

Blackpool Borough Council

The Arc

Inspection report

Clifton Avenue
Blackpool
FY4 4RF

Tel: 01253 477855

Website: www.blackpool.gov.uk

Date of inspection visit: 03 June 2015

Date of publication: 17/07/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection visit took place on 03 June 2015 and was unannounced.

At the last inspection on 23 October 2013 the service was meeting the requirements of the regulations that were inspected at that time.

The Assessment and Rehabilitation Centre (The ARC) is based in a quiet residential area of Blackpool. The ARC offers social care rehabilitation for 33 people who need a short period of intensive support in a 24 hour setting. Support is accessed via an assessment of need from an Adult Social Care or Health professional. It is available to people who are discharged from hospital, any residential

or nursing home, or to meet the needs of people who are at home to prevent an escalation of need. The staff team involves rehabilitation support workers, occupational therapists, physiotherapists, falls prevention workers and nurses, who all work together to identify goals to promote independence. Accommodation is located on two floors with a lift available to facilitate access to the second floor. At the time of our inspection visit there were 26 people who lived at the ARC.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

The care plans we looked at described the daily support people received. This included personal care support and rehabilitation exercises undertaken with an occupational therapist and physiotherapist. One person we spoke with said, "The support and treatment I am receiving has been excellent. The staff have been very kind and patient with me."

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were observed by any members of the inspection team. The

people we spoke with said they were happy with the standard of hygiene in place. One person we spoke with said, "No complaints about hygiene. The place is spotless."

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

Activities were arranged to assist people with their rehabilitation. These included dressing and stair practice, falls prevention, hand therapy, relaxation and function and fitness groups.

Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included questionnaires which were issued to people on their discharge to encourage feedback about the service they had received. The people we spoke with during our inspection visit told us they were satisfied with the service they were receiving.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report any concerns they had about poor care and abusive practices.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people. The deployment of staff was well managed and provided people with support to meet their needs. Recruitment procedures were safe.

Assessments were undertaken of risks to people and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People participated in activities organised to assist them with their rehabilitation.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



Summary of findings

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Good



The Arc

Detailed findings

Background to this inspection

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

This inspection visit took place on 03 June 2015 and was unannounced.

The inspection team consisted of an adult social care 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. The expert by experience for the inspection visit had experience of services who supported older people.

Before our inspection visit on 03 June 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people and previous inspection reports. We also checked to see if any information concerning the care and welfare of people had been received. We reviewed the Provider

Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included the registered manager, six members of staff and five people living at the ARC. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people, recruitment records of two recently employed staff members, the duty rota, training records, menu's, records relating to management of the service and the medication records of five people.

Is the service safe?

Our findings

People we spoke with during our inspection visit told us they were receiving safe and appropriate care which was meeting their needs. The registered manager told us her staff were designated as keyworkers for people on their admission and were fully involved in all aspects of their care. The people we spoke to told us they knew who their keyworker was and they were very supportive and encouraging with their rehabilitation programme. One person said, “The staff are very kind and patient. They seem to be well trained and competent and I feel safe in their care.”

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us the service had a whistleblowing procedure and they wouldn’t hesitate to use this if they had any concerns about their colleagues care practice or conduct.

Records seen confirmed the registered manager had responded appropriately to safeguarding concerns raised about staff working for the service. This included making a referral to the local authority for a safeguarding investigation and informing the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we received information about the service when we should have done.

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people. We saw call bells were answered quickly and people requesting help were responded to in a timely manner. For example we saw people requesting to go to the toilet were provided with assistance promptly. We noted staff were able to support people without feeling rushed and were kind and patient. People staying at the ARC told us they were happy with staffing levels and staff

were available when they needed them. One person said, “The staff are very responsive when you need them. I find it reassuring that they are available if I need them. I do feel safe here.”

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw assessments of the environment and equipment staff used when supporting people had been completed. Where potential risks had been identified the action taken by the service had been recorded. For example we saw detailed information about the level of support one person required whilst undertaking their therapy treatment. The records enabled us to identify the person had been supported safely and had successfully completed their therapy treatment.

The service had procedures in place to record accidents and incidents. We saw there was an audit trail in place logging the number and type of incidents, how these had been managed and any action taken by the service.

We looked around the building and found it was clean, tidy and well-maintained. No offensive odours were observed by any members of the inspection team. The people we spoke with said they were happy with the standard of hygiene in place. One person we spoke with said, “No complaints about hygiene. The place is spotless.”

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found window retainers were in place and water temperatures were delivering water at a safe temperature in line with health and safety guidelines.

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks are required to identify if people have a criminal record and are safe to work with vulnerable people. The application form completed by new employees had a full employment

Is the service safe?

history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medication procedures. This

meant systems were in place to check that people had received their medication as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication. Discussion with the registered manager and staff members confirmed only staff trained and assessed as competent were able to handle and administer medicines within the service. Having trained staff helped to protect people from the risk of being given their medicines incorrectly.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. They told us an assessment of their needs was completed by a panel of professionals including, occupational therapists, physiotherapists, social workers and nursing staff when they arrived. They told us they had been fully involved in the assessment and had signed a declaration form on their care plan confirming they agreed to the support being provided. One person said, “I was very impressed with the process. I am receiving the best treatment and support possible.”

We spoke with staff members and looked at individual training records. All staff members said they received thorough induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work they undertake. One staff member said, “We receive all the mandatory training. We are also supported by the manager to undertake extra training relevant to our role. I feel this is really important because we support people with varied needs.”

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people’s medicines had received medication training and had been assessed as being competent. Training to support people living with dementia and brain injury was also being provided. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills and help provide a better service for people they supported. Most had achieved or were working towards national care qualifications. People we spoke with told us they found the staff very professional in the way they supported them and felt they were suitably trained and supervised.

Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people leaving the building throughout our inspection visit to enjoy the garden or go out for a walk. One person we spoke with said, “I am going out for a cigarette and to enjoy the pleasant weather we are experiencing today.”

We found the staff team understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People in the lounges had jugs of juice within easy reach to have a drink when required. Throughout the inspection we saw staff encouraging people who had been identified as being at risk from poor nutrition and dehydration to eat and drink. We observed the staff completing records confirming fluid and nutritional intake.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. All the meals were plated up to look attractive and different portion sizes and choice of meals were provided as requested. We saw people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

We spoke with the services catering staff. They were able to demonstrate they understood the nutrition needs of the people. When we undertook this inspection there were two people having their diabetes controlled through their diet. One person required a soft diet as they experienced swallowing difficulties. The catering staff were able to fortify foods as required. Portion sizes were different reflecting people’s choice and capacity to eat. The catering staff told us they were informed about people’s dietary needs and if any changes occurred during their stay. People spoken with after lunch told us the meals were very good. One person said, “The food is very good and there are always lots of snacks and drinks between meals.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for

Is the service effective?

themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this

inspection there had been no applications made to deprive a person of their liberty in order to safeguard them. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, “I am really happy with the support I am receiving. I find the staff very helpful and friendly.” And “I am receiving the best care possible. I completely trust the staff when they are supporting me.”

Staff spoken with were knowledgeable about the needs of people in their care. They were able to describe the assessed needs of people and how these were being met. They told us they were involved in the assessment process and attended review meetings to discuss people’s progress. One staff member said, “The care plans we work with are structured and very informative about the support people require. We want to provide the best support possible so people can return home and live independently.”

During our inspection visit we spent time observing staff interactions with people in their care. This helped us assess and understand whether people using the service were receiving care that was meeting their individual needs. We saw staff were caring and attentive. They were polite and kind when speaking to people and showed compassion when providing support. We observed staff supporting two people who required assistance because they had poor mobility. The staff showed patience and understanding and engaged in conversation with the people whilst providing the support. This confirmed people who required support were being treated with respect, patience and dignity.

Throughout the inspection visit we saw people had freedom of movement both inside and outside the building and were able to make decisions for themselves. We observed routines were relaxed and arranged around people’s individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas.

We observed staff members enquiring about people’s comfort and welfare throughout the inspection visit and responded promptly if assistance was required. For

example we saw staff asking people if they required assistance to the toilet or would like a cold drink. One person we spoke with said, “This is my first stay here and I have to say I have found the staff very caring.”

We looked at care records of three people. We saw evidence they had been involved with and were at the centre of developing their care plans. The people we spoke with told us they had been encouraged to express their views about how their care and support was delivered. The care plans contained information about people’s current needs as well as their wishes and preferences. Daily records completed by staff members were up to date and well maintained. These described the daily support people received and the rehabilitation activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence that demonstrated people’s care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people’s needs.

Staff had an appreciation of people’s individual needs around privacy and dignity. They told us that it was a high priority. Staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards the people in their care and treated them with respect.

Whilst walking around the building we observed staff members undertaking their duties. We noted they knocked on people’s doors and waited for an answer before entering. We spoke with people about how staff respected their privacy. One person, “The staff are very kind and caring. I think they are smashing, they treat me with dignity and respect my privacy.”

Before our inspection visit we received information from external agencies about the home. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

Is the service responsive?

Our findings

People told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, “I find the staff are really supportive and encourage me with my rehabilitation. It’s not easy but I want to return to my own home.”

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed with them and had identified what support they required and how they would like this to be provided. We saw people had been at the centre of planning and decision making about their care and the support provided had been tailored to meet their unique and individual requirements. One person we spoke with said, “It’s a really professional service from the day you walk through the door. Everything is planned in detail and the encouragement I have received to meet my goals has been brilliant.”

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People’s likes, dislikes, choices and preferences for their daily routine had been recorded. The care plans had been signed by staff confirming they had read them and understood the support people required. We found the care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly.

The daily notes of one person showed staff had responded to an identified weight loss. The records informed us that

following medical intervention the person had started to regain weight. Daily records completed confirmed their food and fluid intake had been monitored closely and the person’s weight loss had been halted.

We observed staff treated people with respect throughout our inspection visit and assisted them to make basic decisions. For example, we saw people were able to choose to remain in their room or use one of the two lounges available to them. One person we spoke with said, “There is a very relaxed and easy going atmosphere here. There has to be some structure but I don’t feel dictated to in anyway. I go to my room after meal times because I want to.”

Activities were arranged to assist people with their rehabilitation. These included dressing and stair practice, falls prevention, hand therapy, relaxation and function and fitness groups. One person we spoke with said, “We are all here for one reason and that is to return to our own homes. I attend all the activities they organise because that is my goal.”

The registered manager had a complaints procedure which was made available to people they supported and their family members. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to the staff or the management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, “Absolutely nothing to complain about. The staff are brilliant and are doing everything they can to help us.”

Is the service well-led?

Our findings

Comments received from staff and people were positive about the registered managers leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, “I have worked here for a number of years and really like it. I know exactly what is expected of me.” Another staff member said, “I haven’t been here very long but have found the manager approachable and supportive.”

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. People told us the atmosphere was relaxed, fair, and open. One person we spoke with said, “The staff seem to know what they are doing and work as a team to the benefit of all. It really is a well run service.”

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

We found the registered manager had sought the views of people about their care. People had been asked to complete an exit survey on their discharge. We looked at a sample of surveys recently completed. The feedback provided was positive with comments about the care provided, friendliness of staff and quality of food. Comments people had written included,

“I am very satisfied about all aspects of my treatment. It’s been first class.” and “Thank you to all the staff for helping me to regain my independence and confidence.”

Staff meetings had been held to discuss the service being provided. We saw documented evidence that these had taken place and the people being supported had attended. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. We also saw the registered manager had discussed the standards she expected from her staff team for compliance with future CQC inspections.

The registered manager was completing a Key Performance Information form for the registered provider. This provided information about the number of admissions, compliments and complaints received and any safeguarding issues. Where information of concern about the service had been received the action taken and outcome of the investigation had been documented. This showed the registered manager had systems in place for gathering, recording and evaluating information about the quality and safety of care provided. The registered manager told us the findings of investigations would be reviewed to ensure action was taken to improve identified failings in the service.