

Amber Residential Care Homes Ltd

# ARCH Winchester

## Inspection report

Unit 16  
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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?	Good ●

# Summary of findings

## Overall summary

This inspection took place on between 16 January 2019.

ARCH Winchester provides care and support to three people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection, care and support was provided to three adults living in their own home who have mental health needs and a history of substance misuse. The provider was commissioned to provide staff at the home on a 24/7 basis, but people accessed the care and support flexibly when needed.

The service had a registered manager in place at the time of our inspection. 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 registered manager was also the provider.

People told us they felt safe receiving care from staff. The provider had systems in place to protect people from abuse and harm. They had made referrals to appropriate safeguarding bodies when concerns were raised.

There were enough staff in place to meet people's needs. People were given a choice about staff and worked with small teams who knew their needs well. The registered manager oversaw the recruitment, training and induction of new staff and monitored their working performance to help ensure staff were effective in their role.

People received personalised care which was in line with their needs and preferences. People were involved in planning and reviewing their care. Staff worked with people to build their independent living skills by making choices which promoted their independence. Staff understood the need to gain consent to care and respected people's right to decline care.

People were treated with dignity and respect and received care which reflected their equality, diversity and human rights.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider assessed people's needs to help ensure they received appropriate care. Care plans were developed and reviewed in partnership with people. They were based on delivering positive outcomes for

people and incorporated information about people's needs and preferences. Care plans covered a range of areas including the support people needed with their medicines, nutrition, mental health, communication and healthcare needs.

When people's needs changed, their care plans were reviewed and the provider sought appropriate input from external health and social care professionals to help ensure people's needs were met.

Risks to people's health and wellbeing were assessed and mitigated. There were comprehensive plans in place to support people with their mental health needs and support in relation to substance abuse.

The registered manager had a good insight into the day to day running of the service. They regularly worked alongside people and staff and were available outside of office hours to provide advice and support.

The registered manager had implemented a series of audits and checks of the quality and safety of the service.

The provider had implemented an electronic care planning and monitoring system which enabled senior staff to monitor the care being delivered in real time. People's care plans were updated through this system, which meant that staff had access to the most up to date information.

There were systems in place to respond appropriately to people's feedback, concerns and complaints. The registered manager sought feedback from a range of sources to assess the quality of the service.

There were procedures in place to protect against the risk of infections spreading.

Nobody using the service was receiving end of life care at the time of inspection.

## 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.

There were sufficient care staff in place to meet people's needs.  
The provider had robust recruitment procedures in place.

There were policies in place to protect people from the risk of abuse and harm. The provider assessed and mitigated risks.

There were systems in place to reduce the risk of infections spreading.

People were supported to manage their medicines effectively.

### Is the service effective?

Good ●

The service was effective.

Staff received sufficient training relevant to their role.

The provider sought appropriate consent to care.

The provider had systems in place to assess people's needs including their health and nutrition.

The provider worked effectively with other organisations to promote people's health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved in developing their care plans.

Staff understood people's needs and encouraged them to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive

People received personalised care. People's care reflected their preferences and goals they wished to achieve.

There were policies in place to handle complaints and concerns.

Nobody using the service was currently receiving end of life care.

### Is the service well-led?

The service was well led.

The registered manager was heavily involved in the day to day running of the service and understood people's needs.

The registered manager carried out audits to help assess the quality of care and had made improvements to the quality of the service through quality assurance processes.

The provider worked with other stakeholders to promote good outcomes for people. □

Good ●

# ARCH Winchester

## Detailed findings

### Background to this inspection

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

The inspection took place on 16 January 2019. It included visiting the office location to meet the registered manager; and to review care records, policies, and systems related to the running of the service. We visited the 'supported living setting' and spoke to two people. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. Before the inspection, we received feedback from one social worker and one healthcare professional, who had recent experience working with the provider.

During the inspection, we also spoke with the registered manager and one member of staff. After the inspection, we received written feedback from two social workers who had recent experience of working with the provider.

We looked at care plans and associated records for three people and records relating to the management of the service. These included three staff recruitment files, accidents and incidents, quality assurance records and records of complaints. We looked at key policies developed by the provider.

This was our first inspection of the service since it registered with CQC in November 2017.

# Is the service safe?

## Our findings

People told us they felt safe receiving care from ARCH Winchester and that they were happy with their care arrangements. People confirmed they were happy with the support the provided and told us that they were settled and happy in their current living arrangements.

There were sufficient numbers of staff in place to meet people's needs. Due to people's complex needs, the registered manager only employed a small number of staff who worked with people on a regular basis. This helped to ensure they understood people's needs. The registered manager worked with people when staff were absent or on leave. This helped to create continuity for people within their staff teams.

The registered manager oversaw the recruitment of staff and had systems in place to identify their skills and suitability. They carried out values-based interviews and a series of pre-employment checks which helped to ascertain staff's character, experience and skills. This helped to ensure suitable staff were employed.

There were safe systems in place to manage people's medicines. People were independent in their medicines management. However, the provider was flexible in providing support upon request from people when needed. The support that people required around their medicines was clearly documented in their care plans. In one example, one person frequently requested staff to securely store excess medicines to help them manage their daily medicines regime. This helped to promote their independence whilst providing support to oversee the safety of this regime.

There were systems in place to help protect people from the risk of abuse and harm. The provider had a safeguarding policy in place which was developed in line with local authority safeguarding guidance. Staff received training in safeguarding vulnerable adults, this helped them recognise if people were at risk of harm and the action needed to keep them safe. The registered manager had taken appropriate action to keep people safe when concerns arose. This included attending the supporting living property if concerns were raised by people or staff and following up with referrals to local authority safeguarding teams. This helped to keep people safe.

The provider had policies and procedures in place in place to protect people from the spread of infections. Staff had received training in infection control and were aware of good infection control when supporting people with their personal care. The registered manager provided staff with appropriate personal protective equipment, such as gloves, which helped to promote effective infection control practices. This helped to minimise the risk of infections spreading.

Risk associated with people's health and wellbeing were assessed, monitored and mitigated. Some people had risks to their wellbeing in relation to their mental health needs or substance misuse. The registered manager discussed risks with people and how they could be most effectively managed. They put agreements in place together where people and staff had a shared understanding of risk and how they should be managed. For example, there were agreements and protocols in place for staff if people were absent from the service past agreed timeframes. This helped to ensure welfare checks could be put in place

and relevant authorities could be notified.

There were systems in place to reflect on incidents and encourage learning from these events. The registered manager investigated all incidents and kept an electronic log of when incidents occurred and the actions taken in response. People were encouraged to reflect on incidents to help promote shared agreements with staff about how to avoid risks of reoccurrence. The registered manager had used this system to help support people maintain their tenancy considering some incidents which had taken place.



## Is the service effective?

### Our findings

The provider assessed people's needs prior to care services commencing. The registered manager had a background in nursing and supporting people with their mental health needs and a history of substance misuse. They were experienced in assessing people's needs and formulating care plans which mitigated risks to people's whilst promoting their independence. They used information from professional's assessments of people's backgrounds and medical history to design appropriate plans of care. The registered manager also met with people to identify their preferences around care and staff to help ensure their care given was in line with their assessed needs.

People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking such as food allergies. People had varying degrees of independence in this area with some people requiring minimal support whilst other needed some assistance to prepare meals. Staff gave people encouragement where possible around healthy nutrition, but respected people's choices around their diet if they did not choose to listen to advice given.

People had access to healthcare services when required. People had information about their healthcare needs in their care plans. People were predominately responsible for accessing healthcare services independently. However, staff provided support to schedule and access people's appointments, as they could sometimes be reluctant to engage in healthcare services. When people attended healthcare appointments, staff were supportive in helping people understand choices and implications of professional's recommendations. This helped to ensure people had access to healthcare services.

The provider used technology to promote the effective delivery of care. They had implemented the use of an electronic care planning and monitoring system. Staff accessed this system using a computer which was based at the supported living home. The system included details of people's care plans which were accessible to staff. The registered manager updated care plans using the system, which helped to ensure staff had the most current information available to them. Records of care visits were recorded on the electronic system, which enabled the registered manager to monitor care in 'real time' and pick up on any changes in people's behaviour and wellbeing. The registered manager told us, "All people's care plans and risk assessments, meetings of meetings are now done electronically. Staff have more time to meet and sit with people as electronic notes are less time consuming." This helped the registered manager monitor the quality of care.

The provider sought appropriate consent to care. The registered manager visited people to go through their care plans to ensure they understood and consented to care. Staff understood that people had the right to change what they consented to and were aware of the need to ensure people's consent to care was always given on each occasion it was offered. Where people had periods where they were unable to consent to care because their mental health or substance misuse, the provider had processes in place to ensure that any decisions made were in people's best interests and followed a process in line with the requirements of the Mental Capacity Act (MCA) 2005. The registered manager told us, "We believe a person who has little or no capacity is entitled to have the same human rights as anyone else. We consult with the persons advocates,

professionals, family and friends on how decisions are made on their behalf. We believe the decisions should be joint involving all authorities and where applicable the persons legal representative."

The provider had made effective links across relevant professional bodies to help ensure effective care was in place. Many people had complex health and medical needs which required ongoing professional input. The provider worked in partnership with a range of different stakeholders to help ensure that relevant professionals bodies had up to date information about people's needs. Where people's care needs fluctuated or changed, the registered manager ensured they kept professionals aware, so care could be adjusted accordingly. Where people moved between services, the registered manager ensured they cooperated with incoming and outgoing providers to help ensure people's needs could be fully met by a suitable placement or package of care.

Staff received training, support and supervision relevant to their role. Staff received a range of online and classroom-based training covering key areas of their role. The training was regularly updated to help ensure staff were following current best practice. New staff were given a structured induction into their role. This involved working alongside experienced staff, reviewing care plans, learning about health and safety arrangements in the work place and having supervision with the registered manager to review their progress. The registered manager assessed and monitored staff's skills and knowledge through observation of their working practice and formal supervision meetings, where training and development needs were discussed.

## Is the service caring?

### Our findings

People were given a choice about the staff who supported them. As part of the provider's assessment of their needs, people were asked to identify characteristics that they felt it was important potential staff would embody. They also had the opportunity to meet potential new staff to help ensure they felt they were suitable to work with them. Some people had expressed specific preferences around the sex of the staff they worked with. For example, one person felt more comfortable working with female staff, whilst another person felt more comfortable with male support. The provider accommodated these preferences.

Staff were knowledgeable about people's needs. Some people were sometimes reluctant to engage in care services and required perseverance and encouragement from staff in their working approach. Staff were adaptable in their approach and understood the best times to engage with people and when people required personal space and time to process events or feelings. The registered manager fostered an approach where staff were non-judgemental about people's past and lifestyle choices. They told us, "The delivery of care is person specific and respects their dignity and privacy particularly with regard to substance misuse. Their habits are tackled safely and confidentially and in private, which ensures their dignity is maintained at all times." This helped to create an environment where people could be honest about their feelings and vulnerabilities as they felt they could trust staff.

Staff encouraged people to make choices to be as independent as possible in their everyday lives. People required staff's support to maintain their tenancy and make choices about their lifestyle and personal relationships. The registered manager told us, "Staff give people the tools to make informed and safe decisions by giving real life examples of various situations from their professional experience. Choice is key to enabling people to become less dependent on staff, but in the knowledge that staff are on hand if advice and support is sought." For example, one person had an independence plan in place which detailed the support they needed around budgeting, liaising with professionals, dealing with correspondence and looking for alternative accommodation. The plan clearly set out how each goal could be achieved and how success would be measured. This demonstrated that people were encouraged to take active responsibility about aspects of their daily lives and supported to set achievable goals.

People made agreements with staff about action they would take to keep them safe in their everyday lives. In one example, a person was supported to make choices about the suitability of some acquaintances visiting their home. This was in response to some incidents which took place. The person was supported to make an informed choice, based on understanding the consequences in relation to their tenancy. Staff worked with people to reaffirm the positive benefits of difficult choices they made by celebrating their successes championing people taking responsibility for their own actions. The registered manager told us, "Our aim to support and empower each service user to make choices, have control over how they want to live their lives as well as preventing abuse and neglect occurring in the future."

People were involved in planning and reviewing their care. Each person had a 'keyworker', whose role was to work with people to ensure their care plans reflected their needs and preferences. People were encouraged to read through their care plans to acknowledge they agreed with their content. People were

also supported to attend formal reviews of their care with social workers and health professionals. People's keyworkers provided support to these reviews to help ensure they understood the implications of what was being discussed.

People received personalised care from the provider that focussed on their preferred outcomes from receiving care. Each person had a 'keyworker' who helped to identify what people's preferred outcomes of support were and the steps needed to work towards these goals. Keyworkers helped people review the progress of how their support was going and incorporate new goals when people wanted to focus on different aspects of their independent living skills.

People privacy and dignity was respected by staff. Staff were conscious to knock on people's doors to ask permission before entering and people were given privacy and personal space when requested. People were supported and encouraged discreetly with their personal care. The registered manager told us, "Dignity is maintained by being sensitive in the delivery of personal care by supporting with personal hygiene, clothing and dressing in privacy." This demonstrated that staff understood the principles of maintaining dignity when delivering care.

People's confidentiality was adhered to and respected. The provider worked with people to clearly identify whom and how they would like their personal information shared with. Staff were conscious to ensure their presence was not intrusive in people's home and living space by keeping any visible signs of care documentation away from communal areas out of sight.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. In one example, one person's religious beliefs led to considerations being made around their diet and medical treatment. The person's care plans reflected these preferences.

## Is the service responsive?

### Our findings

People's care plans contained detailed information about people's backgrounds, relationships, hopes and wishes. Each person had sections in their care plan detailing their mental health needs, which included the early warning signs that people's mental health was deteriorating and that they required additional support. People's care plans reflected their preferences regarding personal care needs, including strategies staff could employ to encourage people when they were reluctant to engage in these routines.

People's communication needs were identified in their care plans. The provider ensured that people had access to the information they needed in a way they could understand it and comply with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. As part of the provider's assessment process, people's communication needs were considered including, how effective communication strategies could be used considering times of fluctuating mental health or substance misuse. This helped to ensure that people's communication needs were met.

The provider had a complaints policy in place. This detailed how people could make a complaint and how these concerns would be investigated. The policy also detailed external agencies that concerns could be referred to such as the local authority. The registered manager personally investigated all complaints and spent time with people to go over findings from their investigations. The registered manager demonstrated that they listened to people's feedback and used concerns to make improvements. In one example, a person raised concerns that a staff member was speaking in a language they were unfamiliar with. The registered manager addressed issues with staff and regularly checked in with the person to ensure they were happy that actions taken had alleviated the issue. The registered manager told us, "All staff were written a warning letter, stressing English is to be spoken at work only and respect of the person's home and dignity is key to our fundamental values."

The provider had systems in place to help ensure they could respond to emergencies. registered manager operated an 'on call' service outside of office hours. This telephone service was open to people and staff, who could report emergencies or seek advice when required. This helped to ensure that the provider always had a management presence available.

Nobody using the service was currently receiving end of life care. The registered manager told us they would make provision for such circumstance if the situation arose. The provider had an end of life policy in place, which outlined how they would deliver compassionate care at the end of people's lives if required.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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 registered manager was involved with the day to day running of the service. This included working alongside people and staff to offer practical advice and support. They were committed to their role and kept themselves updated with latest guidance and legislation through a combination of local providers groups and updates from professional bodies such as the Clinical Commissioning Group (CCG) and CQC. The registered manager had vast experience working in nursing and mental health settings, possessing a clear understanding of the complexities of people's needs and most effective ways to support their health and wellbeing.

The registered manager carried out audits to check the quality and safety of the service. These audits included, medicines administration records (MAR), records of care visits and care plans. They used these checks to help ensure staff were providing care as planned and to pick up on any errors or trends which needed addressing. The registered manager carried out comprehensive monthly audits of these records upon visiting the supported living home. These audits were effective in identifying when staff had made errors and needed additional training or support.

The registered manager understood their regulatory responsibilities. Providers are required by law to submit notifications to CQC to inform us when important events or serious incidents took place at the service. The registered manager had fulfilled their responsibilities in notifying CQC when significant events took place.

The registered manager understood the key challenges of growing the size of the service whilst maintaining the quality of care. At the time of inspection, they were in the process of assessing the needs of people who could potentially use the service. The registered manager had identified where the provider's infrastructure would need to be expanded to accommodate the increase in size. They had invested in electronic care planning and monitoring tools, which helped them with the oversight of the service. They had also identified the need for a senior member of staff to support them with the management of the service. A candidate had been identified and was in the process of starting in this role. This demonstrated that the registered manager had a clear plan to expand the business whilst maintaining safety and quality.

The provider worked in partnership with other stakeholders to promote good outcomes for people. They had established good working relationships with key stakeholders involved in people's care. This included, medical professionals, pharmacists, social workers, the police and specialist substance misuse agencies. The registered manager provided a monthly report to relevant professionals, detailing key aspects of people's health and wellbeing. This helped to ensure that professionals associated with people's care were working collaboratively with a shared understanding of people's needs.

People were involved in contributing and feeding back about the service. The registered manager regularly visited people to gain their feedback about the service and where improvements could be made. They also sent out surveys and questionnaires to people, staff and professionals. The last questionnaires were sent in September 2018 and responses included positive feedback about the overall service and staff.