

Arch Domiciliary Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Arch Domiciliary Care is a service providing care and support to young people and adults in their own homes within Leicester and Leicestershire. At the time of our inspection, there were 86 people receiving the regulated activity of personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

Supporting people to live their best life possible was at the heart of service. Passionate commitment to the ethos of support and empowerment was shared across all staff teams. The service was exceptional in supporting people and staff to build relationships and skills. This meant people were well cared for by knowledgeable staff, led and maintained healthier lives, and received consistent good care when they used other services. Staff were proactive with people's health needs and alerted people to changes in their health whilst providing the required support. Staff support had empowered people to achieve positive outcomes in their lives.

The provider had systems in place to minimise the risks of abuse. They empowered people and their relatives to become partners in promoting the safety of people that used the service. Staff received support to provide safe care including emotional support when required. Only staff who were safe to work with people who use care services were employed. The provider ensured people's medicines were managed safely.

People felt they mattered to the service and the staff that supported them. They were treated with great respect and staff demonstrated a compassionate interest in people. Staff enabled people to determine their own care by supporting them to express their choices and preferences. They also empowered people to be as independent as possible and to follow their interests.

People achieved positive outcomes in their social life. They were supported to be part of and engage with their local community. The provider organised events to support people who were at risk of social isolation. The care people received was tailored to their individual needs. People knew how to raise any concerns or complaints they may have and were confident that the provider would act on them.

There was a shared commitment to the culture and values of the service. The leadership and management of the service were highly praised by staff, other professionals, people who used the service and their relatives. The registered manager understood their role and maintained good oversight of the service. They had effective systems in place to monitor the delivery of a good standard of care and drive improvement for better outcomes for people.

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.

Rating at last inspection: The last rating for this service was Good (published 09 August 2016). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected: This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Arch Domiciliary Care Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

The service had a manager registered with 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 June 2019 and ended on 14 June 2019. We visited the office location on 12 June 2019. We made telephone call to people that used the service on 10 June 2019 and to staff on 14 June 2019.

What we did before inspection

We received information we had about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We contacted 17 people who used the service. We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff and the registered manager who is also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and multiple medication 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought email feedback from a professional who was involved with 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they received services from Arch Domiciliary Care. Their responses were very positive about how staff supported them to feel safe. One person said, "I couldn't really manage without them; the fact they are so good makes all the difference."
- The provider had systems in place for people, their relatives and staff to recognise and report any issues where they may feel they had been subject to or at risk of abuse or harassment. We received feedback and reviewed records which showed the registered manager acted on concerns people raised.
- The provider supported relatives through training to aid their understanding of keeping their loved ones safe. They promoted the social inclusion of people by ensuring where relevant, they had resources available which would allow them access the community and help them to keep themselves and members of the public safe. A staff member told us training given to relatives ensured, "Family are involved in the safety of their loved ones."

Assessing risk, safety monitoring and management

- People's risks assessments were robust. They included detailed information of risks associated to people's general wellbeing, warning signs for staff to look out for, any known trigger and strategies staff could employ to minimise the risks. Records and people's feedback showed people were involved and had contributed to the development of strategies to minimise risks to them.
- The registered manager and management team were proactive to support people, their relatives and staff when there were changes which may cause risks to them. They also supported them on measures needed to minimise risks. These included changes in care needs and environmental factors such as changes in weather conditions.
- People who relied on aids and equipment to meet their needs told us staff supported them safely with their equipment. One person told us, "I do feel safe. They all know how to use the [equipment], I haven't had any concerns at all."

Staffing and recruitment

- There were enough staff to meet people's needs. Staff supported people at the times agreed in their care plan. People told us staff never had missed visits and supported them for the agreed time. People's feedback included, "I have never had a problem with them [staff] being late. I can rely on them." "They [staff] are always on time. They always stay the time we have agreed. They never rush me."
- People were supported by a regular team of staff. Staff were deployed around people's individual support needs. People were promptly informed of any changes in their staff team. One person said, "I generally see the same three or four faces. They are all as good as each other. They let me know who will be coming next." Another said, "I think it [having a regular staff team] does make a difference."

- The provider followed safe recruitment practices. They completed relevant pre-employment checks which assured them potential employees were safe to work with young people and adults who use care services.
- The provider had protocols in place which meant people had opportunities to meet with and be involved in choosing their staff team. This meant that at the start of their care package people knew the staff who would support them.

Using medicines safely

- The provider had protocols in place to ensure people's medicines were managed safely. Where people required support to take their medicines, this support was provided by staff who had received training for this task.
- The managers regularly checked staff supported people safely with their medicines. We reviewed people's medicines records and saw that managers' audits had identified where records were not fully completed. Action taken to address this included further training for staff members involved.

Preventing and controlling infection

- People were protected from the risk of contracting or spreading an infection. Staff were trained in infection control and followed good practice such as using personal protective equipment when they supported people with personal care and meal preparation tasks.
- Staff were also supported through training and regular competency checks to follow good hygiene practices when supporting the needs of people with complex needs. This ensured they did not put people at risk of infection through compromised hygienic standards.

Learning lessons when things go wrong

- Records showed the managers reviewed incidents and accidents and took relevant action to minimize the risk of a reoccurrence.
- The provider had arrangements in place to ensure people could continue to receive support in the event of an emergency. For example, they had arrangements to get staff to people's home in the event of adverse weather conditions.

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 Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's needs were assessed before they began to use the services of Arch Domiciliary care. The provider had a holistic approach to assessment, care planning and meeting people's needs. They worked with individuals, their relatives and other professionals to understand and meet people's physical, mental and social needs and support them to meet their desired outcomes. This included spending time to observe the needs of people in different settings such as when people received mental health services. We reviewed records which stated feedback from families complimenting the inclusive approach to assessing needs and how the support people received allowed them to maintain and enjoy family life.
- Assessments looked at outcomes people wanted to achieve in their life. For example, being able to engage in particular interests or to explore education or work opportunities. We saw evidence from people's records and feedback we received from people that their assessment and care helped to achieve or work towards achieving these outcomes.

Staff support: induction, training, skills and experience

- People were supported by skilled and experienced staff who understood them and their individual needs. They were very confident in the skills of staff who support them. One person told us, "It's their manner, I think it's from training, but they are very natural and knowledgeable. If I am unsure about something I ask them. I had a [body part] problem and asked one of them for suggestions, we talked about it. [Staff] suggested I try [description] it's been really good. Other comments included, "I feel very secure with them. If I am wobbly or feeling more vulnerable, they all know what to do." And, "They are all very confident and that makes me feel confident with them. I feel sure they have been trained well."
- Staff spoke positively about the training they received. The provider employed the services of a registered nurse who provided training and support to care staff on how to meet the needs of people with regards to their health needs. This also supported people who commenced their care package following a hospital discharge to have continuity in meeting their health needs. On the day of our inspection, we saw the nurse visited people to provide support and training to staff as they supported people. This supported staff to receive up to date training on good practices relating to the needs of the individual they support.
- The training staff received was tailored around the needs of the person they support. People were involved in choosing and training of their care staff team. This meant staff could relate training they received from the perspective of the person to receive the support. It helped staff to understand the impact of care they would deliver.
- Staff, and where relevant people's relatives, received specialist training through an external training provider. This supported them to understand conditions such as autism and mental health conditions and

provide support that promoted people's wellbeing. A care staff told us this supported them to, "Improve behaviour through therapy, understand people and minimize risks involved." They went on to say, "Some of this has been life changing for the clients."

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

- Staff were proactive in supporting people with their nutritional needs. They provided encouragement and motivation to people who may otherwise have difficulty to eat and drink. This included working with people to find things that suited the individual which would encourage them to eat.
- People gave us several examples of how staff supported them with this. One person said, "I like to prepare my own food, sometimes I don't feel like doing it, don't feel like eating. They [staff] ask me what might help, what food I have that I could eat that won't overwhelm me." They went on to say, "I can't ask for more." Another person told us they lived with a health condition which affected their dietary requirements. They said staff supported them by ensuring they had the right supply of groceries they required to meet their dietary needs.
- We saw staff supported people to meet their nutritional needs with respect to their cultural and religious affiliations. For example, staff were flexible with support they provided to meet people's religious observance. They tailored this to include people's individual needs and their wider social and cultural needs relating to important relationships in their life. This meant people had the support they needed to achieve their needs to maintain their identity.

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

- The provider worked collaboratively with other professionals. This enabled people receive consistent care when they moved between services. For example, staff spent time shadowing health professionals at the hospital and supporting a person with social stimulation weeks before they were discharged from hospital. This meant they had a good understanding of the person's health needs and preferences before their package of care commenced. The registered manager told us they did this at their own financial cost. They told us they implemented this to enable staff and the person receiving care to have a smooth and effective transition to the care package in the community. A care staff member told us this enabled them to. "Know the service user, build respect and rapport."
- The provider had an effective communication culture and system within their service which staff used to share updates on people's care. They did this when people's needs changed or following contact with other professionals. The registered manager told us they were in the process of updating their systems using technology to allow them to share updates in 'real time'.
- Staff told us the provider's commitment to consistency for people had promoted their care practice. A staff member told us, "Consistency for people – that's what Arch does well a lot."

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

- People were supported to live healthier lives. Staff were proactive in gaining an understanding of the health conditions people lived with and supporting them with monitoring their health. One person said, "I have no doubt they understand my conditions. They [staff] always ask if I've slept well when they come in the morning. They have taken the time to understand." Others said, "I feel they have all got to know me. I can ask them anything about my health, they always find out for me if they don't know straight away." And, "They ask me about my health, it seems to be a genuine interest too and I feel I can ask them things if I don't understand something."
- People told us staff proactivity meant they were able to alert them to changes in their health and wellbeing. One person stated all their staff team was proactive. They gave us an example saying, "First thing in the morning I'm a bit [description], it's because I suffer from [condition]. They [staff] spoke to me about it. I hadn't realised what I was like. I've seen a doctor now and am waiting to see a [health professional]. I did

have a [staff] take me to the clinic recently, it went very well. I've asked for someone to take me out again as it worked." Another person told us, "I have a problem with [description] and they [staff] notice when it's worse. They went on to say staff asked them about their sleep and, "They can see if I'm more tired than usual, they see it when they arrive."

- Staff gave us examples of how they supported people who had history of not engaging with services to access health services. They worked through a measured program with people to build their confidence and trust to encourage engagement. One person was finally able to get a dental treatment they needed which allowed them to be able to eat again. Staff described the changes in the person as "outstanding". This person was continuing to receive further support from the care team and managers to engage with other professionals and this was supporting them to gradually go back to using their creative skills.
- The provider maintained effective links with health and social care professionals involved in people's care. They had key members of staff responsible for liaising and advocating for the needs of people, and corroborating with other professionals to get people the support they required to maintain their wellbeing.

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). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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. One of the people whose records we reviewed showed the registered manager had taken relevant measures in their assessment and care planning to meet the conditions of their Court of Protection order.

- Staff we spoke with demonstrated a confident knowledge of MCA and how they applied this in their practice. They shared a commitment of providing support in a way that empowered people to make their own decisions and choice without restrictions.
- Staff sought people's consent about their care. People's care records showed they consented to the support they received. People told us staff always sought their consent before they delivered support. One person told us, "They never assume I want them to do something; it's about respect." Another person said, "They say, shall we do this now or would you like something different; things like that. They never just get on with it."

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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them with kindness and compassion. They told us the staffs' caring and open attitudes promoted their general wellbeing including their emotional health. One person said, "They are just so friendly. They help keep my mood up. I can chat with them about anything. It's really helped that I feel I've got to know them." Other comments included, "They are so patient and kind. They really do take their time to talk to me, make sure I'm okay." "They are very kind, all of them. I have one [staff who] will talk to you about anything they know you're interested in. They talk about their family as well as ask about mine." "They are so kind and caring. Nothing is too much for them."
- Staff made people feel like they mattered. People told us this was because staff took their time to understand what was important to them. For example, one person told us of a gadget they bought which supported their day to day living, they said, "When one of my carers saw it for the first time they clicked why straight away. They understood my health condition, they understood immediately why this was important to me." Another said, "[Staff's] always taken an interest in me, we chat about all sorts of things."

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

- Staff supported people to express their views about their care. There was a culture of empowering people toward a user led service delivery. Staff took steps to ensure people received the information they needed to be involved in their care. This included using people's preferred mode of communication and aids such as pictorial cards.
- Staff demonstrated a commitment to supporting people to make their own choices. A staff member told us, "We don't give people options, we ask their choice because if we give options their choice may not be in the option." Another staff member told us they would support people who could not express their choices by looking at their personal history and discussing what their choices might be with others who knew them well.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. This included staff taking safe measures to support people to take risks to improve their wellbeing. One person told us, "I was told I'd never be able to leave my bed. I have a hobby, I write. I write short stories and am writing a novel. I found a way that the carers can help, the first thing they ask me in the morning now, do you want to sit in front of your computer today. They went on to describe how staff supported them, saying, "It's working well, it's made me very happy. They really understand how important this is to me."
- People gave us examples of how staff promoted their privacy and dignity. This included ensuring they had their preferred gender of staff and taking practical steps when supporting them with personal care tasks.

- People were respected. They told us staff treated them with respect. One person said, "I feel completely respected. I can't see round my home, but I have complete confidence they treat it well." Another said, "I feel very respected by them [staff]."

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

- People had choice and control over the care they received. Their wishes and desired life outcomes were reflected in their care plan and catered for in the care provision. One person said, "I made all the decisions when they first assessed me. It was a helpful experience because they came up with things I hadn't thought of." Another said, "I've been involved throughout. I made any decisions from the outset. I told them what it was I wanted, we talked it through and came to an agreement."
- The support people received was tailored to them as individuals. One person told us, "It [care package] is completely geared to me as an individual. I feel very confident that if I need anything done differently they will adjust my care." Another person said, "It is exactly what I asked them for." A care staff told us, "Everywhere we use different ways of working to understand and apply to each service user."

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.

- People received information in accessible formats. For example, people with a learning disability had their care plan in an easy read pictorial format.

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 could have the social life they desired. They were supported to be part of the community they lived in. For example, one person lived with a complex condition. A staff member described one person's life before using the service as "limited – college to room." Through a program of support from staff, they were now able to engage in their local community and access places such as the gym which has improved their physical and mental health. They also improved their potential to contribute to society as they were involved in several volunteering opportunities.
- The management team organised coffee mornings for people who were at risks of social isolation. These were attended as drop in sessions by staff and people that used to the service. Staff supported people to socialise and work jointly on projects to support their chosen charities and organisations.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns they may have about their care. The provider's complaints policy was readily available to people who used the service.

- People were confident the provider would act on any complaint made. Most of the people we spoke with told us they have not had cause to raise a complaint. Others told us their concerns were dealt with promptly following verbal feedback to staff. One person told us, "I have only had to raise one thing, [description]. I rang and told them [managers]. They apologised straight away, they said they would deal with it and they [did]."

End of life care and support

- The provider had protocols in place to provide the care and support people would require at the end of their life. There was no one receiving end of life support at the time of our inspection.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a clear ethos and culture of supporting people to live beyond the limitations of the conditions they lived with through providing a high standard of care. We saw this ethos was shared through various tiers of the service.
- The registered manager and other members of the management team were visible and could easily be accessed by staff, people who used the service and their relatives. During our visit to the office, we saw staff attended to see their managers, people came into the office without requiring an appointment, and relatives came in to discuss their loved one's care with the registered manager. One of the people we saw told us they had been feeling low in mood earlier that day and their care staff had encouraged them that going out could help them. They had come into the office to have a social chat with administrative staff and this improved their mood.
- Staff were happy to work within the service. They spoke positively about their experience of working in a service that was committed to making a difference. A care staff told us, "I would rank Arch Domiciliary Care one of the top agencies." Another said, "Working with Arch is very brilliant. The company is very good with changing the lives of clients, giving them a better life, educational opportunities etc."

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

- The registered manager understood their role and fulfilled their regulatory responsibilities. They maintained a good oversight of the service and together with a team of care managers worked effectively to check the quality of care delivered was to a high standard. The structure of the staff teams provided clear tiers of support and accountability for the standard of care people received.
- The service had effective systems in place for monitoring the quality of care people received. One way they did this was through seeking feedback from people who used the service. One person told us, "Someone [from the service] rang to ask if I'm happy. I can contact them by phone or email if I want."
- There were systems in place to support staff to provide a high standard of care when they supported people who may behave in a way that could challenge others. Staff told us they had debriefing sessions with their managers to promote their well-being and maintain their commitment to provide a high standard of care to people. A staff member described this as "Being able to let off steam after a difficult visit." Another said, "They [managers] ask if I need a day off if I had a difficult day at work."

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

characteristics; Continuous learning and improving care

- The registered manager had clear plans for the further development of the service. Their plans had people who used the service at their centre and looked at how they would support people to enjoy and achieve their goals including making positive contributions to the wider community.
- The service had an inclusive approach to care provision, considering people's requirements with respect to their culture, religion, disability, and other factors. Examples included ensuring important events to people were celebrated to support people's individuality. Staff team also worked using best practice techniques and guidance to support people living with a learning disability or autistic spectrum disorder to live in a way that promoted their inclusion and independence. One person told us, "They are very good. It [the service] has worked seamlessly for me. I feel it must be managed well."
- Staff were supported and felt they were important stakeholders in the organisation. They were recognised and rewarded for exceptional care delivery. They told us they individually met regularly with the management team to give feedback about the service. The management team took their feedback into consideration when planning the service. One staff told us they had a positive experience of this, they said, "The management side is good, they have a good understanding of what the carer needs and the cared for person needs." A health professional told us the management team were, "Professional, open to feedback and change."

Working in partnership with others

- The provider's ethos extended beyond their organisation. They maintained links with and supported other charitable organisations who worked on improving the lives of people who use care services within the community.
- The service worked collaboratively with other professionals to ensure the care people received consistently met people's needs and their desired outcomes.