

Arch Domiciliary Care Services Ltd

Arch Domiciliary Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Arch Domiciliary Care Services provides care at home and is a supported living service. People live in the community in single accommodation or with family. There are 12 supported living settings and staff provide onsite 24-hour care in the some of these supported living sites, and some people receive 24- hour care in the community. People receiving support are living with a learning disability, and or autism, mental health needs and some people have physical needs and complex health conditions. The service provides care and support for children, young people and adults.

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 the inspection, 98 people were receiving the regulated activity of personal care.

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.

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

Right Support: People received care and support that enabled them to have choice and control of their care. People's independence was promoted. 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.

Right Care: People received care and support that was personalised and provided by an individual staff team who were well trained and supported. People were enabled to achieve positive outcomes and led an active and fulfilling life.

Right Culture: There was a shared commitment to the culture and values of the service. Feedback received from people who used the service, relatives, staff and external professionals about the leadership and management were consistently highly positive. The registered manager understood their role and responsibilities. They showed great commitment, flexibility and a positive can-do attitude, ensuring people remained at the center of their care and support. There were effective systems and processes in place to continually review, monitor and improve quality and safety.

People were supported to manage known risks effectively and safely. There was a multi-disciplinary approach to risk management. People were supported to maintain their tenancy, including monitoring environmental health and safety.

Staff were safely recruited and provided consistently and continuity in care. Staff received ongoing training that included areas of care and support, individual to the person.

Staff understood how to recognise where people may be at risk of harm or abuse and knew what action to take. People received support to take medicines and systems were in place to ensure this was completed safely and effectively.

Staff had received training in the management and best practice guidance of infection prevention and control.

People and their relative and or advocate, were supported and invited to share their experience about the service. The staff worked well with external agencies and health and social care professionals, in supporting people with their ongoing care and support needs.

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 31 August 2019).

Why we inspected

We were aware physical intervention was sometimes used and we wanted to be assured that best practice guidance was followed, and people were being safely supported. As a result, we undertook a focused inspection to review the key questions of safe 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 this service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arch Domiciliary Care Services on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe 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

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector and an 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. It is also a supported living service. This service provides care and support to people living in 12 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave a short period notice of the inspection because some of the people using it could not consent to a

home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We visited 6 people in their supported living setting. We spoke with 8 people who used the service, 2 relatives and 9 support workers for their experience of the service. We also invited people, relatives, staff and external professionals to provide feedback via email. We received feedback from 9 relatives, 11 professionals and 13 support workers. We also spoke with the registered manager, operations manager and logistics manager. We reviewed 8 people's care records and 9 staff files and a variety of records relating to the management of the service, including policies and procedures, audits and checks.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. One person said, "I do feel safe yes." A relative said, "Yes, my relation feels safe when staff are supporting them, they are very experienced, competent and understands their support needs." A professional said, "People's needs are understood. Carers go above and beyond. Problems and issues are reported promptly, and they exceed expectations."
- Staff understood how to recognise signs of abuse and how to report any concerns and had received safeguarding training. The registered manager was clear about what poor practice looked like and knew their responsibility to report concerns to the local authority safeguarding team for investigation.
- Where safeguarding concerns had been identified, reports had been made and the Care Quality Commission had been notified of incidents.

Assessing risk, safety monitoring and management

- Known risks were assessed, monitored and planned for. Care staff worked closely with external professionals, the person and relatives in the management of risks. Guidance for staff about how to mitigate risks were detailed and up to date. Feedback from external professionals was consistently positive. A professional said, "The care company has my complete trust and confidence and my highest recommendation."
- Staff had received accredited training in physical intervention, and this was used as a last resort and in the least restrictive way. The management team had good risk oversight and provided continued support to staff, in safely and effectively supporting people with their emotional needs. A staff member said, "We use physical intervention as a last resort maintaining duty of care, respect and dignity during and after physical intervention."
- People were supported to manage their tenancy, monitor health and safety of the environment, and report any repairs to the landlord. Personal emergency evacuation plans were in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

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

- Some people had restrictions placed upon them by the Court of Protection and staff had guidance of the care and support required to protect them. An independent advocate gave positive feedback about how a young person had been supported to transition from children's services. They also said, "There is good knowledge and understanding of the Mental Capacity Act and best interest."
- The provider had a MCA policy and the registered manager and staff understood the principles of the MCA. However, they had relied upon external health and social care professionals to undertake MCA assessments and best interest decisions. Following our discussion, the registered manager agreed to complete further MCA training and to complete MCA assessments and best interest decisions when required.

Staffing and recruitment

- People received consistent care and support from a named group of care staff. Staff call times were monitored and overall, staff arrived on time and stayed for the duration of the call. People received a weekly rota advising them of when staff were working. Feedback from people and relatives were positive about their staff team. A person said, "I like my staff team, new staff shadow and get introduced." A relative said, "Staff are professional competent and responsive to my relations needs. They have formed excellent relationships with them, building trust and friendship."
- Staff received ongoing training the provider had identified as required. This included bespoke training based on the care needs of an individual person. The provider employed a registered nurse to deliver health related training and staff competency checks were regularly completed.
- Safe staff recruitment processes were in place. This included Disclosure and Barring Service (DBS) checks, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine administration records (MAR) were regularly reviewed to ensure people had received their prescribed medicines safely. We noted 'when required' prescribed medicines were administered; the reason was not recorded on the MAR but in the daily notes. This information needed to be recorded on the MAR for monitoring purposes. Handwritten entries did not have a second staff signature, this is important for accuracy of transcribing. MAR were not consistently dated, and codes used to record such as 'refusal' were not consistently completed. The registered manager had already identified these areas for improvement and action was being taken.
- People received their medicines safely. Where people received support to take their medicines, staff had guidance of the support required. People confirmed they received their medicines at regular times and staff completed this safely.
- Staff received training in medicines administration and also had their competency checked to ensure good practice was followed.

Preventing and controlling infection

- Staff received training in the prevention and control of infection and how to use PPE safely. Spot checks took place by the management team which included checking staff use of PPE. We noted a staff member wearing jewellery and long false nails. This posed an infection and safety risk and we raised this with the registered manager who followed this up.
- Staff used personal protective equipment (PPE) to keep people safe. This included masks, gloves, aprons and hand sanitiser. However, some people had requested staff did not wear masks and risk assessments had been completed.

Learning lessons when things go wrong

- The provider had clear systems and processes when an accident or incident occurred. Staff told us what action they took, and this reflected the provider's incident management process. The management team had good oversight and were both proactive and reactive to incidents that occurred.
- All incidents where physical intervention was used was recorded and reported directly to the management team. Debrief meetings were completed to consider lessons learnt, if anything could have happened differently and the person and staff were offered support.
- The management team regularly analysed incident records and other documentation for learning opportunities. Support plans and risk assessments were reviewed and discussed with staff.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care and support based on their individual needs, wishes and personal preferences. People told us how the service was flexible and responsive. A relative said, "In assigning relations care they [registered manager] carefully considered their needs, ensuring they have continuity of staff and adjusted timings of visits to support their changing needs, enabling them to extend their access to social activities and visits."
- Positive feedback was received from professionals on how well people were supported to achieve positive outcomes. A professional said, "The prompt response and can do attitude from the care manager and other staff members, was very helpful and instrumental in meeting strength based outcomes for a person and their family" Another professional said, "I find that they [staff] really put their clients at the centre of what they do, and always willing to go above and beyond. People in receipt of their services have also reported having a really good experience from them."
- There was a shared commitment to the culture and values of the service. Staff showed a clear understanding and commitment in providing continued high quality care that was person centred. From observations and feedback received, people had developed positive relationships with staff. People were empowered to share any issues or concerns, and the management team were responsive in making any required changes to their care package.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour to be open and honest when things went wrong. There were processes in place that ensured if mistakes occurred, they were investigated and where necessary an apology offered to people affected.
- Feedback from professionals was positive in how the registered manager was open and honest and how they continued to improve the service. A professional told us how the service had been proactive to provide support at short notice. However, this had resulted at times to mistakes being made. The registered manager had recognised this and shared a commitment in ensuring there was always a detailed and planned assessment and transition.

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

- The registered manager understood the responsibilities of their registration with us. They reported

significant events to us, such as safety incidents, in accordance with the requirements of their registration. The provider's inspection rating was displayed as required.

- The provider had a clear staff structure and staff understood their role, and responsibilities and were accountable for their actions.
- Systems and processes were in place to continually assess, monitor and review quality and safety. This included regular spot checks to ensure staff were providing consistent, good quality care and support. An electronic monitoring system that alerted the management team to late or missed calls, enabling the management team to take action. Regular reviews of people's care package, support plans and risk assessments and monitoring of staff training and development needs.

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

- People, relatives and staff received opportunities to share their experience of the service. This was via an annual feedback survey, during reviews, spot checks and telephone.
- A person said, "I contact the office very rarely, but they ring me to check that things are good and I'm okay." Another person said, "I do get asked for feedback, about every 6 months or so, it's usually by phone." We reviewed the annual feedback survey analysis completed in 2021 for both people, relatives and staff. This confirmed how people, including staff were involved in the development of the service.
- Positive feedback was received from staff about working for the service, including the support, training and communication systems in place. A staff member said, "It's one of the best providers I've worked for. The manager will go above and beyond to provide a service based on the individual needs, there is always a can do attitude." This feedback consistently reflects feedback from other staff.

Continuous learning and improving care

- The provider had an improvement plan that showed areas for improvement by whom and with timescales. This showed the provider's ongoing commitment and plan to further improve the service.
- Accidents and incidents were recorded and reviewed to look for any patterns or trends, so that action could be taken to reduce risk.

Working in partnership with others

- The management team and care staff worked closely with external professionals to support people to achieve positive outcomes.
- The feedback from professionals was overwhelmingly consistently positive. One professional said, "The model of care and support that staff provide appears to be exemplary and enables the client to get to know and feel comfortable/safe around the specific staff that work with them. This is especially important given the client's mental health and learning disability needs." Another professional said, "The core staffing team for three people we commission has been stable, and they are doing well. The care manager works well with the family to provide effective support and will advise of any concerns that they have."
- Feedback from two professionals reported documentation and communication in some instances could be better. We shared this with the registered manager to follow up.