

Little Arches Ltd

Little Arches

Inspection report

83 Cambridge Street
Rotherham
South Yorkshire
S65 2ST

Tel: 01709839998

Date of inspection visit:
06 June 2017

Date of publication:
20 June 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Little Arches is located on the outskirts of Rotherham. There are local facilities, such as shops and pubs, close by and good public transport links. The home cares for up to four people over the age of 18 years old who have a learning disability. One person lives in an annex flat which is attached to the main building.

The inspection took place on 6 June 2017 and was announced, 48 hours' notice of the inspection was given because the service is small and we needed to be sure that the registered manager was available and that people who used the service would be in. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Little Arches' on our website at www.cqc.org.uk

The service has a registered manager. 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 and associated Regulations about how the service is run. Since then there has been no incidents or concerns raised that needed investigation.

People we spoke with told us they felt safe at the home. One person said, "I feel very safe here, staff have helped me a lot I am a lot more confident now." Staff had a clear understanding of potential abuse which helped them recognise abuse and how they would deal with situations if they arose.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

People are 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 encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities and holidays.

People had access to a wide range of activities that were provided both in-house and in the community. People were looking forward to go out to a 70's disco in the community on the evening of the inspection.

We observed good interactions between staff and people who used the service. People were happy to discuss the day's events and they told us about a planned holiday to Butlin's in Skegness

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress.

Further information is in the detailed findings below.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Little Arches

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 June 2017 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

The inspection was undertaken by an adult social care inspector. At the time of the visit there were four people using the service and we spoke all of them. We also spoke with support staff and the registered manager. We also observed how staff interacted and gave support to people throughout this visit.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service. The registered manager had completed the Provider Information Return (PIR) and sent it to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local council contract monitoring officer who also undertakes periodic visits to the home.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported at the home. One person said, "Staff supports me to stay safe when I am out and about and when I go to my hospital appointments." Another person said, "I feel safe we all get on its great, I would tell staff if I was worried about anything."

We saw risk assessments were in place to reduce things like trips and falls and there were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home.

The provider had robust safeguarding procedures and these had been followed by staff trained in the subject. We saw one safeguarding referral had been made since our last inspection of the service and the registered manager followed procedures and took appropriate action to keep people safe.

At the last inspection of the service we found the service had robust recruitment and selection processes which ensured only suitable staff were employed to work with vulnerable people. At this inspection we found this was still the same. We looked at the recruitment files for the two staff that had been employed since our last inspection. Application forms had been completed, two written references had been obtained and formal interviews arranged. The registered manager told us that people who used the service were involved in interviewing applicants.

All new staff completed a full induction programme which included registration to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Sufficient staff were employed to work at the service and staff worked flexibly to ensure they provided a good person centred service to people who used the service. People we spoke with confirmed that they did not have to wait for staff to be supported them with their personal care.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. The registered manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. People told us that staff helped them to develop their person centred plans which detailed the support they would need to undertake certain tasks. For example, assistance with personal care and things that was important to them.

All of the people who used the service were able to clearly communicate their wishes. Staff were knowledgeable about people's needs and knew how to support them. Only five staff were employed at the service including the registered manager who worked at the service daily

People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded.

We spoke with people who used the service about how menus were devised. We were shown the current menus which used pictures to describe the meals provided. They told us which meals they had suggested that were included on the menus. One person we spoke with told us they had been shopping with staff and had made suggestions about the food for the weekend. People who used the service had attended a healthy eating course at a local centre and had been awarded certificates.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We saw staff had received training in this subject.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation. We saw clear evidence which told us people were fully involved in making decisions about their care.

Records we looked at confirmed staff were trained to a good standard. The registered manager and support staff had obtained nationally recognised care certificate. New staff were expected to work alongside more experienced staff until they were deemed to be competent.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. The registered manager told us that yearly appraisals were due to take place in August 2017.

Is the service caring?

Our findings

People who used the service told us they were involved in developing their person centred plans. We sat with two people who showed us their plans of care, which were written in a way they could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, spending time with family and friends. They also told us how they needed support with hospital and other health appointments.

People told us that staff were respectful and spoke to them in a way that made them feel at home. One person we spoke with said, "Staff respects my privacy, sometimes I want to be on my own and I know I can go to my room, and watch television or play my music. Another person showed us their bedroom. They said they had chosen the décor and the soft fabrics. They said, "I like my bedroom, I can come up here whenever I want to."

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their spare time and there were lots of encouragement given to people to undertake household tasks. For example, one person helped prepare their own lunch. Another person told us that it was their turn to cook the evening meal with a little support from staff.

We saw people who used the service had created a dignity tree. The tree included things that were important to them in relation to respect choice and their rights.

The registered manager told us that people did not currently need to use advocacy services and they were able to make important decisions about their care. She told us that if the need arose she would support people to obtain suitable advocacy services. People who used the service have attended 'Speak up' centres which organise various educational courses including healthy eating. 'Speak up' is one of the leading advocacy Charities in the UK for people with a learning disability.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at two person centred plans for people who used the service. Each person wanted to tell us how their plans had been developed. It was clear that the plans were reviewed as their support needs changed. The information included pictures of friends and family. One person showed us pictures of activities that they were involved in. For example, pictures taken at a family members birthday and socialising at discos. Each person also had a separate Health action plan which included things medical staff should know if the person became ill and needed hospital attention.

The plans also told us the activities that people were involved in and what was working well and things that may have changed. Staff told us that people were encouraged to maintain life skills like helping with cooking and cleaning.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person told us about a group holiday that was planned to Butlin's in Skegness. Another person told us they were going for a two week holiday with their relatives to France.

We saw all of the people were involved in making a pom pom rug which would be put down in the lounge when finished. They told us that they had made a number of twiddle muffs that they had given to local care homes. These are knitted muff with items attached so that a people with dementia can twiddle in their hands.

People told us they were going to a local pub to play bingo in the afternoon of the inspection and everyone was going to a disco in the evening where they would meet other friends. Three people had attended a local centre to learn more about computers which they all said they had enjoyed very much.

People were provided with information about the service. This is called a 'Service User Guide'. The information was set out in an easy read format with photographs and pictures used to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. They told us they had received no formal complaints in the last 12 months. The registered manager told us that he met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered managers. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Is the service well-led?

Our findings

People who used the service and their relatives were actively encouraged to give feedback about the quality of the service. People told us they had regular house meeting where they were encouraged to raise concerns and to talk about things like outings, holidays and activities.

The registered manager told us that the provider had a clear vision and set of values that the service works towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people staying in the home. They told us the registered manager was approachable, supportive and they felt listened to.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home.

There were effective and robust systems in place to monitor and improve the quality of the service provided. Monitoring of the service included gaining the views of people living at the home and also looking at how the registered manager audited things like health and safety, infection control and medication. We saw there were clear fire risk assessments in place and regular maintenance of the fire alarm system took place to ensure equipment was well maintained.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified. We were told that no accidents or incidents had occurred since the last inspection. The registered manager confirmed that she knew all notifications that should be reported to the Care Quality Commission.

Outcomes from quality assurance surveys were used constantly improve the service for people who used the respite service. Questions asked how well the service was doing, for example, did staff encourage people to make their own decisions, if they felt safe, did they know how to raise concerns, were activities appropriate and about the meals. We saw from the results that people regarded the service as very good.