ARCH Care Services Limited

ARCH Care Services Ltd

Inspection report

Unit 3 Avalon House
Lower Strode Road
Clevedon
Avon
BS21 6UU

Tel: 01275342266
Website: www.archcareservices.co.uk

Date of inspection visit:
28 November 2016

Date of publication:
12 January 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

We undertook an announced inspection of ARCH Care Services Limited on 28 November 2016. ARCH Care Services Limited provides personal care services to people in their own homes in and around Clevedon, Nailsea and Portishead. At the time of our inspection approximately 50 people were receiving a personal care service. This service was last inspected on 6 November 2013 and found to be compliant in all the areas we looked at. During this inspection we found no breaches of regulations and we found people received a good service.

People were kept safe and free from harm. People using the service, and staff, had access to a 24 hour 'on-call' service, which meant they could ask for guidance or additional support at any time.

The provider had a robust recruitment process which minimised the risks of abuse to people. Staff had received training and information on how to recognise and report any suspicions of abuse and they were confident any concerns would be acted on promptly.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives. One person said, "I sometimes need help outside of my usual hours and they have always tried to get to me as soon as they can." People were confident staff were never rushed and always stayed for the correct length of time.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. There were systems in place to ensure people received their medicines safely from staff who were trained and competent to carry out the task. Continuous observation and auditing ensured these systems were maintained and action taken to minimise the risk of errors, for example additional training for staff.

Staff knew the people they were supporting and provided a very personalised service. Care plans were in place detailing how people wished to be supported and people and/or their relatives were involved in making decisions about their care. People told us they liked the staff and found the care to be good. Peoples' comments included, " They [the staff] understand me and know about my needs. They make my life easier and take the pressure off me" and ""They cater to my every whim!"

People were supported to eat and drink if required. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. For example, they contacted social services and occupational therapists if people's care needs increased and they required more time or equipment. Care plans were reviewed regularly which meant staff were able to continue to meet people's needs as they changed. Effective communication systems ensured that this information was shared promptly with the person and the team supporting them, with the person's consent.

Staff had received training and had an understanding of the requirements of the Mental Capacity Act (2005) (MCA), which meant people's legal rights were protected. People who used the service and others involved in their care were fully involved and consulted. People were always asked for their consent before staff assisted them with any tasks. Staff respected people's privacy and people were treated with respect and dignity. The service had developed a 'Dignity Champion' role and produced a Dignity in Care newsletter. People's comments reflected a focus on personal care provided in a way that maintained their dignity. Comments had included how people receiving the service helped to make them feel 'human' and cared for.

Due to the commissioning process the service had recently lost the tender to provide care to some people. This meant that unless people were privately funded or used a direct payment scheme they would soon have their care needs met by a different agency. Everyone we spoke to said they would prefer to remain with ARCH where possible and were very happy with the personalised service provided.

There was a registered manager who managed the service well. A registered manager is a person who has registered with CQC 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. The registered manager was clearly well liked by people using the service and staff. They were accessible and approachable. Staff, people who used the service and relatives felt able to speak with the registered manager and there were opportunities to provide regular feedback on the service. The registered manager/provider had a 'hands on' approach and had developed positive relationships with people who used the service and their families and continued to look for improvements. For example, the service had an allotment where staff invited people to come and help with gardening as a social event free of charge. Staff told us they were well supported by them.

There were effective systems in place to monitor the quality of the service, including regular spot checks, audits and regular satisfaction surveys for people who used the service and staff. The focus was on being open and transparent and continuing improvement for the benefit of people who used the service.

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 benefitted from robust processes in place to help make sure people were protected from the risk of abuse.

Risks were identified and appropriate actions taken to keep people using the service and staff safe.

People benefitted from appropriate staffing levels to ensure their needs were met in the way they expected.

People were assured they would receive their care because there were systems in place to minimise any risks caused by late or missed visits.

Is the service effective?

Good

The service was effective.

People benefitted from effective care provided by regular named staff who visited them regularly, knew them well, and had the skills and knowledge to meet people's needs.

People's legal rights were respected and protected as staff were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service was caring.

People who used the service told us they liked the staff and found the care provided to be very good.

Staff were respectful of people's privacy and dignity.

People were involved in making decisions about their care and the support they received. Staff were committed to promoting people's independence and supporting them to make choices.

The service was able to offer effective care to people at the end of their lives.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People received care and support from staff who had received training to meet their specific needs. This meant staff could understand and respond to people's support needs immediately.

People felt involved in their care planning, decision making and reviews.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Is the service well-led?

Good

The service was well-led.

The service provided effective support to all staff members, encouraging them to develop their skills, knowledge and experience, in order to deliver a high quality service to people.

There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager/provider regularly checked the quality of the service provided and made sure people were happy with the service they received.

ARCH Care Services Ltd

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 announced inspection of ARCH Care Services Limited took place on 28 November 2016 and was carried out by one adult social care inspector. Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the service was registered with CQC. This included notifications, incidents that the provider had sent us and how they had been managed appropriately.

During our inspection we went to the ARCH Care Services Limited office in Clevedon and spoke to the registered manager/provider, the planning co-ordinator and the review and assessments officer. We reviewed the care records of four people that used the service, reviewed the records for three staff and records relating to the management of the service.

After the inspection visit we undertook phone calls to seventeen people who used the service. We also visited two people using the service in their own homes with their permission and met with two care workers.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. Without exception the people and relatives who participated in the telephone interviews stated they felt safe with the support they received from ARCH Care Services Limited. People's comments included, "I feel safe with them. They are friendly and I can trust them with anything", "I feel I can trust these people, they can roam around the building and I feel that I am safe", "I have stair lift, they [the staff] make sure I am in it and walk behind me to make sure I am okay. They make sure I am safe and check I am wearing my pendant call bell" and "[I am] absolutely, very safe because I know that there is someone at the end of the phone any time of day. I trust ARCH Care completely."

Relatives said, "Yes, people are safe. Definitely" and "Yes I do think they [the staff] do very well, my relative has a history of falls, they [the staff] work safely too." A relative contacted us before this inspection to say, "I have no concerns, the service provided is first class. My mum wanted to stay in her own home after her stroke even though this meant she was a long way from her family and we could only visit at weekends. We were always 100% confident that she was being looked after properly and had no need to worry about her during the week".

Risks to each person's health and safety had been carefully assessed and were regularly reviewed. Where people had complex health needs they had a crisis plan in place including a client travelling file which ensured key information could be shared with the ambulance service and when people needed to go to hospital. The service was also involved in the hospital discharge planning, regularly visiting and gaining updates on people in hospital and ensuring the person had the care package and equipment they needed before they returned home. For example, the service had acted as advocates to ensure one person had the correct equipment at home to enable them to mobilise safely when they arrived home from hospital.

Care plans contained up to date information on all risks and provided guidance to staff on how to minimise the risks. For example, the care plan of a person who required safe handling techniques to mobilise stated how 'the tallest care worker should stand behind the wheelchair to place the sling in position'. We saw staff following these instructions. The person said how brilliant the staff were at following the care plan and how they had not wanted the additional moving and handling equipment at first but the staff had shown them how it worked to benefit them.

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were rigorously checked to make sure they were suitable to work for the service. References were sought from previous employers and they insisted the references were given by employers who had observed the person delivering care and could comment on their clinical skills. In addition disclosure and barring service (DBS) checks were carried out. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff records seen confirmed that new staff did not begin work until satisfactory references and checks had been received by the provider. Any concerns raised during the recruitment process were reviewed to ensure the prospective member of staff was safe to practice.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. 'Safeguarding' was always on the agenda in staff supervision. Staff told us, and records showed, safeguarding concerns had been managed appropriately, with ARCH Care Services Limited working effectively with other agencies to ensure the concerns were fully investigated and action taken to keep people safe. For example, staff had picked up on safeguarding issues relating to a family situation. This resulted in the family receiving additional support which reduced their stress caused by the situation they were in.

People confirmed the effectiveness of the systems in place to ensure they received their medications safety. The registered manager/provider said medication management was very important to the service. Each person had a medication support plan. These plans graded medication support as level 1- no staff involvement, level 2- administer/prompt and level 3 specialist technique. Staff were trained in giving ear and eye drops and giving medication through a 'PEG' (percutaneous endoscopic gastrostomy), to support people with feeding when oral intake was not adequate. If a person was supported with medication from a family member, staff regularly reviewed whether they were still happy to continue. One relative said, "They know I would say if I was having trouble but they always check I'm ok."

There was also a supplementary medication record detailing any courses of non-regular medication such as antibiotics. Staff also knew to be alert for any side effects from medication and take appropriate action if these were negative. Care staff completed medicines administration training and any specialist training that might be needed to support people safely. Staff told us 'refresher training' was regularly available if they felt it necessary. Field supervisors completed regular observations of staff practice to ensure their competency, including observations of medication administration records (MAR) completion and the use of blister packs. MAR charts were audited every month so any errors could be identified and action taken to minimise the risk of recurrence. People said, "They prompt me with my medication. They make sure I take the tablets after my tea and not on an empty stomach", "They check to see if I take my tablets. I put them out with a glass of water and they watch me take them. They are very nice people", "I have to put many creams on, which they [care workers] put on for me well" and "They give me eye drops every morning around the same time."

People told us they received a consistent and reliable service, which meant they received the support they needed at the times they had requested. One person said they always had the same group of care workers who knew how they liked things done. They said, "The staff have always been good. They always know what they are doing. I don't even look at the folder any more. I couldn't be happier." People confirmed staff were never late and if traffic was a problem they received a phone call. People said staff always stayed the amount of time expected and agreed as part of the care package.

There were sufficient staff employed to ensure people received a safe service. For example, the registered manager/provider told us it was important for people to know who was coming to assist them. People said they had a staff rota weekly which was correct. The service also rang some people to ensure they knew who was coming. One person said, "They would send a rota by post but I prefer to be phoned and I write it on the calendar." Another person said, "I requested the same lady every time and they do that, one comes all the time. My regular carer is part of my family now; I have a rapport with her." The field supervisors and the registered manager/provider, (who were already known to the people through the assessment and regular review process) covered any last minute sickness or holiday. This ensured sickness and holidays were covered by staff people knew and who understood their needs, and ensured that continuity was maintained. One relative, new to the service said, "The field supervisor came to the house to see us and had a general chat with both of us, about what we wanted. They were very thorough, informed us about what they could provide and gave us a half an hour slot when we wanted."

There were systems in place to monitor staff and minimise any risks caused by late or missed visits. Each member of care staff was allocated a 'pin' number which they used to log in to the agency's computer system via the telephone on arrival and when leaving a person's house. If they hadn't logged in 10 minutes after a shift was due to start an email notification was sent to the agency. This allowed office staff to take any action necessary to ensure the safety of both people and staff, and to offer reassurances that the member of staff was on their way. There had been no missed visits since the last inspection. Each person had a 'jotter' within the service computer system so staff could monitor all contact with the service. For example, they knew when some people could become anxious that a care worker would be late (care packages agreed a half an hour either side of the care package stated time as reasonable) and could reassure them.

The service had an 'on call system' which meant staff and people who used the service could contact the service for support at any time, day or night. Staff had access to all the information they needed to ensure they understood each person's needs and could provide an appropriate response to any issues. This included full copies of each person's care file, emergency plans and staff rotas. A relative said, "I rang very early one morning as my husband had to go to hospital and there was someone there to assist me. I rang and it was good, really good. "

All staff received training in infection control. Newly recruited staff were issued with a 'kit bag' containing personal protection equipment (PPE) such as disposable gloves and aprons to reduce the risk of infection, as well as antibacterial hand gel. Risk assessments included environmental risk assessments detailing where hand washing facilities were and whether infection control equipment such as yellow bags were available. They also included how to manage any animals in the home and tasks relating to disposal of waste. We saw staff using their aprons and gloves appropriately in two people's houses. Staff looked very professional in pristine uniforms with antibacterial hand gel clipped to their pockets. One relative told us, "The house was spotless, the bed linen and towels were changed regularly and mum and her clothes were always clean." This all ensured people were protected from infection control risks.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs effectively. All the people using the service and relatives we spoke to considered the care staff to be well trained and skilled, as well as having an in depth understanding of their personal care and support needs. People also confirmed that when they were provided with new care staff, an experienced care worker introduced them and showed them what was required before they visited on their own. If people required two care workers to assist them, there would always be one experienced care worker who knew their needs. People told us, "They all know what they are doing for sure" and a relative said, "They seem to know what they are doing, it's a relief!"

The service had a comprehensive induction programme for new staff. This was classroom based over three days and included essential topics such as aims and company objectives, roles, dignity in care, infection control, manual handling, medication training, health and safety and fire safety. There were also sessions on nutrition, catheter care and stoma care and policies and procedures. Knowledge and understanding was tested following the induction through regular supervisions and spot checks. Staff then completed a six month probationary period which included at least two weeks shadowing more experienced staff, complex needs training and competency assessment. This encompassed working with different care workers, getting to know the people they would be caring for and working at different times of the day and night.

Very often a new care worker would go with a field supervisor to carry out a pre-assessment when people wanted to begin a care package and then become their care worker. One person told us, "When they [the service] know one of my regular carers is leaving they will send a new carer with an experienced one. I have a new carer starting tomorrow on her own. I am looking forward to seeing her as I have met her before. She seems competent and has a nice personality. She knows who I am, what my situation is and what kind of things I need. So I am not anxious about her coming." This ensured people were cared for by staff who they knew and who knew their needs. People's comments included, "They [the staff] understand me and know about my needs. They make my life easier and take the pressure off me", "They cater to my every whim", "If I need anything, it's there" and "I was worried about when I can't do things for myself, I have a stoma and the carer told me that we do look after people (with a stoma) so not to worry. This put my mind at rest."

Complex needs training was provided, including mental capacity act (MCA), report writing, chronic conditions and eating disorders. Staff said they received "Great training" and they could ask for any topics they felt they needed in relation to people's needs. Training records were kept on a central training matrix and showed all staff were up to date or booked for refresher courses. Training was a mix of e-learning, practical training, in-house and external training. The expertise of family carers was also recognised and utilised to ensure staff had the necessary knowledge and skills, for example in PEG feeding administration (percutaneous endoscopic gastrostomy), to support people with feeding when oral intake was not adequate. One person had been cared for by their relative and care workers were individually trained in how the person liked their PEG cared for by the relative who knew their nuances.

Many of the staff had worked for the service for some time and felt very supported to carry out their role.

There were 28 staff employed. Staff had regular supervision and an annual appraisal. Supervision provided an opportunity for staff to reflect on their knowledge and skills and consider how they might be developed to improve the care they provided following a comprehensive format. This included looking at any concerns from the previous supervision, exchanging information, monitoring staff competency, feedback and development and learning needs.

There were good communication systems. The computer system enabled staff to log all calls from and about people using the service. People's details were completed on a front page showing people's communication skills, diet information, access to premises and people's family and living arrangements. Office staff were knowledgeable about people's needs and were able to discuss details in a person centred way when they phoned. People told us they found they were always given helpful assistance when they called.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We found the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. During our inspection we saw staff seeking people's consent before providing any support. They also offered choices and respected people's rights to make their own decisions, promoting people's independence. Everyone we spoke with told us that care workers always asked their consent and permission before undertaking tasks. Care plans contained consent forms about who the service could share their information with. People said, "Yes, they do [ask our permission before they do things] there is a liaison between the carers and cared for", "They talk about things, they ask if I would like it and usually it is very helpful", "Staff usually ask me if is there is anything new" and "They [staff] won't do anything new until they have a talk with me first."

Where required people were supported, as part of their care package, to access food and drink and maintain their nutrition and hydration. Care plans contained clear guidance for staff about people's preferences and the support they needed. For example, one person's care plan stated, "Remember to ask if [person's name] would like a sandwich before you leave." Another care plan says, "[Person's name] likes two glasses of squash every morning and lunch using bottled water." People said, "They make a sandwich and cover it with cling film and put and it in the fridge for me", "I am having a hot meal every night. I have a choice of meals in the fridge and they ask what I like. It's always good and piping hot", "They [the care workers] do the shopping, I put it all down on a list, and they get exactly what I want. They make meals well." One person said, "I am made lovely meals. They [the care workers] will help me by peeling and cutting the vegetables together. I have a choice everyday of what I eat. The surfaces are left clean and tidy in the kitchen. It is how I like to live, if I was more capable. They help me to feel empowered."

The service liaised closely with a multi-disciplinary team of health and social care professionals, to ensure they supported people to manage their needs effectively. This was especially important when people had very complex needs. One person said, "On one occasion, I was taken ill and the [care worker] took charge, called the doctor and liaised with the paramedics. She made me as comfortable as I could be and allayed my fears." Other people said, "The [care workers] will take me to the hospital and bring me back. They see to my every whim" and ""I had one little drama and they supported me well." There was also a form within people's care files in their homes for communicating with visiting family members so they were reassured about any changes. A relative told us, "Just once, they [the care workers] noticed [person's name] had a swelling and they said to call a doctor, they are very good in that respect."

Good

Is the service caring?

Our findings

People who used the service were all happy with the staff and they got on well with them. People felt involved in their care decisions and were asked at the beginning of their care how they would like to be cared for. People felt care workers and office staff gave them clear explanations about aspects of care such as safe manual handling. One relative told us, "The carers really did seem to care and always had time for a chat, they treated mum as a friend rather than a client and often went over and above the call of duty to make her happy and comfortable." The registered manager/provider said, "We are committed to enriching the wellbeing of each individual using the service in an environment where their wishes, dignity and independence is promoted." We saw this happening.

Everyone described their care workers with affection and respect telling us how much they felt they were treated well and affectionately. People said, "They [the staff] always put their best foot forward and if something goes wrong, they do their best to put it right", "They are very friendly and I can honestly say these people do care. They are like friends, if I get down they cheer me up", "They are all like family. We get on quite well with all of them" and "The carers are good, everything I get from them is good." Relatives told us, "They [the staff] are chatty and talk to [person's name], that is a great help", "Staff are friendly and co-operative, they know their job" and "The girls [care workers] are brilliant. Very friendly and cheerful. They do everything we want and are all very pleasant." The care workers were equally fond of the people they supported and showed this by speaking warmly about them. Staff in the office and the registered manager/provider also knew details about each person receiving a service showing how the focus was on person centred care.

There were examples where staff had gone beyond the tasks set out on people's care plans to ensure people were happy. For example, a relative told us how staff had planned a weekly menu around their loved one's favourite dishes and shopped and cooked so that the food was homemade rather than pre-packed. They said, "Staff had even brought homemade cakes and biscuits from home to satisfy her sweet tooth! We really can't praise the service enough."

The staff were trained in end of life care and were caring for one person at the end of their life at the time of this inspection. We saw how the service had recognised when a family member was not coping well whilst managing their loved one's end of life needs. A meeting with the district nurses was arranged and more effective communication and support between health professionals and the family was put in place. The relative was able to access respite care and the service developed an end of life support information card. This re-iterated how relatives and people using the service could always call for support or to talk and that ARCH would signpost them to appropriate community support such as the Samaritans and a local service known as 'Positive Steps'. We saw compliments in recent thank you cards stating, "Thank you for helping me come to terms with my loss and for caring for me too."

Staff were respectful of people's privacy and maintained their dignity. The registered manager/provider said dignity was crucial to providing good care. They did not let staff forget this and there were various posters re-iterating the importance of dignity around the office. Each care file in people's homes contained the

Dignity in Care 'Dignity Do's'. These set out national expectations of what constitutes a service that respects dignity based on Department of Health research. It focussed on the ten top things that mattered most to people, following national research such as supporting people with the same respect you would want for yourself or your family and treating each person as an individual. The statement went on to encourage people to contact the service operations manager if the service failed to meet any of these statements.

The service had a dignity champion (the position was recently vacated but would be replaced soon). The service produced regular newsletters about dignity in care which included up to date topics and thought inspiring topics about how staff could act to make a difference to people's lives. The service had received positive feedback from people using the service in relation to dignity in particular. Care plans included detail about how staff were to achieve this. For example, some people liked the care worker to wait in the bathroom while they bathed, whilst others preferred them to do other tasks until they called. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Care plans re-iterated the importance of maintaining people's dignity. People told us, "I am in the shower and they are outside the door, so I call if I need them. They have a towel ready to put around me and lift me out and make sure I am safe", "Staff are definitely respectful, that's what I like about them. They don't make you feel humiliated and they are very, very good." We saw care workers consistently telling people what was happening before attempting a task such as moving and handling. They reassured the person or chatted to distract them if they were anxious, for example when using a hoist.

The majority of people who received personal care from ARCH Care Services Limited had capacity to make their own decisions at the time of our inspection. They were very involved in their care planning and had signed each plan and also signed the times that care workers were at their homes to ensure they had the correct time and length of visit.

Good

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. People gave us lots of examples such as, "I have a sitting service, I like my social events, they [the service] do their best to work around my social events times so I can go" and "When I have a hospital appointment office staff arranges a different time for the carers to come. They are flexible and understanding."

Each person had their needs assessed by the registered manager/provider or one of two field supervisors. This was also an opportunity for training needs to be identified and specialist training arranged, to ensure care staff had the necessary skills and knowledge prior to the care package starting. For example, the service ensured staff were competent to manage a stoma or PEG administration. People were assessed in hospital or at home and the package only commenced when the service was sure they could meet the person's needs. The service fully involved the person, their family and relevant professionals in the assessment process, which enabled them to check that staff were appropriately trained beforehand.

A key part of the assessment was talking to the person and their advocates about their likes and dislikes and what they were looking for from the service. These assessments were detailed. This meant the staff team could then be matched to the person on the basis of their personality and interests, as well as their knowledge and skills.

The information from the assessment was used to develop the person's care plan. All care plans were approved and signed by person and/or their families receiving the care. Care files contained clearly typed care plans detailing people's individual support needs. This included medical history and why they needed care, medication, technology and equipment details, personal hygiene, nutrition, infection control, family circumstances, and hobbies and interests. The care plan then went on to detail morning, lunchtime and evening support. For example, one person's care plan said the person, "would like carers to remove the top off the mouthwash and leave on the sink." Each one was very personalised and we saw care workers carrying out each task as stated. Care plans also detailed how to care for some people if their mobility was variable. For example, "If [person's name] is unwell or mobility is poor" with details of the care required. Each plan included a goal/outcome such as promoting independence as long as possible. Important aspects were highlighted such as "on a Wednesday check with [relative's name] that the night bag has been changed." Some plans contained pictorial information about how to use specific equipment or information about a medical condition. People told us, "The first thing the carers do when they come is look at the care plan to see what has been happening, so they are up to date. They [field supervisors] will come out periodically and go through everything and review it regularly." Daily records were clear and covered all aspects of care in a detailed way.

The care plans were reviewed by the field supervisors at least every six months with the person and their advocates and changes made if necessary. Changes were also made as soon as they were identified. For example, one care worker had rung the office to inform the office staff during the day and the care plan was immediately updated and care workers sent a text with the update. This meant people could be confident staff had access to accurate and up-to-date information about their health needs at all times. People said, "I

have a review visit every year and every six months they ring and ask if everything is alright and if there are any changes", "They answer all my question straight and very directly", "I have talked to them and they agreed, if I need more care they will do another plan and will provide it" and "They [the service] review the care plan, I feel listened to and they are all very friendly and always ask if there is anything else they can do." Relatives told us, "We have a care plan, they write it all down and occasionally they come and review it", "The care plan was reviewed approximately three or four months ago. This was when she had a new wet room, so it was up to date" and "They review the plan and include us both in it, we get a good service from ARCH Care." People we spoke with who had complex care needs told us they had a review call to check they were ok at least once a month.

People told us they were confident they could speak with the registered manager or a member of staff if they had any concerns or complaints, and that their concern would be addressed. People stated that they knew how to raise a concern or complaint. Most people stated they had not had a reason to raise a complaint; however they would feel comfortable to do so if necessary. One person had raised a small issue within a satisfaction survey and they said the registered manager had phoned immediately to ask what they could do. Another person said, "I rang to make a complaint, they took it on board. It was connected with the time slot I had but they sorted it." A relative said, "No, I have no reason to complain but I would feel comfortable to do so, they are very understanding." Each person's care file contained information about how to make a complaint and the process to follow.

Good

Is the service well-led?

Our findings

People, relatives and health professionals told us it was a well led service and they would recommend them. One person told us, "Yes they are definitely well led. I have no problems."

The service was managed by the provider who was registered with the Care Quality Commission as the registered manager for the service. They had a 'hands on' approach and often visited people in their homes. Staff said they ran a 'tight ship' and we saw how systems were clear and well organised with each staff member being clear of their role. Each staff member spoke very respectfully about people in their care and knew their needs well. Staff said, "They are our focus, there is no-one we don't all know well. It's very rewarding."

The registered manager was very responsive to the needs of staff. Staff said they were well supported and said, "We are well looked after." For example, the service tried to arrange care workers' 'run' visits within the same area. They tried to minimise long gaps between visits to ensure staff were not waiting around for the next visit a long way from home. Staff all said they were allocated enough travel time which made their day less stressful. A field supervisor told us how they were going to check how a new care worker was doing after their first day working on their own 'run', despite it being the field supervisor's official day off. There was a pool car for staff to use if they had a breakdown. Staff had regular social events such as meals out. Staff told us, "I've never been anywhere with so much training, openness and support." This helped to ensure a low staff turnover and promote consistency of care for people.

Office staff had weekly office meetings to update them on any changes. There were monthly staff meetings where feedback was given about workplace observations such as monitoring manual handling competency, staff cover and updates. Field supervisors had a monthly 'huddle meeting' where they discussed issues that had arisen and possible solutions, paperwork reviews and staff support. For example, staff had asked to complete further training in Parkinson's disease and had requested a longer course in dementia care. Office staff now came into the office an hour earlier so they could manage any sickness cover. This had arisen from a satisfaction survey. Management meetings were also held regularly with the service development manager.

The provider had a range of checks and monitoring systems to ensure the service was running smoothly. Regular audits were carried out, looking at areas such as complaints, the completion of medicine administration records (MAR), training, supervision and recording. Accidents and incidents were reviewed to ensure there had been an appropriate response and to identify any trends and further action that might be needed to keep people safe. For example, a care worker had cut themselves on a razor. The razor was no longer kept in the person's wash bag. The quality of the service was also monitored through the completion of regular unannounced 'spot checks' by field supervisors to ensure staff competency, and to check support was being provided in line with people's agreed care plan and company policy. Regular feedback was sought from people who used the service. People told us they were always being asked if they were ok and they received annual satisfaction surveys.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service also were involved in charity work having held a Macmillan Cancer Charity coffee morning and they also were constantly looking for other ways to provide a service such as the opportunity for people to visit their allotment. The service had an in-house chiropodist who could provide a service for people.