Caring Professional Solutions Limited

# Arbour Care

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Arbour Care is a domiciliary care agency providing personal care to people in 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 the inspection 29 people were receiving personal care for 24 hours per day who had complex and multiple needs.

People's experience of using this service and what we found
Some support plans lacked details and were not always up to date. People did not always have relevant risk assessments in place.
Staff knew people well, however, the details that staff were knowledgeable about were not always documented in the care plans. Records were not always accurate or up to date and audits were not always robust at identifying the shortfalls in records.
Some improvements had been made to medicine administration practises and policies since the last inspection.
People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Some of the discrepancies in relation to best interests meetings were rectified immediately in the days following the inspection.
People were supported by caring staff that treated them with respect and dignity.

People told us they felt safe being cared for by staff, and described staff as caring people that they compared to family members. Staff were aware of how to identify different forms of abuse and report any safeguarding concerns.

Arrangements were in place to ensure suitable numbers of staff were in place to meet people's needs. Safe recruitment practises were in place, as well as regular refresher training and supervisions were available to staff to ensure a standard of training was maintained.

People were kept safe from infection by staff who were regularly trained in the prevention of spread of infection and the provider had an infection control policy in place.

People were supported to make their own choices about their care and be independent. People were supported to pursue their hobbies and interests. Staff sought people's consent and supported them in a way that met their preferences.

Accidents and incidents were recorded and any learning from lessons were shared with staff.
Health care professionals were involved in people's care. The registered manager involved staff, people and

other stake holders in service development. Staff stated they felt supported by the registered manager and the provider.

The service is in breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to governance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update)
The last rating for this service was Requires Improvement (published 28 September 2018) and there was a breach of regulation 12. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12. However, at this inspection the provider was found to be in breach of regulation 17.

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

Follow up
We will request an action plan for 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 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?**

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 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?**

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

# Arbour Care

**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 Care Act 2014.

Inspection team
This inspection was carried out by two inspectors.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We also read emails and feedback from a further two relatives. We spoke with six members of staff including the

registered manager, office staff, a senior care worker and care workers.
We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six 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 completed a further home visit to a person using the service and spoke with two other relatives about their experience of the care provided. We also spoke with a further member of staff. We looked at quality assurance records and spoke with a social care professional who works with the service.
Following the inspection the provider informed us that there were electronic care plans in place, these were not highlighted to the inspection team during the inspection as holding pertinent information, so therefore were not reviewed.

Requires Improvement

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

At our last inspection we found that medicines were not always managed in a safe way. Medication Administration Records (MARs) was not always being recorded according to NICE guidelines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● New processes had been put in place and were being followed by staff. MAR charts were reviewed and improvements had been made.
● People told us that staff supported them with their medicines where necessary. One person said, "They're so helpful with my medicines. I haven't got the chance to forget anymore, as they are always reminding me, they're great."
● Staff had a good understanding of what to do when administering medicines as they had received appropriate training and competency checks. One member of staff said, "We have all had medicines training and I know the important factors to consider, such as double checking the dosage and making sure all the information on the MAR (Medicine Administration Record) is correct, the person's name and the time of day they should take their medicines."
● MARs contained details of the person's medicines, any allergies they had and how they person needed to take the medicine for example with water. We saw that there was 'as and when' guidance in the care plans so that staff knew when a person should be offered pain relief.

Assessing risk, safety monitoring and management
● There were risk assessments in people's care plans which gave staff the information they needed to know how to support a person. Examples of these were; moving and handling management plans, environmental home care risk assessments and medication risk assessments. However, some risk assessments were missing from care plans and these were addressed by the registered manager during the inspection and the days following the inspection. This is an ongoing piece of work being completed by the registered manager.
● Staff were knowledgeable about the risks associated with people's care. One told us, "Before I started to work with [person] I familiarised myself with her care plan. I paid particular interest to the risk assessments so I knew where the risks were and what I needed to be aware of to keep [person] safe."
● In the event of an emergency there was a business continuity plan in place. For example, if staff called in

sick there were staff on standby to cover the call including the registered manager.
● There were discrepancies with the recording of some people's individual risk assessments, these have been documented in the Well-Led section of this report. This did not affect people as staff knew how to care for them safely.

Systems and processes to safeguard people from the risk of abuse
● People told us that they felt safe. One person said, "I have never felt safer, all of the staff are lovely and I know they will always keep me safe, no matter what."
● There was a safeguarding policy in place. Staff also received regular refresher training in safeguarding. Staff spoken with showed good knowledge in the different types of abuse and the safeguarding reporting pathway. One staff member said, "Safeguarding is a priority, we must make sure that the people we are looking after are always safe and never at risk of harm. It's always mentioned regularly at the staff meetings and we have had training in safeguarding."
● There was a safeguarding concern raised on the day of inspection and the registered manager showed that she knew her responsibilities in notifying the local authority and sharing relevant information to address the concern as quickly as possible.

Staffing and recruitment
● There were appropriate levels of staff to support people and meet their care needs. All people being supported by the service required live in carers, this was being met by the service. People told us that the staff were reliable. One person said, "They live with me, but on the day when the new carers take over, nobody has ever seemed late or delayed in any way. I have never experienced absences."
● There were provisions in place for sickness and annual leave cover to ensure people's needs were always met. The registered manager was proactive and stated that she would attend immediately until cover was arranged so there would be little to no impact on the person receiving the care and support.
● The registered manager had a Brexit contingency plan, as a lot of the employees were from the EU.
● The registered manager followed safe recruitment practises. These included reference checks and DBS (Disclosure and Barring Service) checks. These checks identified whether someone was known to the Police for any cautions or convictions, and therefore whether they were suitable to support the people using the service.

Preventing and controlling infection
● Staff were seen to wear PPE (personal protection equipment) whilst preparing food and preparing to support people with personal care. This included gloves and aprons. One person said, "They're very conscious about safety and hygiene, my carer always wears her gloves when necessary."
● The provider had an infection control policy in place, and staff received regular refresher training in preventing the spread of infection.

Learning lessons when things go wrong
● The registered manager said they had learnt from the previous CQC inspection report, and from that result, they had introduced new medicine policies to ensure there were safer practices.
● Accidents and incidents were recorded by the registered manager. These were then analysed and any trends identified and addressed to try to prevent future incidents.
● Any emerging themes were discussed with the staff so everyone was aware of what actions to take to prevent any reoccurrence. An example of this was the registered manager had reviewed the medicine administration records (MAR) with scrutiny and shared any learning at staff meetings.

Requires Improvement

# 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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated 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 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.

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.

- Records about people's mental capacity assessments lacked information. Records of Best Interest Decisions were similarly lacking in detail, and for some people who lacked capacity there were no best interest decisions in place. We made the registered manager aware of our findings during the inspection, as a result the concerns were immediately addressed in the days following the inspection.
- At the time of the inspection there was a person receiving covert meds. There was no best interests meeting documented, and there was some confusion as to whether the Doctor had completed this. Immediately after the inspection, a best interests decision process was completed. This is now in the person's care file.
- There was another example of a person that did not want a soft diet despite this being safer for them, on the advice of the Speech and Language Therapist (SALT). It was recognised that this was in the person's best interest, however, this was not documented, and a DoLS application could not be found on the day of the inspection. This decision requires legal authorisation and an application being made to the local authority.
- There were examples of some DoLS applications that had been made appropriately. This was shown through a record the registered manager kept to ensure the staff were aware of who was subject to a DoLS referral and restriction.
- Staff understood the importance of seeking consent and offering support to people to help them make their own decisions where possible.

Failure to comply with the Mental Capacity Act 2005 and it's legal framework was a breach of Regulation 11: Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Initial assessments were completed prior to the service beginning to deliver care to a person. This ensured that the provider was confident they could meet the person's needs and this assessment was then used to create a support plan.

● People told us that they were offered choices all the time and stated that they felt that were listened to. One person said, "When I first started using Arbour they went through the assessment with me, I was making all the choices, this was nice because it made me feel like I was in control."

Staff support: induction, training, skills and experience

● Staff told us that the induction process was thorough and beneficial. One staff member said, "I was brand new to the care profession. I felt so supported, I was given the opportunity to meet the person first, which was very important to me as I was going to be a live in carer. I shadowed members of staff so I could learn from their experience. The whole process was enjoyable and I learnt so much. I couldn't fault it."

● The registered manager had a training matrix, this ensured all staff members were up to date with training and competency checks.

● Staff received regular supervision and appraisals. This gave an opportunity to review performance and professional development. A member of staff told us they felt these were useful and made them feel confident they were completing their role correctly.

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

● People were encouraged by staff to eat and drink enough. One person said, "I like it because [staff member] will try her hardest to make my favourite foods for me. She makes a great roast dinner on a Sunday."

● There were details of people's preferences in care plans and if allergies were known these were also contained within the support plans.

● The registered manager confirmed that staff would take a more active role and take time to help show and educate people about healthier food options, if the person was open to this idea.

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

● A lot of people using the service had the capacity to make their own decisions about their healthcare and staff provided additional assistance with organising health appointments if necessary.

● People were supported to go to health appointments and on some occasions appointment referrals, updates and diagnosis were recorded in care plans.

● Staff were able to recognise when people's health had deteriorated and give them the support they needed. An example of this was the staff had contacted the District Nurse and requested them to attend the home of a person who's health needs had changed.

Good

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- People were supported by caring staff and told us they felt the staff were respectful. One person said, "I was worried at the start, having someone living in my home with me, but all the staff are so respectful. They respect that it is my home and are always making sure I am comfortable with what they are doing."
- Staff interacted with people in a kind and caring way. An example of this was when a home visit was completed and the carer offered the Inspector a drink and then said to the person, "Would you like a cup of tea my darling."
- Staff we spoke with had a good understanding of people and their needs and preferences. We heard from relatives about the positive relationships which were formed between people and staff.
- All the staff we spoke with demonstrated a commitment to caring for people and treating them with kindness and compassion.
- Subsequent to the inspection the provider told us that the company had grown based on personal recommendation.

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

- People and family members were involved with the review of their care plans. This included making any decisions about any changes to their care and support. One person said, "She [staff member] always asks me what I want."
- Staff told us that if a person voiced any concerns about their care plan or wanted any changes made they would call the registered manager straight away and work with the person to make the changes they wanted, if possible. Staff told us they encouraged people to express their views all the time.
- People and their relatives had been given the opportunity to provide feedback about the service through various methods such as reviews and satisfaction surveys. There was also regular contact with the registered manager and office staff where they would seek feedback as part of every day discussions with people about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that the staff were respectful of their privacy. One person said, "They're in my home supporting me and they never try to boss me around, they try to encourage me to do little things every day, but always respect if I just want to be left in private."
- Staff showed respect for privacy. An example of this was seen on a home visit when the support worker asked the person if they would like some privacy, ensuring that the person felt comfortable speaking to us about the service.

● People's dignity was maintained by the staff. One person said, "When she is helping me in the shower, she always makes sure I have some cover to protect my dignity."
● People and family members told us that the staff had encouraged good outcomes for them. One family member said, "I can't believe what they have achieved with Mum. They have really got to know her, to really know what she enjoys and this has had great results."

Good

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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 had care plans that contained personal details that identified their needs and preferences. These plans gave guidance to staff about how people liked to receive their care.

● People were offered support with activities. Staff told us they encouraged people to take part in activities in their local area. One person said, "[staff member] has helped me enrol in to the local community centre. I'm really excited to start attending, as it will be nice to socialise with people my age."

● Staff employed at the service were knowledgeable and had a good understanding of the care needs of the people they supported. We observed staff providing the relevant care to people, one staff member knew that a person liked their back to be gently rubbed when they started coughing and we saw the member of staff doing this.

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.

● The registered manager understood their responsibility to comply with the AIS. The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs. For example this included large font documents and easy read material.

● People were seen to have the use of a word card, this was used by a person that was visited by us. The person used it to point at and this assisted them to answer questions put to them by the inspector.

Improving care quality in response to complaints or concerns

● People told us that they were comfortable to raise a concern or complaint if they felt it was needed. One person said, "I've never had to raise a concern, but I know I would be straight on the phone to the office and I know they would sort it for me straight away."

● The service had a complaints procedure in place which would enable the registered manager to manage, investigate and respond to any complaints in a timely manner.

End of life care and support

● At the time of the inspection there was no-one receiving end of life care. However, the service had supported people at the end of their lives and were knowledgeable about processes they would take. The

registered manager worked with health care professionals to ensure a person was as comfortable as possible when entering this period of their life.

Requires Improvement

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The records that related to peoples care were not always accurate or up to date. For example, there were 'Hospital Passports' in each person's care plan. The information on there was contradictory to the information in their care plans. The registered manager told us that the 'Hospital Passports' were written using information that may have been out of date.
- The registered manager informed us of risks associated with people's care however, these were not evidenced in the care plans or documented on how these risks should be managed by staff. An example of this was a person the registered manager had concerns about regarding consuming alcohol, this was not mentioned in the care plan. This failure to keep accurate records about risks people may face did not directly put people at risk as the staff knew how to safely care for them but records must always be accurate and up to date.
- Quality assurance audits had failed to identify the improvements required at the service. For example audits had failed to identify the discrepancies between Hospital passports and information in the people's care plans. It had also failed to identify missing information in care plans, this knowledge was known by a lot of the staff, however not recorded for future staff to refer to. One example was a person who had mental health concerns, no environmental risk assessments or personal risk assessments were in this person's care plan.
- People's care plans had not always been updated with information that related to their health needs. For example the registered manager informed us that one person was undergoing tests for a particular condition however, was not documented in the care plan. On some occasions people had decided they did not want to share this information with the service or staff. Questions were raised as to how the service can fully assess if they can meet a person's need if they were unsure of diagnosis and if it was not recorded in care plans. This was being reviewed by the registered manager.
- The handwritten entries on the MAR charts were not always been signed or countersigned by staff. This had not been picked up on the audits that were taking place.
- During the inspection the discrepancies found were bought to the attention of the registered manager. Attempts were made to immediately rectify the discrepancies in the days following the inspection.

Failure to adequately assess, monitor and improve the quality and safety of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Staff told us they felt supported by the management team. One staff said, "I have never felt left on my own whilst working for this company, they're incredibly supportive."

● People told us they knew who the registered manager was. This was evidenced through correspondence shown to us during the inspection. It was evident through review of emails from people and relatives that there was a very open, inclusive culture within the service where people were comfortable to make regular contact.

● During one home visit a person made a comment about a negative effect on their freedom. The registered manager was visibly shocked when she was made aware of this. She immediately raised a safeguarding referral with the local authority and showed further correspondence with the person's family members who were saying only positive things about the service and the carer in particular. The registered manager also went to visit the person within hours of hearing the concern and ensured they were comfortable and changed the staff on site whilst an investigation commenced.

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

● Family members told us that the registered manager was approachable and open to phone calls expressing ideas, or any concerns. One relative said, "The manager is so approachable and always available on the phone. I know if we had any problems or concerns she would address it straight away."

● The registered manager regularly sought feedback from people and family members to ensure they were happy with the service.

● Staff stated that they felt listened to and that they were confident to bring ideas or concerns forward to the management team. This was shown through staff meeting minutes, the registered manager confirmed that they valued the opinions and ideas from their staff team.

Working in partnership with others; Continuous learning and improving care

● The service worked in partnership with others, including healthcare professionals. An example of this was requesting assistance from the Speech and Language Therapist (SALT) team.

● The registered manager confirmed that she had learnt from the previous CQC report and had strived to improve the management of medicines. We saw that there had been improvements in this area.

● Accidents and incidents were well managed, and staff benefited from regular staff meetings and supervisions. There were also regular morning meetings between the senior management team, here a discussion would take place about the care that people were receiving and any issues that needed to be addressed. This was observed the morning of the inspection.

● Following feedback from the inspection, the registered manager made immediate changes and took action to improve the service, for example Mental Capacity Assessments, DoLS and Best Interest Meeting decisions were updated and sent through to us in the days following the inspection.

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 | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Failure to comply with the Mental Capacity Act 2005 and it's legal framework was a breach of Regulation 11: Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Failure to adequately assess, monitor and improve the quality and safety of the service |