

Arcare for Forte Limited

Arcare for Forte Limited

Inspection report

(For Forte House) 440 Birmingham New Road
Bilston
West Midlands
WV14 9QB

Tel: 01902880108

Date of inspection visit:
06 November 2018

Date of publication:
22 January 2019

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

Arcare for Forte is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Arcare for Forte is a care home without nursing, which can accommodate up to nine people. At the time of our inspection eight people were using the service and these included older people, people with learning disabilities or those on the autistic spectrum. Also, people with mental health difficulties, people with physical disabilities, those with sensory impairments or younger adults.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection visit took place on 06 November 2018 and was unannounced.

There was not a registered manager in post, however the acting manager was in the process of becoming registered. 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.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to people. People received medicines as required.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. 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 support this practice. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their

needs, choices and cultural needs. Care staff knew people's needs and respected them. People were able to speak openly with staff and understood how to make a complaint.

The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the acting manager. We were provided with information we expected to receive.

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.

Arcare for Forte Limited

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 checked 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 unannounced comprehensive inspection was completed by one inspector on 06 November 2018.

We usually ask the provider to complete 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. However, on this occasion the information had not been requested, but we reviewed other information that we held about the service, such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with three people who used the service, two relatives, two members of care staff, the acting manager and the area manager. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at two people's care records, two medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Is the service safe?

Our findings

At the last inspection in March 2016 the key question of Safe was rated Good. At this inspection the rating was unchanged.

One person told us, "I am kept safe here, I have to use equipment and that is safe. Staff look after me." A second person said, "I am safe the staff look after me really well." A relative told us, "They [staff] keep [person] safe, they know when [person] needs assistance or medical attention." A staff member told us, "I am trained in safeguarding, my background is in keeping young people safe, so I am aware of processes to take." We saw information for staff regarding the procedure to take if they had a safeguarding concern was displayed on the noticeboard. Staff were able to discuss the safeguarding procedures with us. We saw that there was a detailed file on safeguarding. This recorded concerns which had been dealt with, information on the incident, the investigation report, which external agencies had been notified and any actions taken. Staff were clear on the actions to take in the event of an emergency and one staff member told us, "I would call the emergency services, keep the person safe until the ambulance staff arrived and then contact the manager following that. The person is the priority." We saw that any accidents and incidents were recorded appropriately and action taken where needed.

We found that any risks were managed well and that risk assessments were in place. Risk assessments included, but were not limited to, personal care, health, diet and fluids, medicines, falls and mobility. An example being the falls risk assessment looked at who was at risk, the benefit of the activity, risks of not undertaking the activity and the likelihood of risk, which was scored as to the level of risk involved. Where people had specific health needs such as using a catheter we found that a risk assessment was in place and information provided for staff as to how to minimise any risk. Risk assessments were updated as required. Where records were required to be kept, such as fluid intake records or weight recordings these had been completed.

People felt that there were enough staff. One person said, "There are loads of staff." A relative told us, "There are plenty of staff around." and a staff member said, "There is definitely enough staff, we have time for people." We saw staff spending time with people and some positive interactions between them. The staff rota reflected the amount of staff available to people during the inspection.

We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

People were happy with how staff supported them with their medicines. One person told us, "I have important tablets and I always get them on time." A relative told us, "[Person] gets their medicines when they need them." We found that people received their medicines as required and that records tallied with medications available. Medicines were stored and disposed of safely.

We found the environment was clear from hazards and people were protected by the systems in place for

prevention and control of infection. Checks to evidence the environment was safe were completed. Staff members shared the cleaning tasks and we saw that reputable cleaning products were used and these were stored safely. A staff member told us, "We all chip in with the cleaning, we don't just sit about if we have time spare, we work together to keep the place clean."

Is the service effective?

Our findings

At the last inspection in March 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

Pre-placement assessment information was in place, and this provided information on the person's needs such as personal care, mobility and eating and drinking. It gave a past medical history and information about the person's mental health.

Staff members told us that they received training that helped maintain their skills and that the provider was supportive of them developing their knowledge further. One staff member told us, "We do lots of training and can ask for what training we want." We saw that the training matrix evidenced training staff had completed and were due to complete. Examples being; first aid, medicines, moving and handling and hoisting, safeguarding and mental capacity.

Our observations were that staff knew how to support people and had the skills and knowledge required to meet their needs. One person told us, "The staff know my needs well and my likes and dislikes." A relative told us, "The staff really know what [person] needs they are in touch with their needs." A staff member told us, "Even if people's needs change on a daily basis we adapt our care to suit them, we know their needs."

We found that staff had completed inductions and where they were new to the care sector they completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that they felt well prepared prior to completing their first shift. A staff member told us, "I have supervision regularly. It is an open-door policy here and managers will listen." We saw supervisions were recorded and included discussions around care provided to people and the staff members wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found they were. At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities. Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. Staff told us that they gained people's consent prior to any action being implemented and we saw this being carried out. Staff were able to tell us who the DoLS applications were for and why. A staff member told us, "[Person] has no capacity to understand the risks to their own safety, so we mitigate that by getting the approval to make sure they can't leave the premises." We saw that one person's family

member had lasting power of attorney in order to make specific decisions on their behalf. A copy of the paperwork was on the person's file, so that staff were aware of the family members responsibilities.

People told us that they were happy with the meals that they received and they enjoyed the food on offer. One person told us, "I like the food here, shepherd's pie is my favourite. I get all the meals that I want." A second person said, "I love my Sunday lunch here and the puddings. I have a nice warm cup of tea at night and love hot chocolate." We saw that snacks and drinks were available to people at all times and one person said, "I can have drinks and snacks whenever I want there are plenty. I can go to the kitchen and have whatever I want." We saw examples of where people had specific diets to assist where there were concerns around their weight.

People were supported to access the health care they needed. A person said, "If I am poorly I see the doctor." A second person said, "They [staff] take me to my hospital appointments." Staff told us that they were able to observe if people's health was failing and if so they would call the doctor. We saw records to verify this. We saw evidence that dentists, opticians and other health professionals were seen by people as required.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. Photos were displayed in the lounge and greetings cards were up from a person's recent birthday. Bedroom doors displayed people's photograph, their name and were personalised with pictures that meant something to the person.

Is the service caring?

Our findings

At the last inspection in March 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People told us they thought the staff were friendly and caring towards them. One person said, "The staff are great." A second person told us, "The staff are always kind to me. I like my keyworker the best they take me swimming and to the disco. We have a laugh and a chat." We observed many friendly interactions, such as jokes and chatter between people and staff. One person joked that they were going to town to spend all of the staff members money and when one person entered the room a staff member said, 'hello handsome', which was welcomed. A staff member told us, "This is the best staff team we have ever had here, everyone pulls together, the staff are great."

People shared with us that they were able to make their own choices and decisions and one person told us, "I am given a choice, I choose my own clothes and where I want to go. I decide what I want to do." A second person said, "I am asked my opinions and make my own choices." We saw people walking freely around the home, using the lounges and the kitchen without restriction. People told us that they felt at home and one relative told us, "This is a home, not a house, it is lovely to come here as it's a family home."

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person said, "The staff keep my dignity, like they take me to the bedroom if I need some help. I have a good relationship with the carers they respect me." A staff member told us, "I always keep the bedroom door closed when carrying out personal care and keep people covered as much as possible. I knock the door before entering too." One person told us, "I am very independent, I go out on my own and come back when I want to, but the staff check that I am okay."

We saw that visitors were made welcome and one person said, "When my family visit they are always offered a cup of tea." A relative told us, "They [staff] always make me welcome and offer me food and drink, I feel part of the family here. I can phone any time of day or night and they [staff] will put [person] on the phone." A staff member told us, "We know the relatives and welcome them."

The manager told us that should there be request the services of an advocate this would be arranged for them. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Is the service responsive?

Our findings

At the last inspection in March 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

Care plans did not consider people's end of life wishes, however, the manager spoke in detail about people's needs and said there were plans in place to include this information into care plans in the near future. Family members told us that if the need arose they would discuss any plans with staff members.

We found that people's care plans were detailed and that they gave information on needs and requirements and how people wanted their care needs met. We saw that care plans included, but were limited to; personal care, health, cultural needs, nutrition and hydration, medicines and mobility. A medical diagnosis and allergies were listed. Likes and dislikes were noted within records. We saw that reviews were carried out in a timely manner. People and staff told us how they had worked together to compile the care plans.

People were supported to fulfil their religious and cultural needs. These were recorded and information was provided on how staff could assist people to pursue their needs. For one person this was to celebrate Christmas and birthdays. Another person liked to attend church services.

We saw that activities took place. One person told us, "I go out shopping, go out for a meal, have my music on or spend time with my friends who live here. The staff chat with me too." A second person told us, "I enjoy watching tv, bowling, attending a disco and shopping." One person told us that they had been on holiday to the seaside and had enjoyed it and another person looked forward to a weekly magazine they liked to read. People told us how they enjoyed a Halloween party the previous week.

People we spoke with said they knew how to make a complaint or raise a concern. One person told us, "If I had any concerns I would go straight to the staff they know all about me and would help." A relative told us, "I had a complaint years ago it was all sorted out quickly, the staff listen."

We found that the complaints procedure gave information on how to make a complaint and was an easily understandable semi-pictorial format. The contact details of the provider and appropriate external agencies were provided. We saw that complaints had been dealt with effectively and these had been recorded, with examples detailing meetings that had been held and any actions.

Is the service well-led?

Our findings

At the last inspection in March 2016 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

The acting manager was in the process of taking up registration at the home and had been in place since July 2018. They were also employed as the registered manager elsewhere within the organisation and already knew Arcare for Forte well. 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.'

People spoke to us about the recent changes they had experienced. One person said, "[Acting managers] name is amazing, things are great now they are here". A relative told us, "I haven't been pleased with the management changing so much, but I think that they have a good one this time, I hope she stays". A staff member told us, "This place has vastly improved under the new manager, before it was not a positive place to be. The area manager listened to our concerns and I cannot praise them enough for that. It is how it should be now". A second staff member said, "The new manager has just 'smashed it' completely, it is excellent and that is why I am still here. There was no support before and now it feels like a weight has lifted". The acting manager, staff and people told us they also knew the area manager well and they were visible around the home. People also told us about the open communication within the home and that they could speak with staff at any time, we also saw incidences of this. Staff also said they felt able to speak with the manager and provider at any time.

People spoke to us about their experience of the service. Lots of people commented positively, saying "I would recommend to other people that they should live here", and "I would give this place a thumbs up". A relative told us, "This place has done [person's name] the world of good. It has opened a new world up to them". People told us that they felt included by everybody within the home and that they felt empowered to celebrate their abilities and not see them as disabilities.

People knew the local community and felt part of it. We saw that people used local shops and amenities and they lived happily alongside their neighbours in a residential street. People who could leave independently told us how easy it was to access public transport into busier towns.

There had been no written feedback taken from people using the service and their families. The acting manager told us that verbal feedback was taken consistently, but this was not evidenced in recordings. People using the service told us that staff asked them how they were feeling about the care provided. The acting manager told us there were plans to send out questionnaires. Staff meetings took place and discussed issues such as staffing and documenting and report writing. Meetings for people using the service discussed, activities, menus and Christmas plans. People told us that their feedback at meetings was welcomed. Information taken from people and how they, their relatives and professionals were included in discussions on care carried out [records were seen] enabled the provider to deliver a service, which was in

line with people's current needs.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

Audits carried out included, but were not limited to those around medicines, care plans, the environment and falls. We saw that the provider carried out effective detailed checks and audits of the service. These ensured continuous improvement and performance management, as where required appropriate action was taken, for example, risk assessments were updated to reflect changing needs. The acting manager had plans in place to bring information related to quality assurance together in a more easily readable format, as they felt that the previous system had been disjointed. We saw that the provider carried out a detailed monthly check and any issues arising from this were actioned.

Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.