

Ariise Ltd

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## Inspection report

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Date of inspection visit:  
05 April 2023  
18 April 2023

Date of publication:  
22 June 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Ariise Limited - Stoke on Trent provides personal care within people's own houses and flats. At the time of our inspection 18 people were receiving 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

Risk assessments were generic and did not always provide written information about how to control the identified risk. There was no emphasis focused on equality and diversity during the assessment of people's needs and care planning. Monitoring systems was not entirely effective in identifying the shortfalls found during this inspection.

People received kind, compassionate care and staff were aware of their responsibility of safeguarding them from the risk of potential abuse.

People were cared for by sufficient numbers of staff who had been recruited safely. People's prescribed medicines were managed safely by skilled staff. Infection prevention and control practices helped to reduce the spread of avoidable infections. When things went wrong prompt action was taken to address them and lessons were learnt.

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; the policies and systems in the service supported this practice.

People were involved in their care planning to ensure they received a service the way they liked. Staff were skilled and supported in their role to meet people's needs. People could be confident their rights to privacy and dignity would be respected by staff. People could be assured their complaints would be listened to, taken seriously, and acted on.

Where needed information could be made accessible in a format to suit the individual's communication needs. The registered provider liaised with health and social care professionals to ensure people received a seamless service.

People and staff were actively involved in the management of the service and the registered manager worked closely with other agencies in providing a service for people.

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

### Rating at last inspection

This service was registered with us on 23 March 2022, and this is the first inspection.

#### Why we inspected

We received concerns about risk management. As a result, we undertook a comprehensive inspection to review all 5 key questions safe, effective, caring, responsive and well-led.

The overall rating for the service is requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see safe, caring and well led sections of this report.

#### Enforcement

We have identified a breach in relation to the provider's governance. We found monitoring systems were ineffective to identify the absence of relevant written information relating to control measures where risks had been identified. Care records made no reference to equality and diversity. Monitoring systems did not identify their registration certificate provided the incorrect name and address of the registered location.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ariise Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 5 April 2023 and ended 18 April 2023. We visited the location's office on 18 April 2023.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke with 4 people who used the service and 4 relatives. We also spoke with 2 care staff, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the care records for 5 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Prior to our inspection we had received concerns about the management of risk regarding 1 person. At this inspection we found risk assessments needed to be reviewed to ensure staff had access to relevant information about how to reduce the identified risk.
- Risk assessments were in place to promote people's independence in a safe way. However, these assessments were generic and was not always specific to the individual's needs. For example, 1 risk assessment identified a person was at risk of developing pressure sores. However, there was no written information about how to reduce the risk of skin damage. Although, this information was not present, at the time of our inspection the person's skin was intact.
- Risk assessments had been carried out for the environment and a personal emergency evacuation plan was in place.
- Where people had been prescribed oxygen therapy, a risk assessment was in place for the safe storage and use of the oxygen cylinder.
- Staff demonstrated a good understanding about the importance of checking equipment to ensure they are safe before using them.

### Systems and processes to safeguard people from the risk of abuse

- People could be confident they would be protected from the risk of potential abuse.
- People told us they felt safe when receiving a service. One person told us, "The staff are so kind and friendly."
- Staff demonstrated a good understanding of various forms of abuse and knew how to safeguard people from this.
- Staff told us they had received safeguarding training and the records evidenced this. The registered manager demonstrated a good understanding of when to share information with the local authority to protect people from the risk of abuse.

### Staffing and recruitment

- People could be confident they would be supported by sufficient numbers of staff to meet their assessed needs.
- People told us there were always enough staff to care and support them. Staff told us there was always sufficient staffing levels and if any staff went off sick the registered manager would always support the team.

- People told us they had not experienced any missed calls, and on most occasions, staff stayed their allocated time.
- People were assured staff were suitable to work with them. Appropriate recruitment safety checks were carried out. These included references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported to take their prescribed medicines by skilled staff.
- Staff told us they had received medicines training and staff training records evidenced this. The registered manager had received relevant training to enable them to carry out medicine competency assessments. These assessments ensured staff had the appropriate skills to manage medicines safely.
- Medicines administration records were signed to show people had received their medicines as prescribed.
- Records were in place to show people had given consent for staff to administer their medicines.

#### Preventing and controlling infection

- People were protected from the risk of avoidable infections.
- People told us staff's hygiene practices were good and that they always wore personal protective equipment (PPE).
- Staff had received infection prevention and control training and demonstrated a good understanding of the importance of hygiene practices to avoid the spread of infections.
- The provider had an infection prevention and control policy which was up to date and accessible to all staff members. This ensured they had up to date information about how to maintain good hygiene standards.

#### Learning lessons when things go wrong

- People could be confident when things go wrong, the registered manager will listen and take action to improve the service and make efforts to avoid a reoccurrence.
- The registered manager had received concerns about the service provided to 1 person. This was further discussed with the relative who had raised these concerns. The registered manager said it was important to listen to the relative's views, and to work with them to improve the service delivery. We spoke with the relative who confirmed they were happy with how their concerns had been handled and resolved.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

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 MCA 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.

- The registered manager and the staff we spoke with had a good understanding of the principles of the MCA. However, the registered manager told us some people had a power of attorney in place, but they had not seen any official documentation. This meant they could not be assured if the person had legal rights to make decisions on the person's behalf. The registered manager assured us, evidence of power of attorneys would be obtained and held on file.
- People told us staff always gave them the opportunity to make their own decisions and this was always respected. "One relative told us, "The staff are very friendly and ask their relative what they would like." A staff member told us, "I always obtain people's consent before I carry out any tasks."

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

- People told us they were happy with the service they received.
- The assessment of people's care and support needs before they commenced a service ensured staff were aware of how to support them.
- People told us before they started to use the service the registered manager had visited them and asked about the support they needed. Information obtained during the assessment process was used to develop a care plan and the risk assessment.

Staff support: induction, training, skills and experience

- People could be confident they would be cared for by staff who were skilled and supported in their role by the registered manager.

- Staff told us they had obtained The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training records showed staff had been provided with relevant training to ensure they had the skills to care for people. Where people had specific health conditions requiring additional support, such as stoma and catheter care. Competency assessments had been carried out by a district nurse to ensure staff were able to support people safely.
- Staff told us prior to commencing their role, they had received an induction. This included working with an experienced staff member, meeting people who use the service and undertaking training. One staff member said, "My induction gave me confidence to carry out my role and to know what is expected of me."

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

- People received support to eat and drink enough to maintain a balanced diet.
- Staff told us they obtained information about people's preference regarding suitable meals by 'asking them.' Staff told us they also obtained information from people's care records.
- Information was accessible to staff about people's health conditions and relevant information relating to suitable meals.
- Staff had received food hygiene training to ensure they had the appropriate skills to handle food safely.

Staff working with other agencies to provide consistent, effective, timely care

- Joint working with other agencies ensured people received a seamless service.
- The registered manager told us they continuously liaised with other health and social care professionals to ensure people's needs were met. These included social workers, GPs, district nurses amongst others.

Supporting people to live healthier lives, access healthcare services and support

- People can be confident the registered provider would liaise with healthcare services to ensure their assessed needs are met.
- At the time of our inspection the registered manager told us they did not support people to access healthcare services, as this was carried out by people's relatives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff. However, there was no emphasis focused on equality and diversity during the assessment process or care planning. We shared this concern with the registered manager and the nominated individual, as people may not feel confident to talk about their experience with regards to equality and diversity which could compromise the service they receive. The registered manager acknowledged this and agreed to review the assessment process and care planning to ensure equality and diversity is included.
- People told us staff treated them well and always asked if there was anything else they could do to assist them.
- A relative said, "Staff are really gentle with [Person's name], they can at times become breathless and staff are very patient with them, and always listens to them."
- Another relative told us, "[Person's name] likes things done in a certain way. Staff always listens to them and support them the way they like."
- All the people we spoke with confirmed they were actively involved in planning their care and were happy with the support they received.

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

- People felt listened to and valued by staff.
- People told us they were always involved in decisions about their care and staff often asked them if they required any more support.
- Information was accessible to people in a format they could understand relating to their care needs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected by staff.
- One person told us when staff supported them with their continence needs, staff always allowed them privacy.
- Staff demonstrated a good understanding of the importance of promoting people's independence. Staff told us they always encouraged people to do what they can for themselves.
- A person told us their relative was reluctant to receive personal care from male carers. They told us they shared concerns with the registered manager, who took action to ensure female carers were only provided.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- People told us they received a service that reflected their preferences, and it was often discussed with them if there were any changes required to improve the care and support, they received.
- The registered manager frequently discussed the service delivery with people to obtain their views and opinions and to ensure they were able to have full control of their life's.

Meeting people's communication needs

Since 2016, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager had a good understanding of the Accessible Information Standard. At the time of our inspection people or their carers did not have any specific communication needs.
- The registered manager told us they would be able to provide information in different formats to promote people's understanding when needed.

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

- At the time of our inspection the registered manager did not provide a service to support people to engage in social activities.

Improving care quality in response to complaints or concerns

- People could be confident their concerns would be listened to, taken seriously and acted on.
- People told us they would contact the office staff if they had any concerns. All but 1 person told us they had never had cause to make a complaint.
- One person told us they had shared concerns with the registered manager. We observed this concern had been recorded and showed what action had been taken to resolve it.

End of life care and support

- People could be confident they would be supported at the end of their life by skilled staff.
- The provider offered a service to people who were at the end of their life. Staff told us they had received end of life training and the records we looked at evidenced this.
- Staff were aware when people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form in place. The ReSPECT process creates a personalised recommendation for clinical care in emergency situations where the person is unable to make decisions or express their wishes.
- A staff member told us, caring for a person at the end of their life can be upsetting. They told us when they experienced emotional challenges the registered manager always supported them and will work alongside them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance was not entirely effective to identify the shortfalls found during the inspection.
- Prior to our inspection visit, concerns were shared with us about risk management. At this inspection we found monitoring systems were ineffective in identifying control measures where a risk had been identified.
- The provider's statement of purpose identified they were able to provide a service for people who have a learning disability. However, the provider did not have a registration service user band for learning disability. At the time of our inspection the registered provider was not providing a service for people with a learning disability.
- The provider's current registration certificate did not provide accurate information relating to the name and address of the organisation.
- Monitoring systems were not in place to ensure equality and diversity was included in the assessments process and care planning to ensure people had positive experiences.

The registered provider failed to ensure monitoring systems and processes were in place to effectively manage risks or to ensure equality and diversity was included in the planning of care. The provider's certificate of registration did not provide the accurate name or address of the agency. This is a breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Monitoring systems were in place to ensure calls were not missed. People told us they often received a call from the registered manager to find out if they were happy with the service. One person told us, "Now and again I get a call from the office to find out if everything is alright. I am very happy with the service." Quality assurance questionnaires were sent to people to obtain their views with regards to the service they had received. We observed the comments received were positive.
- Routine spot checks were carried out to review staff's care practices and to ensure people received the appropriate care and support. Staff told us they felt supported in their role by the registered manager and were listened to during staff meetings.

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

- People were actively involved in all aspects of their care. However, there was no evidence of consideration relating to equality characteristic.
- Systems and processes were in place to enable people who used the service to be involved in the running of the service. This included completion of surveys, welfare telephone calls, spot checks amongst others. Staff told us they received regular one to one supervision sessions that provided them with support needed to care and support people.

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

- The registered manager provided a positive culture where people were encouraged to be involved in their care. All the people we spoke with told us they would recommend the service.
- The staff we spoke with told us they would be happy for their loved ones to use the service and felt the care and support provided was good. They told us the registered manager was actively involved in ensuring people's needs were met and staff told us the registered manager often worked alongside them.

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 demonstrated a good understanding of the duty of candour and was able to tell us action they had taken when things had gone wrong.
- The registered manager was fully open and transparent and shared areas where they had made improvements. They continuously obtained people's views and opinions with regards to the service and where needed action was taken to improve the service delivery. For example, action was taken to ensure 1 person's request for certain staff to support them with their personal care needs.

Continuous learning and improving care

- Regular engagement with people who use the service and staff, enabled them to obtain their views in order to improve the service delivery.
- The registered manager was able to evidence to us they had listened to people's feedback and had recorded what action they had taken to ensure the person received a service with regards to their preferences.

Working in partnership with others

- Staff liaised with external agencies to ensure they were providing safe and effective care. For example, where people had specific health conditions, the registered manager liaised with specialist nurses who provided additional training to ensure people's needs were met safely.
- The management team liaised with health and social care professionals. This joint working meant continuity of care for people using the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance was ineffective to ensure identified risks were managed safely. Monitoring systems did not identify the absence of information relating to equality and diversity during the planning of people's care. Monitoring systems did not highlight the provider's certificate of registration provided inaccurate information.</p>