

Arrow Care Services Limited

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Inspection report

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Date of inspection visit:
10 May 2019

Date of publication:
24 June 2019

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:

Arrow Care Services Limited is a domiciliary care agency (DCA). The service provides personal care to people living in their own homes in the community. At the time of our inspection 25 people were using the service and 14 were receiving personal care.

People's experience of using this service:

People received a kind and caring service. Staff were compassionate and committed to delivering high standards of care. The registered manager and management team led by example.

People were complimentary about the service they received and about the quality of the staff. People said they were very happy, they felt listened to and were treated respectfully.

Staff were knowledgeable about people's needs, preferences and routines. This ensured they delivered a person-centred service. Plans were regularly reviewed, and people were involved in the review and in making appropriate changes.

Staff promoted people's independence, enabling them to make decisions, offering choices and supporting them to maintain and re-gain their independent abilities.

The service was safe and risks were assessed, recorded and updated as needed. Staff took action and followed guidance to manage risks effectively. People were supported to take their medicines safely.

Staff were well trained and skilled. People were supported by staff who had been recruited robustly and who were well supported to carry out their roles.

The registered manager and the service had good working relationships with health and social care colleagues. Feedback received was very positive with an emphasis on skilled mental health care.

The service was well-led. The providers quality assurance processes were effective and the service provision well monitored.

Rating at last inspection: Arrow Care Services Limited is a new service and this was their first inspection since registration with the Care Quality Commission.

Why we inspected: This was a planned inspection based on our inspection schedule.

Follow up: We will monitor all intelligence received about the service to inform when the next inspection should take place.

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.

Arrow Care Services Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 team consisted of one inspector.

Service and service type:

Arrow Care Services Limited is a domiciliary care agency (DCA). The service provides personal care to people living in their own homes in the community. Arrow Care Services Limited is a new service and this was their first inspection since registration with the Care Quality Commission.

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 visit because we needed to be sure the management would be in the office. We visited the office location on 10 May 2019 to see the registered manager and to review care records, policies and procedures. We spent time in the week following gaining feedback from people who use the service, relatives and health and social care professionals.

What we did:

Before the inspection we reviewed the information we held about the service. We reviewed the provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We spoke with two people and their relatives to gather their views about the care they received. We received feedback from two professionals who have contact with the service. During the office visit we looked at three

people's care and medicines records. We checked three staff personnel files. We also looked at a range of records about how the service was managed. We spoke with the registered manager, the administrator and four members of the care staff team.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding processes in place and the contact details for the local safeguarding triage service was displayed in the office.
- The registered manager understood their responsibility to keep people safe and how to manage safeguarding concerns.
- The staff we spoke with were knowledgeable about how to recognise and act upon any concerns raised.
- Staff confirmed they had received safeguarding training.
- People and their relatives told us they felt safe with the care provided.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place for people who were at risk of falls, for hot water temperature checks and for equipment such as wheelchairs, smoke alarms and life-lines.
- Risk assessments gave guidance to staff on how to minimise the risks identified.
- People received copies of the environmental risk assessment which listed the actions needed to enable staff to provide safe care in their home. These included any hazards around the safe handling of food and household cleaning chemicals.
- People had personal emergency evacuation protocols in their care and support records.

Staffing and recruitment

- Staff were recruited robustly. Checks included a Disclosure and Barring Service (DBS) check, references and identity. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- There were sufficient numbers of staff recruited to meet people's needs. The staff we spoke with told us they enjoyed working for the company, they felt supported and valued.

Using medicines safely

- Medicines charts for prescribed creams needed to have a corresponding body map for accurate application. Protocols were needed for 'as required' medicines such as paracetamol. We discussed this with the registered manager at the time of the inspection, who acted immediately to make the necessary changes.
- People's care plans contained details of the support they needed to take their medicines.
- The registered manager ensured people's medicine records were completed accurately. Records were checked regularly and audited three monthly. Staff were observed administering medicines monthly.

Preventing and controlling infection

- Staff were trained in effective infection control practices

- Staff had access to plenty of personal protective equipment such as aprons and gloves.

Learning lessons when things go wrong

- There were no incidents or accidents to record in the year up to the inspection.
- There was a process in place. Actions and outcomes would be documented and discussed at team meetings or relayed through the services encrypted messaging service.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs prior to them receiving care and support to ensure they could be met.
- The assessment was comprehensive and included people's life history, routines, their preferences and abilities.
- Individual care and support plans were developed to guide staff and to capture important information about how best to meet people's needs.

Staff support: induction, training, skills and experience

- Staff training was comprehensive and varied. It included different methods to suit the different learning needs of staff. For example, one to one, online and group sessions.
- The training matrix showed that staff were up to date with training and staff we spoke with, confirmed this and said they enjoyed the training and found it fun.
- The registered manager told us that training was her part of her professional background. She spoke passionately about staff having the right skills and knowledge to carry out their roles confidently. The registered manager had devised the whole training programme herself.
- New staff completed a robust induction and were observed and mentored throughout until they were competent to undertake personal support to people independently.
- Staff benefitted from regular supervision and an annual appraisal. Staff told us they felt very supported by the management and senior team.

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

- People were supported by staff to maintain a good level of nutrition and hydration.
- People's dietary needs and preferences were included in their care and support plans.

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

- The service worked closely with the local authority adult social care and mental health teams to provide a bespoke care and support service.
- The service liaised with specialist mental health services for guidance and support.
- Records showed people were supported to access their community GP services and escorted to hospital appointments.
- One professional told us the support the service provided was, "Very good, they work well with people with complex mental health needs and always keep me updated with [people's] progress, changes or concerns."

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.

- No-one using the service at the time of our inspection lacked capacity to consent to their care and support.
- People's consent was gained prior to care starting and consent forms were signed. Staff told us they always asked people if they could assist or support. One staff member told us, "I always ask first and offer choices."
- The staff we spoke with knew about the Mental Capacity Act (2005). They were knowledgeable about offering people choice and allowing people to make their own decisions.

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

Good: ☐ 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

- We saw many complimentary cards and letters from people stating how caring the staff were. Feedback from people and relatives was very positive about the care they received. Comments included, "Delighted with the care and the staff are wonderful", "[person] has never been so well looked after" and "Thank you for being so caring."
- Daily records were written using respectful language and terminology. The registered manager was very keen for staff to express themselves appropriately in care records and monitored this closely.
- Notes described the interactions and responses of people as well as tasks people could manage independently.
- People's diverse religious, cultural, mental health and social needs were reflected in their care and support plans.

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

- Staff told us how they supported people to make their own decisions about their care. One staff member told us how they recognised when the person needed extra time to make a decision. "I explain things and repeat it if they need more time. It makes people feel better not to take things away from them, it's very important to give them time."
- Another told us, "I would not treat anyone differently or different to how I would like to be treated. Respect their wishes, follow their wishes. People need to be valued and listened to."
- Staff enjoyed their role and took pride in the company and the service they provided. One staff member told us, "I love making a difference to people's lives, I absolutely love it and enjoy working with people who have challenging behaviour or complex needs. I persevere and gain their trust, it is very rewarding."

Respecting and promoting people's privacy, dignity and independence

- People's records were stored securely.
- The service used a secure encrypted messaging service to liaise and pass on important information. People's initials were used for added confidentiality.
- People were supported to be as independent as possible. Some people were supported through a period of recovery which included making progress with independent living skills.
- People and relatives told us the staff were respectful and treated them with dignity.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs were met. Care and support plans were person-centred and contained information specific to them and set out how they would like their needs to be met.
- People and their relatives had been involved in the development of care and support plans.
- People's individual communication needs were recognised. For example, people living with enduring mental health needs and sensory loss. The service was compliant with the Accessible Information Standard 2016. The registered manager had started to learn Makaton – a form of sign language. This knowledge would be rolled out to the staff team.
- People were supported to have as much control over their care as possible. For example, one person was experiencing low mood. The staff member supported the person to make a slight change to their routine. The person chose to go for a walk with the staff and their mood lifted.
- The service used an instant "real time" care system via the internet. Staff logged in and out of their visits to people. This meant visit times and lengths were more accurate and rotas could be easily adapted to meet changing requirements. People receive a weekly rota, so they knew which staff member was coming on which day and at what time.
- People received a monthly review of their care and support plans, equipment, smoke alarms and lifelines.
- The service had successfully supported two people to find part time employment and signposted others to community services.
- People were supported to maintain their interests such as visiting garden centres, looking after their pets and attending local community events.
- The service operated an 'extra mile' campaign. One person was supported daily to meet their identified goals which they achieved and had become independent with travel.
- There was a 24 hour out of hours on call system in place, manned in turn, by the senior and management staff.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service at the time of our inspection.
- The service had a policy and process in place to investigate and take action should a complaint be received.

End of life care and support

- No-one was receiving end of life care 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

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

- The registered and deputy managers created a culture within the service of person-centred, quality care. They engaged with people who used the service and other stakeholders to develop bespoke care plans and support individual needs.
- Staff were motivated to fully engage with this ethos and were proud to make a difference in people's lives.
- People and their relatives praised the service and told us the service was well run. Comments included, "I would highly recommend them" and "The company made an immeasurable difference to him in the past weeks."
- The registered manager told us, "I am proud of what we have achieved. I am passionate about wanting to keep the quality and standard high."
- The registered manager was aware of their responsibilities under the duty of candour.

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

- There were quality assurance and audit systems in place. These included, reviews of care records and plans, medicines records, staff files and quality assurance feedback surveys. However, medicine audits were not based on medicine systems that ensure staff have sufficient guidance to administer medicines as prescribed.

We recommend that the provider seek from a reputable source guidance on systems to assess and monitor service delivery.

- The management team regularly carried out spot checks of staff to ensure they were putting their training into practice and maintaining expected standards.
- There was a clear staff structure in place and staff were aware of their roles and responsibilities. Staff were taking on lead roles as part of their development and the overall skill set of the staff team, such as dementia and safeguarding.
- Risk assessments were reviewed regularly.

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

- The service involved people, relatives, staff and professionals effectively. Feedback questionnaires were used to monitor the service provision and to make any required changes.

- Staff told us they were well supported and listened to. They felt valued and were able to contribute to the overall running and development of the service.
- The registered manager told us their plan going forward was to, "Remain diverse, but give a good quality service to the private sector and the local authority."

Continuous learning and improving care

- The registered manager had development plans in place. One area was to introduce staff personal development goals and objectives. This would form part of their continued professional development and transferrable skill set.
- The registered manager had set up a 'staff association' where staff met every six weeks to discuss developments, concerns and changes.
- Service policies and procedures were accessible for all staff who were signposted during induction and training. These were discussed during supervision.
- The service had joined the dementia action alliance and trained as dementia friends.

Working in partnership with others

- The registered manager was a member of Skills for Care and received up to date information on national policies and developments.
- The service worked well with the local authority commissioners, social care and mental health teams. They also had good relationships with local GPs and community health services.
- The registered manager had been working with Wiltshire College BTech students to develop their website.