

Little Arches Ltd

Little Arches

Inspection report

83 Cambridge Street
Rotherham
South Yorkshire
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Ratings

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

Overall summary

About the service

Little Arches provides accommodation and personal care for up to four people with a learning disability. At the time of our visit four people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being. The provider followed safe recruitment processes to ensure the right people were employed. Staff training included a thorough induction and ongoing training to ensure staff had the knowledge and skills they required to meet people's needs. There was enough staff to keep people safe. Risks to people's health and wellbeing were assessed and mitigated. People's medicines were managed safely. The home was clean and staff followed procedures to prevent the spread of infections.

People received food and drink of their choice. When required, people were supported to access healthcare professionals and receive ongoing healthcare support. People were supported to share their views and shape the future of the care they received.

Care plans provided staff with the information they required to meet people's needs in a person centred way. People could choose how they wanted to spend their time. Various activities were offered to people. People were supported to receive end of life care in the way that they wanted and met their individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Policies and procedures in the service supported this practice.

The quality assurance system in place to monitor the service provided to people was robust and capable of identifying areas for improvement. People made positive comments about the registered manager.

Rating at last inspection and update

The last rating for this service was good (published 21 June 2017)

Why we inspected

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Little Arches

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection consisted of one inspector.

Service and service type

Little Arches is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service to gain their experience of the care provided. We spoke with three members of staff including the registered manager. We reviewed a range of records, including; people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the service told us they felt safe. Comments included, "I am very safe here," "I always feel safe, it's a nice place" and, "I have nothing to worry about."
- Policies in relation to safeguarding and whistleblowing were in place. Staff received training and refreshers on these topics.
- Staff were aware of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority and us if safeguarding concerns were raised.

Staffing and recruitment

- We observed staffing levels were appropriate, and people received support and interaction from staff in a timely way. There were enough staff to spend time with people including taking them out to places of their choice.
- The registered manager kept staffing levels under review and flexible to people's needs.
- The service had robust recruitment procedures to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have criminal convictions which may make them unsuitable for the role.

Assessing risk, safety monitoring and management

- Risks were being managed so that people were protected from avoidable harm.
- Risk assessments were completed to identify risks to people's health, safety and welfare such as their risk of falls or road safety. Staff reviewed the risk assessments regularly and put actions in place to reduce the risks.
- A contingency plan was in place so that staff knew what to do and who to contact in the event of any emergencies. Emergency plans were in place to ensure people were supported appropriately in the event of a fire.
- The written and verbal handover given between staff ensured any developments or changes in people's wellbeing was known to ensure risks were evaluated on a day to day basis.

Using medicines safely

- People received their medicines safely and as prescribed. People were supported with their medicines to meet their needs.
- The registered manager ensured staff were trained so that they understood how to administer medicines

safely and assessed their competency.

- When people were prescribed "as required" (PRN) medicines information was available to staff about how to identify if a person needed these medicines. However, the registered manager was in the process of formalising this information into PRN protocols.
- The staff recorded all medicine administration for each person. Records were checked regularly by the registered manager. If the checks identified any errors in recording this was investigated by the registered manager and action was taken to prevent future errors.

Preventing and controlling infection

- We saw that the home was clean and tidy throughout. People at Little Arches took some responsibility for keeping the house and their rooms clean and tidy. One person said, "I always help out and make sure my room is clean and tidy."
- Paper towels and hand wash were available in communal areas.
- Staff received training on infection control and were provided with personal protective equipment such as disposable aprons and gloves. However, we saw some staff had false or painted nails. The registered manager told us this would be addressed immediately.

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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service had an assessment process in place to identify people's needs before they started using the service. This helped to ensure people's needs and expectations could be met.
- Care and support was regularly reviewed and planned to promote people's independence, so each person had goals to aspire to and improve their quality of life. For example, to take part in community activities of their own choice, develop important relationships and life skills.
- Staff worked in accordance with care plans to make sure people received care and assistance which met their individual needs.

Staff support: induction, training, skills and experience

- People received care and support from a staff team who had the right knowledge, skills and support to carry out their roles effectively.
- Staff completed an induction when they commenced working in the home and then refresher training as required. Training dates were monitored regularly to ensure staff completed training when necessary.
- Staff confirmed that they received supervisions and appraisals regularly to ensure that their work was reviewed and any areas for improvement or good practice identified.

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

- People were supported to maintain a balanced diet and had enough to eat and drink.
- Staff knew people's food preferences and people received food of their choice. Where people had specific dietary needs, these were known by staff and well planned for.
- We saw that people had regular access to fruit, food and drink in the kitchen and were also involved in menu planning, shopping for food and preparing meals.

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

- People's healthcare needs were recorded in their care plans. Staff monitored their health on a daily basis and recorded this in their care records.
- Staff reported any changes in people's health to the registered manager, who liaised with healthcare professionals and people's families when needed.
- People were supported to access different healthcare professionals.
- Staff worked effectively with other health and social care professionals to ensure consistent care, for example when people attended hospital appointments.

Adapting service, design, decoration to meet people's needs

- People lived in the community with regular access to public transport, the town centre and community-based facilities.
- The décor was pleasant and well maintained. People had input into how their home looked. People's bedrooms were all decorated differently according to their individual likes and interests. One person told us, "I have everything I want in here. I have space for all my football and pool trophies."

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- We observed staff ask people for consent before supporting and included people in decision making where possible.
- Staff had completed training and demonstrated a good understanding of the MCA. They had an in-depth knowledge of people's preferred communication methods and provided the support people needed with making daily living choices.
- The registered manager had a detailed understanding of the MCA and understood their responsibility in terms of how this legislation was applied. DoLS applications had been made when required.

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 the same. 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

- People were supported by staff who were kind, caring and they had good relationships with them.
- People told us they were happy living at the service. Comments included, "I'm very happy here, it's lovely," "I have lived here for a long time and I have always been happy," and, "Great place with great people."
- Throughout the day we observed positive and affectionate interactions between people and staff.
- Staff told us they would be happy to have family members live at Little Arches because staff were kind, respectful and caring.
- Staff had received training about equality and diversity and understood how to support people live their lives the way they wanted.
- People's care plans recorded their cultural needs, religion, belief and other aspects of their identity.

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

- People had communication plans in place, which instructed staff on how each person communicated and the best ways to involve people in decision making.
- Daily notes showed that people were asked how they wanted their care and support to be provided. People consistently were given choices that were respected for the decisions they had made.
- People were supported to express their views and choices as to their daily routines and decisions about their care and support. Regular meetings took place with people and staff where they were supported to review their care plan and make their wishes known as to how their care and treatment was provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported and encouraged. People had their own rooms and facilities and they could spend time alone if they wished.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.
- Our observations demonstrated that staff treated people with dignity and respected their right to privacy. This included ensuring they asked permission before entering people's bedrooms and asking if they could support them with a task.

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 the same. 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

- The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at the service. There was evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.
- Staff knew people's needs and preferences well and offered support that respected people's differences.
- Care plans and health plans were detailed and reviewed regularly to ensure they reflected people's current needs.

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.

- The provider was working within the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively. Staff had a good understanding of people's differing body language and communication needs.
- People were provided with information in a way they could understand which helped them make decisions about their care. For example, some information was provided in an easy read format, for other people, pictures or objects of reference were used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with opportunities to participate in a range of activities of their choice both within the home and on regular outings to the local community.
- Regular activities were planned with people and these included activities such as swimming, meals out and shopping. Other activities were planned in advance. For example, one person told us, "I go to football matches. I like to watch Rotherham United." Another person said, "I like time to myself and listen to audio books."
- A staff member accompanied one person to the shops on the day of our inspection. The person wanted to buy Christmas cards. We observed how the person was encouraged to make the decisions relating to the activity such as, mode of travel, which shop and how much money to take.
- We observed one person doing an individual activity, completing a series of exercises. We also saw a group activity of making Christmas decorations. People were enthusiastic about joining in and proudly showed

their efforts to us.

Improving care quality in response to complaints or concerns

- A complaints procedure was available and provided in an easy read format for people.
- The registered manager confirmed that no formal complaints had been received in the last year.
- Annual satisfaction surveys were carried out with people who used the service and sent to staff and relatives. Responses received had been wholly positive.

End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our inspection.
- The registered manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.
- Where the service was aware of any specific preferences people or their relatives had, these were fully recorded.

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 has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had clear vision and values that they shared with the staff Team. Staff were enthusiastic about their roles and committed to providing person centred care.
- Staff were encouraged to attend team meetings and raise items to be discussed.
- The registered manager knew people well and was a visible presence within the service.
- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- Staff and people spoke highly of the registered manager. Staff told us they could speak to them at any time. One staff member told us, "The manager is fantastic and very supportive."

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

- Although there had been no incidents where the registered manager had to follow the duty of candour procedures, they were aware of them and what their responsibilities were in sharing them with the appropriate local authority and/or CQC.

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

- The registered manager had a visible daily presence in the service and led by example. They were open and transparent throughout our inspection demonstrating a commitment to continually improve and provide person-centred, high-quality care.
- One member of staff said, "We are a very small, tight knit team. There is a family feel to everything which encourages honesty, team work and professionalism."
- The registered manager had a system for monitoring the quality and safety of the service. Audits were carried out on areas such as infection control, care planning, medicines and the maintenance of the building.
- The registered manager had identified that improvements could be made to the documentation of some medication and was taking steps to make appropriate changes.

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

- The registered manager ensured staff, people, relatives and healthcare professionals could attend reviews

at the home and share their feedback about the service with them.

- We saw people's feedback was sought in regular hose meetings where people could share their views and socialise with each other. Topics at the most recent meeting included, respecting others, confidentiality and planning for Christmas.

Working in partnership with others

- The registered manager had positive relationships with healthcare professionals who supported people using the service.
- Staff and the registered manager worked well with other social community groups to access opportunities for people to engage in social activities with other people.