

Little Arches Ltd

Little Arches

Inspection report

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Date of inspection visit: 5 May 2015
Date of publication: 22/05/2015

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 

Overall summary

The inspection took place on 5 May 2015 and was announced, 48 hours' notice of the inspection was given because the service is small and we needed to be sure that the registered manager was available and that people who used the service would be in. At the last inspection in July 2014 the service was judged compliant with the regulations inspected.

Little Arches Care Home is located on the outskirts of Rotherham. There are local facilities, such as shops and

pubs, close by and good public transport links. The home cares for up to four people over the age of 18 years old who have a learning disability. One person lives in an annex flat which is attached to the main building.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Since then there has been no incidents or concerns raised that needed investigation.

People we spoke with told us they felt safe while staying at the home. One person said, "I feel very safe here, staff have helped me a lot I am a lot more confident now." Staff had a clear understanding of potential abuse which helped them recognise abuse and how they would deal with situations if they arose.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to

recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. At the time of this inspection the registered manager told us they had not found it necessary to use the safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities and holidays.

People had access to a wide range of activities that were provided both in-house and in the community. One person told us they liked going to the theatre while others liked to attend craft sessions at the local church.

We observed good interactions between staff and people who used the service. People were happy to discuss the day's events and two people told us they were looking forward to a weekend away where they had tickets to see an Elvis tribute show.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress.

Summary of findings

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 safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Good



Is the service effective?

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people staying in the home. We observed people being given choices of what to eat and what time to eat.

Good



Is the service caring?

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were happy with the care.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they stayed at the home.

Good



Is the service responsive?

The service was responsive.

We found that people's needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative before and during their stay at the home.

Communication with relatives was very good. One family member we spoke with told us that staff always notified them about any changes to their relatives care.

Good



Summary of findings

Relatives told us the registered manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were regularly asked for their views. Regular meetings were used to ensure continued involvement by people living at the home.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Good



Little Arches

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 May 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

The inspection was undertaken by an adult social care inspector. At the time of the visit there were four people using the service. We spoke with all of them and we also

contacted two relatives of people living at the home. We spoke with two support staff, the deputy manager and the registered manager. We also observed how staff interacted and gave support to people throughout this visit.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We also spoke with the local council contract monitoring officer who also undertakes periodic visits to the home.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported at the home. One person said, “Staff supports me to stay safe when I am out and about and also with my money.” Another person said, “I feel safe we all get on its great, I would tell staff if I was worried about anything.” Relatives told us they had no concerns about the way their family members were treated. They said, “My relative visits regularly and they talk about what they get up to and they never raise any concerns.”

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the registered manager. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one person told us they travelled independently using public transport, they said, “I have become more independent and that’s because staff encourage me and support me.” We saw person centred plans included risk assessments to manage things like managing personal monies, kitchen appliances, gardening and using public transport.

There were emergency plans in place to ensure people’s safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records. The registered manager told us they had recently fitted new devices on all fire doors so people would be able to exit the building quickly.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. The registered manager told us that they had recently employed a new member of staff who was on induction. We spoke to this member of staff and they confirmed how they had been recruited following an interview which included questions from people who used the service.

We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Through our observations and discussions with people who used the service, relatives and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home. The registered manager showed us the rotas which were consistent with the staff on duty. She told us the staffing levels were flexible to support people who used the service.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when they were required. All medication was stored in each person’s bedroom in locked cases. People were happy to show us their storage arrangements and administration arrangements. They were able to tell us why they had been prescribed the medication and when they needed to take their medicines.

There was an audit system in place to make sure staff had followed the home’s medication procedure. We saw the registered manager had carried out regular checks to make sure medicines were given and recorded correctly.

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. The registered manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. People told us that staff helped them to develop their person centred plans which detailed the support they would need to undertake certain tasks. For example, assistance with personal care and things that was important to them.

All of the people who used the service were able to clearly communicate their wishes. Staff were knowledgeable about people's needs and knew how to support them. For example one person told us how it was important to have their hair styled. One person told us that when interviews took place they asked applicants if they would be able to style their hair as they wanted it.

People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded. We spoke with people who used the service about how menus were devised. One person showed us the current menus which used pictures to describe the meals provided. They told us which meals they had suggested that were included on the menus. One person we spoke with told us they had been shopping with staff and had made suggestions about the food for the weekend. People who used the service had attended a healthy eating course at a local centre and had been awarded certificates.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

The staff we spoke with during our inspection had a good working knowledge of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation, however the registered manager was aware of the changes brought about by a Supreme Court judgement. We saw clear evidence which told us people were fully involved in making decisions about their care.

Records we looked at confirmed staff were trained to a good standard. Managers and support staff had obtained nationally recognised care certificate. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. We spoke with one staff member who worked at the home for only two weeks. They came to the home from another care setting but were still expected to complete the provider's induction.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something.

Is the service caring?

Our findings

People who used the service told us they were involved in developing their person centred plans and all four people agreed to show us their records, which were written in a way they could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, spending time with family and friends. They also told us how they needed support with hospital and other health appointments.

People told us that staff were respectful and spoke to them in a way that made them feel at home. One person we spoke with said, "Staff respect my privacy, sometimes I want to be on my own and I know I can go to my room, and watch television or play my music."

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their spare time and there was lots of encouragement given to people to undertake household tasks. For example, one person cleaned their bedroom, others helped prepare lunch and do their own washing.

One relative we spoke with told us that staff were caring and supportive. They said they were very satisfied with the care provided and felt involved in their care. Home visits were encouraged and relatives were invited to social events.

We saw pictures taken at a dignity in care event held at the home. The dignity champion had planned the event and people who used the service and their relatives were involved. People told us they had helped bake buns for the buffet.

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. For example, one person had chosen pink colours while another person had bright pictures of buses. The person who lived in the annex attached to the main building showed us how they had pictures of their favourite music artists and how they had collected Disney characters from holidays they had had.

The registered manager said staff had attended end of life and bereavement training to increase their knowledge on these topics. The deputy manager told us how they had supported one person following the death of one of their relatives. They had also had discussions with one person who wanted to talk about the subject as they had an elderly relative.

The registered manager told us that people did not currently need to use advocacy services and they were able to make important decisions about their care. They told us that if the need arose they would support people to obtain suitable advocacy services. People who used the service have attended 'Speak up' centres which organise various educational courses including healthy eating. 'Speak up' is one of the leading advocacy Charities in the UK for people with a learning disability.

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at four person centred plans for people who used the service. Each person wanted to tell us how their plans had been developed. It was clear that the plans were reviewed as their support needs changed. The information included pictures of friends and family. One person showed us pictures of activities that they were involved in. For example there were picture of holidays away from the home like to Blackpool and Butlins. Each person also had a separate health action plan which included things medical staff should know if the person became ill and needed hospital attention.

The plans also told us the activities that people were involved in, what was working well and things that may have changed. Staff told us that people were encouraged to maintain life skills like helping with cooking and cleaning.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person we spoke with told us that they had chosen to go to an Elvis tribute concert for their birthday and was staying in a hotel overnight.

People were provided with information about the service. This is called a 'Service User Guide'. The information was set out in an easy read format with photographs and pictures used to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. They told us they had received no formal complaints in the last 12 months. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Is the service well-led?

Our findings

People who used the service and their relatives were actively encouraged to give feedback about the quality of the service. People told us they had regular house meeting where they were encouraged to raise concerns and to talk about things like outings, holidays and activities.

The registered manager told us that the provider had a clear vision and set of values that the service works towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people staying in the home. They told us the registered manager was approachable, supportive and they felt listened to. One member of staff said, "We all work as a team. Most of the staff have worked here for many years so that says we all love working with the people we support."

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to

pass on important information about the people who lived at the home. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days.

There were effective and robust systems in place to monitor and improve the quality of the service provided. Monitoring of the service included gaining the views of people living at the home and also looking at how the registered manager audited things like health and safety, infection control and medication. We saw there were clear fire risk assessments in place and regular maintenance of the fire alarm system took place to ensure equipment was well maintained.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified. We were told that no accidents or incidents had occurred since the last inspection. The registered manager confirmed that they knew all notifications that should be reported to the Care Quality Commission.

Outcomes from quality assurance surveys were used to constantly improve the service for people who used the respite service. Questions asked how well the service was doing, for example, did staff encourage people to make their own decisions, if they felt safe, did they know how to raise concerns, were activities appropriate and about the meals. We saw from the results that people regarded the service as very good.