

Arrow Support Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Arrow Support Limited provide personal care and support to people of working age with a learning disability, autism or who have complex needs associated with their mental and /or physical health. The support is provided to people who live in their own homes in Plymouth and the surrounding area. Packages of care varied from daily visits (a few hours) to 24-hour care. At the time of this inspection Arrow Support Limited were supporting 43 people within their own homes. 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. At the time of our inspection there were 9 people using the service who were in receipt of the regulated activity of personal care.

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

Right Support:

People were not always supported to have maximum choice and control of their lives and staff were not supporting people in the least restrictive way possible. The service could not always demonstrate they were acting in people's best interests.

People were not always protected from the risk of harm as staff did not always have all of the information needed to meet people's needs safely. People were able to choose how they spent their time and were supported by staff to take part in activities and pursue their interests in their local area.

Right Care:

People's care and support plans were not always reflective of their range of needs. However, staff knew people well and understood how to communicate effectively with people. Staff spoke to people in a dignified and respectful way and it was clear from what we were told that people and staff had developed good relationships.

Right Culture:

The management team had created an open and transparent culture, where constructive feedback was encouraged. Relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns. However, we found more work was needed to ensure the service was operating in accordance with the regulations and best practice guidance.

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

Rating at last inspection

The last rating for this service was good (published on 27 September 2017).

Why we inspected

We undertook this inspection as part of a selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arrow Support Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding, need for consent, deprivation of liberty safeguards (DoLS) and good governance. We have also made a recommendation in relation to training. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Arrow Support Limited

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience who made telephone calls. 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

Arrow Support Limited is a domiciliary care agency. This service provides care and support to people living in their own houses and flats, so that they can live as independently as possible.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of this inspection was unannounced. Inspection activity started on 30 June 2023 and ended on 13 July 2023. We visited the location's office on 30 June 2023 and 04 July 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 26 July 2022 to help plan the inspection and inform our judgements. We reviewed the information we held about the service, including notifications we had received. Notifications are changes, events, or incidents the provider is legally required to tell us about within required timescales. We sought feedback from the local authority. We used this information to plan the inspection.

During the inspection

We spoke with, 3 relatives, 7 members of staff, and the registered manager. To help us assess and understand how people's care needs were being met we reviewed 8 people's care records. We also reviewed records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and care records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has changed to 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

- People were at risk of avoidable harm as staff did not always have all of the information needed to meet people's needs safely as the services approach to risk management was inconsistent. For example, one person who used the service on a regular basis, had been diagnosed with epilepsy and experienced regular seizures. There was no care plan or risk assessment in place regarding the management of the person's epilepsy or seizure activity. Staff had not been provided with any written guidance on how they should manage or mitigate these risks.
- One person's support plan highlighted this person could at times of emotional distress, or when they became unwell, present a risk of harm to themselves as well as others. There was no risk assessment in place to guide staff as to any actions they should take to keep this person, themselves, and others safe.
- Where staff had identified restrictive practices, they had not fully assessed or reviewed the level of risk underpinning that practice. Nor did this information form part of the person's care and support plan. This meant the provider could not be assured that these restrictive practices mitigated the underlying risk.
- One person's risk assessment did not consider all the information available. Therefore the provider could not be assured that all risk factors had been taken into account when determining the level of risk or that the action taken was sufficient to mitigate that risk.
- One person's risk assessment contained conflicting information. This meant the guidance available to staff was unclear.

Whilst we found no evidence that people had been harmed. The provider had failed to ensure that risks relating to the management of people's complex needs were being effectively mitigated and managed. This placed people at an increased risk of harm and was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people's health, safety and well-being had been assessed and were managed safely. For example, we found other people that were being supported by the service had risk management plans in place for epilepsy, moving and handling, choking, medication, and activities.
- Staff knew the people they supported very well and it was clear they had developed good relationships with people and their relatives.

Systems and processes to safeguard people from the risk of abuse

- People were mostly protected from the risk of abuse and avoidable harm.
- Relatives did not have any concerns about people's safety. Comments included: "Definitely. I am quite happy with her care and have no concerns", "I would know if [Person's name] did not feel safe" and "I don't

have any concerns about [Person's name] safety."

- There were systems in place to protect people from abuse, including policies and procedures and training for all staff. However, we found the registered manager and staff had not always recognised when information of concern needed to be shared with Plymouth City Council's safeguarding team for further investigation and follow up in line with the providers safeguarding policy.

The failure to effectively establish and operate systems to investigate and report allegations of abuse placed people at an increased risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People continued to be protected by safe recruitment processes.
- Records confirmed a range of checks including application, interview, and Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were employed in sufficient numbers to meet people's assessed needs safely. However one relative told us their relation could not go swimming as support staff were not able to support them in the local swimming baths. We have encouraged the relative to discuss their concerns about staffing with the registered manager.

Using medicines safely

- People's medicines were managed safely.
- Staff told us they had received training in the safe administration of medicines and the provider confirmed that an assessment of staff's competencies would be carried out regularly.
- There were systems in place to audit medicines practice and clear records were kept showing when medicines had been administered or refused.

Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices. One relative said, "Staff put on gloves and wash their hands regularly and throughout the pandemic they always wore masks."
- The provider had infection control policies and procedures in place and staff had access to personal protective equipment (PPE) such as facemasks, gloves, aprons, and hand sanitiser for personal care.
- Staff received training in infection control and used PPE to help prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence. This information was also shared with the provider through their governance system for further review and follow up.

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 our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. We checked whether the service was working within the principles of the MCA.

- People were not always supported to have maximum choice and control of their lives. We reviewed two people's support plans and found they detailed a number of significant restrictive practices. We discussed what we found with the registered manager who confirmed, people's capacity to consent to these arrangements had not been assessed nor had staff followed a best interests process.
- People were not supported to make decisions about their care and staff did not fully understand their roles and responsibilities under the Mental Capacity Act 2005 (MCA). For example, restrictions had been placed on people to keep them safe, through the use of lap belts or constant supervision. This was not recognised by staff as restrictive practice and people's capacity to consent to these arrangements had not been assessed nor had staff followed a best interests process.

The failure to properly assess and record people's capacity and best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We reviewed two people's support plans and found they detailed a number of significant restrictive practices. We discussed what we found with the registered manager who confirmed, these restrictions had not been authorised by the Court of Protection and there was no other legal basis or framework in place to support their use. We have shared what we found with Plymouth City Council's safeguarding team.
- The registered manager and staff had not recognised that some people were subject to continuous

supervision and control as part of their care and support arrangements and were not free to leave support staff due to safety concerns. There was no legal framework in place to support these restrictions.

- There was no system or process in place to regularly monitor or review the use of restraint and/or restrictive practices, to ensure that they remained the least restrictive option and were lawful.

The failure to provide care and support in line with the Deprivation of Liberty Safeguards code of practice was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were mostly supported by staff who had the knowledge and skills to meet their needs safely [see safe, effective, and well led section of this report]. The provider monitored staff training on a training matrix. The training matrix identified staff had received training in a variety of subjects. For example, equality and diversity, safeguarding adults and children, MCA, medicines administration, and first aid. Specialist training was also provided for people's specific care needs. For example, learning disabilities, Autism awareness, and understanding behaviours that challenge.

- Staff told us they completed an induction and did not work unsupervised until they had been assessed as competent to do so.

- Staff had regular supervision and appraisal of their work performance. Staff told us they felt supported and valued by the service's management team. One staff member said, "I have regular supervision with [managers name] and I can speak with the registered manager if I need to." Another said, "We have an amazing team, everyone is so supportive."

We recommend the provider undertake a review of the effectiveness of their training programme to ensure it provides staff with the necessary skills to enable them to perform their duties.

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

- People's needs were assessed before they started using the service. Information from these assessments were mostly used to develop individualised support plans and risk assessments (see safe section of this report), which provided staff with guidance about how best to meet those needs in line with people's preferences.

- Relatives told us they participated in the planning of their loved one's care and their wishes were respected. One relative said, "I was involved in the assessment and I have seen the support plan."

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

- People were supported to eat a balanced diet and were encouraged to be involved in choosing, planning, and preparing their own meals, where this was part of their support plan.

- People's care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a soft or bite size diet, this was provided in line with their assessed needs and staff were knowledgeable about the extra support that some people might need.

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

- People received support to manage their health and physical care needs and were encouraged to engage with a range of healthcare services. Managers described how they worked with other agencies in order to meet people's specific needs.

- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. For example, concerns about people's health were escalated as required to ensure people's healthcare needs were being met. One relative said, "Staff are really good with anything medical, they support me to ring the doctor if needed and collect prescriptions." Another said, "They [meaning staff]

support me and [person's name] with hospital appointments."

- Good communication between staff, relatives and healthcare professionals meant people's needs were well known and understood within the team. A staff member said, "We have regular meetings with [Person's name] family and care manager, we discuss any concerns and share information. It works really well."

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 our last inspection we rated this key question good. At this inspection, the rating has changed to 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; 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

- Systems were either not in place, embedded into practice or undertaken robustly enough to identify and monitor the quality of the service and effectively drive improvements. This meant systems operated by the provider had failed to identify concerns and shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk. Issues included concerns with regards to the management of risk, systems to investigate and report allegations of abuse, MCA and DoLS.
- It was not clear that the management team fully understood the regulatory requirements of their role in upholding people's human rights. For example, we found this lack of understanding and decision making in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards code of practice, potentially risked compromising people's rights.
- There was no system in place to review people's support plans and/or risk assessments to ensure they were up to date; reflected of their current needs and provided staff with all the information they needed to meet people's assessed needs safely.
- The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. However, systems had not been effectively operated to identify and report significant events. This had led to the provider not notifying the Care Quality Commission of one significant event, which had occurred in line with their legal responsibilities.

Whilst we found no evidence that people had been harmed, governance systems were either not in place or undertaken robustly. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst the registered manager was not fully aware of all the concerns we identified, they were aware of the need to develop systems and processes to drive improvements and were committed to making those changes. For example, the registered manager told us how they were collaborating with the local authority on a new care planning format.
- The management team mostly [see safe section of this report] shared information with external agencies such as healthcare professional's when things had gone wrong as well as liaising with families where appropriate to do so.

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

- The registered manager promoted a positive culture within the service, which was open, inclusive, and mostly empowering [see effective section of this report].
- The culture of the service was caring, staff talked about personalised care, improving people's lives, and increasing opportunities for people and it was clear that staff knew people well.
- Staff spoke positively about the leadership and management of the service and told us they felt appreciated and supported in their role

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

- People and those important to them had opportunities to feedback their views about the quality of the service. These included face to face meetings or over the phone.
- The management team were aware of people's equality characteristics and took this into account when supporting people to plan their care or providing support.
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear.

Continuous learning and improving care; Working in partnership with others

- Throughout the inspection, the provider was open with us, acknowledged any areas for improvement and was keen to put processes in place to address any areas of concern.
- The provider had a system in place to monitor staff performance through supervision, appraisal, and competency checks.
- The registered manager had good working relationships with partner agencies which helped to promote good outcomes for people. This included working with people, their relatives, and commissioners, as well as other health and social care professionals.
- Regular weekly meetings with office staff, enabled the sharing of information and helped to ensure senior staff were able to keep up to date with best practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks relating to the management of people's complex needs were being effectively mitigated and managed.</p> <p>Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to effectively establish and operate systems to report allegations of abuse to external agencies.</p> <p>Regulation 13(1)(2)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to effectively operate systems to assess, monitor and improve the safety and quality of the service.</p> <p>Regulation 17(1)(2)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not acted in accordance with the principles of the Mental Capacity Act 2005.</p> <p>Regulation 11(1)</p>

The enforcement action we took:

On 13th July 2023, the Care Quality Commission served a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 11(1), Need for consent of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation. The provider was required to become compliant with Regulation 11(1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 31st July 2023.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure service users were protected from the use of restrictive practice or acts intended to control their behaviour without a legal basis or framework in place to support them.</p> <p>Service users were deprived of their liberty for the purposes of receiving care and treatment without legal authority.</p> <p>Regulation 13, (4)(b)(5)</p>

The enforcement action we took:

On 13th July 2023, the Care Quality Commission served a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 13(4)(b)(5), Safeguarding service users from abuse and improper treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.Regulation. The provider was required to become compliant with Regulation 13(4)(b)(5), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 31 July 2023