risks and promote their own self development. However, the provider didn't always manage risk through effective procedures.
- Each person had risk assessments but risk wasn't always managed and addressed to ensure people were safe. For example, the falls care plan for one person was not updated when they experienced two falls on the same day. This meant staff did not have access to information to support the person safely with their mobility.
- The provider had systems to record and review accidents and incidents. Accidents and incidents hadn't been investigated and actions had not been put in place to minimise future occurrences.
- The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons.

We recommend the provider seeks advice and guidance from a reputable source, in relation to risk taking management and consults best practice guidance on lessons learned.

Staffing and recruitment

- Suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way.
- People told us staff were available when they needed them. One person said, "There is always enough staff. I don't have to wait for help. I feel I am very well protected and it's a safe place to be."
- Recruitment was safe and well managed. The registered manager completed all appropriate checks before new staff commenced their employment. One recently recruited staff member confirmed their recruitment had been thorough.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm.

Using medicines safely

- Medicines were managed safely and people received their medicines when they should. Where people were supported, we saw medicines were managed in line with good practice guidance.

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

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

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

- The registered manager and provider completed assessments to ensure people's needs could be met. Pre-admission assessments contained information about areas such as medical conditions, mobility, medication and rehabilitation support required.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff confirmed they received training that was relevant to their role and enhanced their skills. New staff had received a thorough induction on their appointment. This ensured they had the appropriate skills to support people with their care.

- Staff told us they were supported in their roles and received regular supervisions and annual appraisals. One staff member said, "I receive supervision and appraisal of my work. I feel well supported."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were well managed. The registered manager had assessed people's dietary



needs and recorded guidance for staff to follow on support people required.

- People told us they were happy with arrangements to support them with their dietary needs. One person said, "I can't eat very much but the girls try very hard to get me to eat."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to healthcare services when required.
- The service worked in partnership with other health care professionals such as GPs, occupational therapists and physio therapists. This ensured people were supported in a holistic manner and rehabilitation needs were taken care of.

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe and suitable for people's needs. People told us they were happy with the standard of accommodation provided and were comfortable living at the home.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

# 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 the same. 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. Respecting and promoting people's privacy, dignity and independence

- People were supported by caring and respectful staff. People received continuity of care as they were supported by the same group of staff who knew and understood their needs. One person said, "I couldn't ask for better staff. They are a great group of people."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.
- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were treated with respect and felt comfortable in the care of staff supporting them.

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

- The registered manager and staff team supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care records.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests.

# 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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care records did not always reflect people's needs. In one care record we saw one person was agitated on admission. Several entries on the persons daily notes showed they declined to cooperate with personal care, allow checks of pressure areas and care to ulcerated legs was refused. The person was regularly abusive and unsettled. However no strategies had been documented to support staff to manage this.
- Gaps in documentation meant there was not a clear record of the food and fluids people with nutritional concerns had received. One person with an underlying medical condition which required nutritional support was non-compliant with their diet. There was no guidance documented to enable staff to support the person. Falls care plans were not always updated to reflect the mobility support people required.

We recommend the provider seeks advice and guidance from a reputable source, in relation to record keeping.

The provider responded immediately during and after the inspection to effectively mitigate the risks by reviewing care planning arrangements and documentation.

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 communication needs had been assessed and the support required was documented. Picture card aids were available which could be used in most situations. These included the delivery of personal care and enabling people to pick the meal of their choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were empowered to have as much control and independence as possible. Care records highlighted the impact this service had on people and support provided to enable them to complete their rehabilitation. One person said, "I am hoping to get back to caring for myself. All the help I need is available here. This is a good place if there is a problem."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the

service. People knew how to raise concerns and were confident any complaints would be listened to and acted upon in an open and transparent way.

#### End of life care and support

- People's end of life wishes had been recorded including their cultural and spiritual needs so staff were aware of these. At the time of this inspection the service wasn't supporting anyone with end of life care.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager did not evidence how they assessed the effectiveness of people's care and whether treatment outcomes were responsive to their changing needs. Care records contained gaps in documentation and information that lacked detail to guide staff about meeting people's needs. There was no follow-up review to show whether treatment was safe and successful.
- The provider's oversight systems did not always ensure the safe, effective and responsive management of the service. Auditing and governance systems had not always identified or addressed the concerns raised during the inspection. For example, audits had not identified that care records did not contain a care plan to meet a person's needs who was non-compliant with their care. Accidents and incidents had not been analysed to help reduce further risks.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate a safe, effective and well-organised service. This placed people at risk of care that was not always well-led. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They were redeveloping care records and implemented a protocol to improve the management of incidents.

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 legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability.
- The registered manager encouraged staff, people and visitors to raise concerns and make suggestions about service improvements. A staff member commented, "We have regular staff meetings and are encouraged to speak up and have our say. I feel my voice is listened to."

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

- The registered manager provided an open culture and encouraged people to provide their views about

how the service was run. The service had sought the views of people they support through care plan reviews and meetings. People told us they felt consulted about the service they received and felt listened to.

- There was good partnership working with relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to maintain good records of care planning, monitoring and evaluation; risk assessment and management.</p> <p>Care records did not always contain information to support staff to deliver care.</p> <p>Regulation 17 1, 2 (a, b, c)</p>