

Arch Domiciliary Care Services Ltd

# Arch Domiciliary Care Services

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 23 June 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

Arch Domiciliary Care Services is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester. At the time of our inspection there were two people using the service.

A registered manager was 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.

The provider had quality assurance systems in place to monitor the quality of the service. However, there was a lack proactive management with regards to the effective use of the internal audits and checks to assess the quality of service provided. Improvements were needed to ensure the registered manager and provider identified and addressed any areas of concerns or weakness, so that people received a safe and reliable service.

People's views about the care provided was sought regularly. Satisfaction surveys were due to be sent out to people who used the service, care staff and health and social care professionals. The provider told us the results would be used to develop the service.

People told us they felt safe with the care staff who supported them and they were happy with the service provided. Staff were trained and understood their responsibility in protecting people from the risk of harm.

Potential risk to people's health had been assessed and measures were in place to manage these risk. People were supported by trained staff to take their medicines.

There were sufficient numbers of staff employed including nurses who had undergone a robust recruitment process and had received training to enable them to meet people's needs in a timely manner. People received care from care staff who were trained and supervised to fulfil their role effectively.

People were involved in making decisions about their care needs and in the development of their care plan. Care staff sought consent before they provided support and staff respected people's choices and decisions. Records showed that the provider followed the principles of the Mental Capacity Act 2005 (MCA 2005) and ensured that people consented to their care and support.

Care staff supported some people with their meals and drinks. Records showed people were supported to

maintain their health and accessed appropriate medical care when required.

People told us that they were happy with the support they received and the care staff. People were complimentary about the care staff and found them to be kind and caring and had developed positive relationships with them. People's privacy and dignity was maintained, their choice of lifestyle was respected and their independence was promoted.

There was a complaints procedure and people knew how to use it. People were confident that any concerns raised would be responded listened to and acted on.

## 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. People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. Risk to people's health had been assessed and measures were in place to ensure staff supported people safely. People were prompted by staff to take their medicines. Safe staff recruitment procedures were followed and there were sufficient numbers of staff available to meet people's needs.

### Is the service effective?

Good ●

The service was effective. Staff received appropriate induction, training and support that enabled them to provide the care and support people required. The principles of the MCA were followed to ensure that people's rights were respected. People were supported with their dietary and healthcare needs.

### Is the service caring?

Good ●

The service was caring. People were happy with the support provided by staff who were kind and caring in their approach. People were involved in the development and review of their care plans, which recorded their involvement and decisions. People were supported by care staff who promoted people's rights, listened to their wishes and respected their individual and diverse needs.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed before receiving care and support. Staff provided care that was personalised and took account of people's preferences and cultural needs. People felt confident to complain and were confident that their concerns would be listened to and acted upon.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led. Systems used to monitor the quality of the service were not used effectively and required improvements to ensure people received safe and consistent care and support.

There was a registered manager in post. People felt the service was managed well and the staff felt supported.

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# Arch Domiciliary Care Services

## **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.

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This inspection took place on 23 June 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

The inspection was carried out by one inspector.

We looked at information sent to us from people who used the service, their relatives and the local authority that funded people's care. We looked at the information we held about the service, which included the provider's statement of purpose and 'notifications'. A statement of purpose is a document which includes a standard required set of information about a service. A notification is information about important events which the service is required to send us by law.

We spoke with two people who used the service. We also spoke with the registered manager, provider, care manager and two care staff. We looked at the care records of two people who used the service, which included their support plans, risk assessments and records relating to their daily wellbeing and health. We looked at the staff recruitment files for three care staff and a nurse; staff training information and records

relating to the management of the service such as the complaints, compliments, policies, procedures and quality assurance information.

We asked the provider to send us information in relation to their medicines policy and procedure, staff meeting minutes and quality assurance audits. This was sent to us in a timely manner.

## Is the service safe?

### Our findings

One person told us that they felt safe with the care staff that supported them at home and when they were accessing the wider community. They said, "The staff know how to help me stay safe." Another person told us that if they felt unsafe or the care provided put their health at risk then they would contact the registered provider.

The provider's safeguarding and whistleblowing policies advised all the staff what to do if they had any concerns about the welfare and safety of the people who used the service. This information was also included in the staff handbook given to care staff on their induction training. Care staff we spoke with understood how to support people to stay safe. One member of care staff was able to describe the types of abuse that could occur and were confident to report concerns to the management team. They were confident to contact external agencies such as the police if the management team did not act. This meant people could be assured of their safety and wellbeing.

People told us that they were involved in the assessment of their needs and in the planning of their care with regard to their safety. One person told us that the registered manager assessed risks to their health and ensured the hoist was in place before the service started. That helped to ensure the person received the care they needed safely and they understood the role of the care staff in supporting them.

People's care records showed that risk assessments had been completed. These covered an assessment of the home environment where the care and support would be provided and aspects of people's physical health and safety. A copy of the care plan which detailed how risks were to be managed was kept in people's homes which staff could refer to. Risk assessments were reviewed initially within a month and reviewed as and when the person's needs changed. The care plans had clear guidance for staff to follow. This meant people could be assured that staff knew about people's risks and how these were to be managed whilst promoting people's independence and choices.

People's safety was promoted by the provider's recruitment practices. We looked at recruitment records for staff. We found that relevant checks including a check with the Disclosure and Barring Service (DBS) was completed. DBS checks help employers make safer recruitment decisions. A further check was undertaken for the nurses to ensure they were registered with the professional body as to their qualifications and suitability. This meant people were cared for by staff that were qualified and suitable to look after people.

People told us that they were involved in choosing the care staff who supported them. The provider told us they recruited care staff specifically for each person who chose to use the service. This in practice meant the person had the opportunity to meet with the potential care staff at the service office after their interview. One person said, "I think it's a very good idea that I can choose my carers." This meant people could be assured that they were comfortable with the care staff who would support them.

We found there were sufficient staff to meet people's needs and to keep them safe. Each person using the service had a dedicated team of care staff to provide the care and support needed. One person said, "I chose



my carers and know whose going to come when. Any problems I call the office." The registered manager told us that they considered people's diverse needs and matched those with potential care staff. Thereafter people would be introduced to the care staff to confirm they were comfortable to be supported by those care staff.

The provider told us that the service was able to provide additional support where someone received an allocated number of hours each day dependent upon their assessed needs. For example, the support would enable the person to access the wider community facilities. This showed the provider had arrangements in place to ensure that care and support could be tailored to people's needs and preferences. The registered manager told us the service employed nurses. This meant that people could be assured that where their assessed needs required support from a nurse or health care professional the service had the capacity to meet their needs.

People in some instances managed and administered their own medicines whilst staff supported others. One person told us that they informed the registered manager when their prescribed medicines were changed to ensure information in the care plan was kept up to date.

We looked at one person's care plan which set out the role of staff and a list of their prescribed medicines. Records showed care staff had signed to confirm that the person had been reminded to take their medicines. That meant people could be assured they received the support needed to manage their medicines.

The provider's medicines policy and procedure had been updated and provided staff with guidance to follow to enable them to support people with their medicines. Care staff were trained to remind people to take their medicines and staff completed records to show that medicines had been taken.

## Is the service effective?

### Our findings

One person said I'm quite satisfied with my carers. I know they are trained and always support me correctly." Another person told us that they were happy with the care staff who supported them and felt their independence was promoted.

A member of care staff spoke positively about the induction training and the ongoing training they had received. They told us this had enabled them to meet people's diverse needs. Training records showed care staff had completed a range of training in personal care, health and safety, the management and recording of information. Records showed specialist training was provided to support people with specific health conditions and needs such as catheter care and continence care.

Records showed that care staff had a nationally recognised qualification in health and social care and were completing the Care Certificate. This is a set of standards for care staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Care staff told us they were supervised regularly and had the opportunity to discuss their training and development needs. There were regular staff meetings and minutes of these showed that the provider discussed health and safety issues and reminded the care staff about the importance of wearing uniforms and personal protective equipment (PPE) and completing the daily records accurately. This showed that care staff kept informed and aware of their responsibilities in providing effective care and support.

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 told us that they were involved and made decisions about all aspects of their care. One person said, "They [care staff] always ask me before doing anything, they know I am the boss."

The registered manager and care staff we spoke with showed awareness and understanding of the MCA, and when this should be applied. Records showed people were consulted with all aspects of their care and support package. Documents had been signed by the person or their nominated representative to evidence their consent and agreement.

People were supported with their daily nutritional needs when this was needed. Care staff told us they were trained in food and hygiene and knew how to prepare meals and drinks safely. One staff member said information about people's dietary needs including any cultural or special diets or known food tolerances were recorded in people's care records. This meant people could be assured they would be supported to maintain a healthy diet.

One person told us that they were supported to access health care services where this was required. People's records contained information about their health needs with regards to any physical and medical conditions, medication and nutritional needs. The contact details of health care professionals involved in the person's care and dates of routine appointments were recorded. This helped care staff to support people to attend appointments when required. This meant people were supported to maintain their health.

## Is the service caring?

### Our findings

People told us that they were supported by a consistent group of care staff who were 'caring and considerate'. One person told us they were involved in the recruitment of their care staff and said, "I am very happy with my carers." Another person said, "They [care staff] look after me well, never rush and usually I have the same carers."

People had developed good relationships with the care staff. One person told us they found the care staff to be reliable and knowledgeable of their needs and preferences. Care plans had information about people's diverse cultural needs and preferences. Care staff showed awareness of people's preferences as to how they wished to be supported and respected their diverse cultural needs. This was consistent with the information within the person's care records.

People told us they were involved in the planning of their care. For example, one person told us they preferred to be supported by male care staff only and this was confirmed to be the case. Care plans described in detail the level of support people required to maintain their personal hygiene and their independence. Records showed people were involved in reviewing their care plans and people made decisions about their life and aspirations. One person said they were supported to access the wider community, which was important to them and their wishes were respected by the care staff. This meant that people received tailored support that also promoted their choice of lifestyle and wellbeing.

People told us that the care staff respected people's privacy and dignity. One person told us the care staff always knocked on their door before they entered. Another said, "They know my routine but will do as I say."

Care staff understood the importance of respecting and promoting people's privacy and took care when they supported people with their personal hygiene needs. They described ways in which they preserved people's privacy and dignity. This further supported what people had told us and their records showed that the care staff followed the guidance in people's care plan. This meant people's wellbeing was promoted and care staff respected their privacy and dignity.

## Is the service responsive?

### Our findings

People's needs had been assessed by a representative of the health or social care commissioners. This information was shared with the provider as part of the assessment process to ensure Arch Care Domiciliary Care Services could provide the care and support each person required.

People told us that they had been involved the development of their care plans and confirmed the support they received was as agreed. People told us that staff were reliable, arrived on time and met their needs as per their agreed care plan. One person said at their initial meeting they discussed the support they needed and requested to be supported by male care staff. They also told us they were involved in agreeing the timing and frequency of their care calls. They said, "I know which carer is due to help me every day. Any problems I will call [provider's name]." They went on to tell us that they made decisions about their care. They felt in control of the support they received, which promoted their wellbeing.

People told us they had the opportunity to meet with the care staff first, where they could say how they wished to be care for and any special instructions such as how to enter the person's home where a key safe was used. Care staff we spoke with were aware of people's needs and their lifestyle, cultural or diverse needs. This meant people's care could be tailored to their needs.

People's care records showed that they were involved in regular reviews of their needs. One person said, "I'm very much involved in my care, reviews take place regularly sometimes too much." Another person told us that they spoke with the provider about making changes to their care plan because new needs had been identified. Their care was discussed and their care plan was updated. Care staff told us that when people's needs changed staff from the office would inform them by telephone and would read the updated care plan kept in people's home to make sure they understood the role in meeting people's new care and support needs.

People's care plans provided care staff with clear guidance as to the support people needed and to promote their choice of lifestyle. This included accessing the wider community services. The daily records completed by the care staff showed the care provided was consistent with the person's care plan.

The provider and the registered manager provided the on-call service and had access to information should they need to call upon another member of staff to cover the call in an emergency. People told us that the provider was responsive when they had raised concerns about any aspects of the care they received.

People told us they were aware of how to make a complaint about the service. One person said, "I would tell them [care staff] or would speak to [provider's name]." Another person said, "It started well but then the carers started to come late. I told [provider's name] and I'm hoping it will be back on track." This person felt confident that their concerns were being addressed by the provider.

The provider had a complaints procedure in place, a copy of which was included in the information pack given to people when they started to use the service. The contact details for the local authority, Care Quality

Commission and the Ombudsman were included. The provider told us that they would provide the contact details for the local advocacy services if people needed support to make a complaint.

There was a system in place to record and investigate complaints. The provider had not received any complaints or concerns since the service was registered. We, the Care Quality Commission, received no concerns or complaints about Arch Domiciliary Care Services.

Records showed the service had received compliments about the care staff supporting people who used the service.

## Is the service well-led?

### Our findings

We looked at the provider's quality assurance policy and procedure which detailed how the service assessed and monitored the quality of service provided. This included the frequency and the range of audits that would be carried out. For example, audits of people's care records, staff recruitment and training records, satisfaction surveys and support and complaints and compliments.

We looked at the provider's quality audits and systems used to monitor the quality of service. We found the systems were not used effectively. For example, the registered manager showed us the monthly manager's report used to report their finding to the provider. The report, if it was completed, it would provide the provider with a clear view of the quality of service people received. The meant the provider not could monitor the service or identify areas where the service could be improved.

The provider and the registered manager showed us the blank audit tools they planned to use to assess and monitor the quality of service provided. These included the care file and staff file audits. The registered manager assured us they would completed a fully audit of people's care records.

Following our inspection visit the provider sent us confirmation that care plans audit were completed on 24 June 2016. They also sent us a completed staff file audit but details of the staff member and their training completed were not recorded. This meant the audit tools needed to be enhanced to ensure the checks carried out helped the provider to adequately assess and monitor the improvements required to address any shortfalls that may have been identified.

The provider also sent us information about their plan to conduct quality review of the service. The content of the audit tool they planned to use referred to a mixture of the current regulations which health and social care providers are required to meet by law and the previous regulations. When we queried the content of the audit tool with the provider, they assured us that they would review the content.

The provider sent an amended audit tool, which was based on the current regulations and guidance available for providers on the CQC website. This showed that the provider and registered manager needed to continuously maintain their knowledge in managing and providing health and social care services. In addition, the further action was needed to ensure the provider implemented the provider's quality assurance system fully to be able to assess and monitor the quality of service provided was safe and well managed.

Care staff told us they were informed about changes to the service through staff meetings. The provider told us meeting minutes were available to staff who were unable to attend meetings. The staff meeting minutes showed the registered manager and nurses employed by the service had not attended these meetings. Two staff unable to attend the meeting had initialled the meeting minutes to confirm they had read them. The meeting minutes showed little evidence that staff were encouraged to make suggestions as to improving the quality of care. This showed the service could be improved by encouraging staff's views and ideas about how they could be involved to improve the service.

Following our inspection visit the registered provider informed us that all the staff were encouraged to share their views and make suggestions about the development of the service and the quality of service provided. Staff's views about the service were sought in staff meetings, one to one supervisions and during the unannounced spot checks on the staff. A suggestion box was also available should staff wish to share their views anonymously. Before any changes could be introduced the staff and people who used the service would be consulted to ensure consent was sought.

The service had a registered manager in post. They had clear view of what the provider's expectation of providing a quality care service. They were responsible for the day to day management, recruitment of staff and monitoring the quality of service provided. Their experience and professional qualification in health and social care was used in providing clinical health support where people needed support to maintain their health. For instance, they understood how people's health conditions could affect their daily wellbeing and used their knowledge to ensure the care staff and care plans provided clear and accurate information as to meeting people's needs.

The provider had a contract with an external company who provided 24 hour advice with regards to health and safety matters and employment law. The contract meant that the provider would be made aware of any changes to legislation which affected the business and updated the policies and procedures to reflect changes. All policies and procedures had been reviewed in 2016.

People told us that they were regularly asked for their views about the service and the support they received. One person told us that they received a call from the provider or were visited by the registered manager to review their care.

We saw an example of the satisfaction survey produced by the provider. These were due to be sent out later in the year to people who used the service, care staff and health and social care professionals. The provider told us the results would be used to develop the service.

People spoke positively about the care staff who that supported them. When we asked people for their views about the care staff and the management of the service, one person told us they were "easy to talk to."

Care staff spoke positively about the registered manager and the provider. They told us they felt supported in their role in supporting people with their daily care needs and they understood what was expected of them by the registered provided.

We saw the provider had commissioned the services from an external trainer whose role was to train staff and assess their competency. Staff's training was kept up to date and support provided to ensure the people's needs were met effectively. This meant people could be confident that the quality of care provided by the care staff was monitored.

The provider had a business contingency plan which detailed what action they and the care staff would take in the event of an unplanned incident to ensure people continued to receive the support they needed.

The provider told us that they worked in partnership with other agencies such as the local health care professionals to ensure people who used the service received care that was appropriate and safe. From reviewing people's care records it was evident that the service worked with specialist health care professionals to ensure people received care that was appropriate.