

Arc Community Care Ltd

# ARC Community Care

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

ARC Community Care is a domiciliary care agency providing care and support to people in their own home. This includes personal care, shopping, activities and appointments to people who live in their own homes. The agency provide support to people with a range of care needs and includes older people, people living with dementia and people with physical disabilities. The office base is located in a residential area of Lytham St Anne's. At the time of our inspection ARC Community Care provided services to 44 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were safe and protected from abuse because staff assessed and managed risk. Staff were recruited safely. People told us staff were reliable and consistently met their care and support needs. People received their medicines as they needed.

People were helped 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. Staff assessed people's capacity to make decisions and supported them with decision making. Staff supported people with meal preparation where needed. They encouraged them to eat and drink enough to keep them in the best health possible. They liaised with health and social care professionals effectively and sought advice quickly if people were ill or injured. Staff had the training, skills and experience to provide good care.

Staff provided care that met people's different needs and preferences. People and where appropriate, their relatives were involved in planning their care and encouraged to make decisions. People said they were pleased with their care. They told us they were treated respectfully and with consideration to their privacy and dignity.

Staff assessed people's communication needs and were familiar with the ways people communicated. People said they had no complaints but would be able to discuss any concerns or complaints and felt they would be acted on. Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life.

People said staff encouraged them to give their opinions about the service and to make decisions about their care. They told us staff listened to and acted on these. The registered manager worked in partnership with other services and organisations to make sure they followed good practice and people in their care were safe. The management team monitored and audited the service to check on the quality and make sure staff were providing good care. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

At the last inspection the service was rated good (7 April 2017).

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# ARC Community Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### The inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

ARC Community Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to speak with people using the service and the registered manager. We needed the registered manager to contact people to ask their permission for us to speak with them.

Inspection site visit activity started on 01 October 2019 and ended on 02 October 2019. We spoke with people about the quality of their care and support on 1 October. We visited the office location on 02 October 2019 to see the registered manager and staff; and to review care and management records.

#### What we did before inspection

We completed our planning tool and reviewed information we had received about the service since registering with CQC. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We looked at previous inspection

reports. We also sought feedback from partner agencies and health and social care professionals. This information helps support our inspections. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight people supported by ARC Community Care and two relatives. We spoke with six members of staff including the registered manager and care staff, also the directors of ARC Community Care.

To gather information, we looked at a variety of records. This included medicines records and sections of two peoples care records. We looked at details of staff training and supervision. We also looked at other management records including audits, surveys and meeting minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. One person told us, "I've never had a carer who was less than satisfactory." Another person said, "The carers are very competent and friendly, and I feel safe with them."
- Staff attended training in safeguarding adults. They had details of the safeguarding process and knew the action to take if they felt someone was being harmed or abused.

Assessing risk, safety monitoring and management

- The management team completed risk assessments with people to make sure they kept people safe. Staff supported people to be as independent as they were able, while reducing unnecessary risks. One person said, "Without the girls I wouldn't be able to cope, they always ask how I am and how I'm coping." Another person told us, "Without Arc I would be in a home, I'm very grateful to them."
- Staff had arrangements in place to support people in emergency or unexpected situations. We saw how well this worked as an incident occurred during the inspection. When a staff member arrived at a person's house, they found they had fallen. They promptly called for emergency assistance and informed the registered manager. The staff member remained with the person until the ambulance came. So their next visit was not late, the registered manager arranged for another staff member to go on this.

Staffing and recruitment

- Staff recruitment was robust. The registered manager completed checks. This reduced the risk of employing unsuitable people.
- There were enough suitably skilled and experienced staff who had the time to meet people's needs.
- People told us staff had enough time to provide care without rushing them, arrived on time and stayed for their correct time. One person said, "They always call me if they're going to be a few minutes late."

Using medicines safely

- Staff supported people with medicines safely, as prescribed and in line with good practice guidance. One person said, "They help me and check I've taken my tablets." The registered manager checked staff were giving medicines correctly through audits and staff competency checks. There were few errors but if they did happen, they dealt with them promptly.
- Staff told us they received training in managing medicines. This helped them give medicines correctly and to learn about the uses for and effects of various medicines.

Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as planned. They reported and documented accidents, incidents and near misses which the registered manager reviewed for lessons to be learnt. This reduced the risks of similar incidents happening.
- The registered manager was aware of their responsibility to report any issues to the relevant external agencies and did so promptly.

#### Preventing and controlling infection

- Staff made sure they and people they supported, were protected from potential infection. They were trained and followed safe infection control practices. Staff told us they used disposable gloves and aprons when they supported people with personal care. This reduced the risk of cross infection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people to eat a nutritious and balanced diet and to have enough drinks to keep hydrated. Staff supported people with preparation of food when needed and to have sufficient food and drink. Staff had been trained and had the skills to support people safely. This helped people to receive effective and timely nutritional care and support.
- Staff were willing to go to specific shops for people even if this was farther to get foods people liked. One staff member went out of their way each week to get a particular brand of beer and fish and chips for a person unable to get their own. People commented on how well staff shopped for them purchasing long dated food and the assistance given in putting shopping away for people. One person told us, "My carers check the sell by dates on the food in the fridge, so I don't eat something that's gone bad."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked effectively with health and social care professionals. They helped people to receive health care promptly to improve their health and wellbeing. One person told us, "They really looked after me when I came out of hospital."
- People told us staff listened, followed advice and provided important information quickly. This assisted other professionals in providing correct treatment.
- Staff supported people to access healthcare where needed. One staff member worked on their day off so that they could support one person to on a hospital appointment as the person was anxious about going alone. This reduced the person's anxiety as the staff member made sure they understood what they were being asked and told.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out thorough assessments that centred on the person, so they received the care and support they needed. One person said, "They do everything I ask and more."
- Staff reviewed care plans regularly with people to make sure information was up-to-date.
- Staff applied learning in line with best practice. This assisted them to provide care that met people's needs.

Staff support: induction, training, skills and experience

- Staff had training to help develop their skills and knowledge. People told us staff were skilled, competent and knowledgeable about their care, as well as warm and caring.
- Staff said their induction and training was thorough and it helped them support people in the way each

person wanted. Staff said they had frequent, interesting and useful training. One staff member said, "I have learnt so much. You are never made to feel stupid for asking questions. I love it here." They had regular supervision and appraisal as well as frequent informal discussions. They told us these were encouraging and helpful.

#### Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA. No-one was deprived of their liberty under the Court of Protection when we inspected.

- People had been asked for their consent to decisions where they were able to give this. Where people were unable to make a particular decision, relevant people were involved in best interests' decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's rights and of their differences. They were familiar with people's individual and diverse needs which helped them provide the right support. One person said, "They're absolutely first class, the girls are great, very friendly, very professional, they go the extra mile."
- People told us staff were kind and caring and made a difference in their lives. We were told of occasions where staff had exceeded what was expected of them. They carried out extra, thoughtful acts, in their own time or which were not part of the person's care package. An example of this was a staff member knew one person who had a significant birthday had no family visiting. They took balloons and cupcakes for them to celebrate together, which delighted the person.
- Staff were respectful of people's privacy and dignity and encouraged them to be as independent as possible. They were trained to make sure they understood equality and diversity. Staff had also started a national dignity training course. The course highlighted how staff as dignity champions, should show they treat people with dignity.
- Staff respected people's confidentiality. They did not discuss people or their needs in public areas or where other people could overhear. People had access to their care records which were stored securely.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care and with making day to day decisions as much as possible.
- Staff involved people and where appropriate, their relatives in planning and updating care and support, and in making important decisions. They kept care records up to date so all information was correct. One person said, "I'm very lucky, I've got three great carers looking after me. They listen to me and they all do their best."
- People and their relatives had information about advocacy services, so an independent person was able to act on their behalf, if needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation;

- Staff gave people care that met their needs, respected their choices and improved their social life. A staff member supported people living with dementia, to access a friendship group. This created meaningful experiences, developed friendships and reduced social isolation. The staff member took photographs at the group to remind people of their previous visits as they live with dementia and can forget between session. Staff supported another person with social activities. They rearranged their schedule to enable the person to have a day trip to a Christmas market.
- Staff were responsive and proactive in supporting people to improve their well-being. A staff member recognised that the property an individual lived in, was contributing to their low mood. The staff member helped the person to complete an application to request more appropriate housing and was keeping their spirits up during the wait.
- People had informative, person-centred care plans which told staff how the person was to be cared for. People told us staff knew them well. Several people said they had been supported by the same carers for several years. One person said, "My carers are wonderful. They have been with ARC for years and years and they know exactly what I want them to do." Another person told us, "My carers are like family now. They know me so well and keep me in touch with the world."
- The management team adapted the support they provided to meet people's needs and preferences. They tried to meet any changes people wanted in their care promptly and explained the reason if any delay in achieving this.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of AIS. They made sure people with a disability or sensory loss were given information in a way they could understand.
- The staff team recorded each person's communication needs, including speech, hearing, sight or understanding in people's care plans. These were informative and kept up to date.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and complaints information was available for people and their representatives. No one had made a complaint, but people were confident any issues or complaints would be dealt with to their satisfaction. One person told us, "I wouldn't be with them if I wasn't

happy with them. I've got nothing to complain about." Another person said, "I'm very happy with them, I must be because I've had them for around 15 years."

#### End of life care and support

- Staff understood the importance of supporting people and their families and provided caring and sensitive end of life care. The registered manager told us they supported people at the end of their life and it was a privilege to do so. They also supported the family, friends and their colleagues during this care.
- Staff had explored people's preferences and choices in relation to end of life care where people were willing. They had recorded this in care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question was the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been changes of registered manager since the last inspection. The registered manager was relatively new in post but had already gained the respect of people who used the service, staff and providers. People knew and spoke highly of the registered manager and said the home was well managed. They worked effectively with the provider in leading the team and providing good quality care. One person commented, "It's the carers and how they are taught and managed that make the company."
- People said ARC Community Care was a professional and efficient agency and staff were caring and competent. There was a clear staffing structure and lines of responsibility and accountability which people understood. People knew who to contact for advice and how to do so. They were comfortable making contact and confident that the management team would respond promptly. One person told us, "I think the company is very well run."
- The management team had an efficient system of monitoring, and they carried out frequent checks on the quality of the service. One person commented, "The boss rings me to check everything's ok."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People said the registered manager involved them and their representatives in their care and any changes in the service. The registered manager sought people's views in a variety of ways including informal discussions, meetings and surveys. People told us they were proactive in communicating with them and listened to what they said. One person told us, "The office ring me each Friday to tell me what's going on. It is really helpful."
- Staff told us they had a weekly newsletter to update them on anything new. They also had regular meetings and supervision as well as informal opportunities to share ideas and comments about care. They said the registered manager and providers were very supportive and really cared about people they supported and staff. A staff member said, "[Registered manager] is absolutely marvellous very efficient, very caring. I like her immensely. She is absolutely fabulous." Another staff member told us "The management here are awesome, just amazing."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team were open and transparent and were clear people they supported

were important to them. The registered manager visited people and worked closely with staff. This helped them understand each person's care and support needs as well as staff members strengths and where they were less confident.

- The registered manager and provider met their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response.

#### Continuous learning and improving care

- The registered manager frequently completed audits, sought people's views, and reviewed care and records. They evaluated any accidents and incidents to see if lessons could be learnt and to reduce risks of similar events.
- The registered manager referenced current legislation, standards and evidence-based guidance. Where improvements could be made these were discussed and acted on.

#### Working in partnership with others

- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals, registered manager forums and local and national organisations.