

Caring Professional Solutions Limited

Arbour Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Arbour Care is a care service that provides live in carers to all of their clients. These care staff provide personal care to people aged 18 and over. The service was supporting 33 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe with staff. Staff received training relevant to their role and received support from the management team.

People were supported with their medicines where necessary. Staff also supported people to maintain a healthy, balanced diet.

Staff always asked people for consent before providing support and risks were assessed and well managed.

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.

People, relatives and staff all felt confident to raise any concerns with the registered manager and provider. Audits had been implemented to ensure the quality of care and the company was maintained at a good level.

Staff supported people to access health professionals when needed. Ongoing health conditions were also monitored, and advice sought if changes in people's health were noticed.

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 6 November 2019) and there were multiple breaches of regulation. 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 regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an announced comprehensive inspection of this service on 2 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arbour Care on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was 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

The inspection was carried out by one inspector who attended the location and one inspector who worked remotely conducting telephone calls to service users.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service specifically supports people with around the clock care by carers who live in the homes.

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.

Inspection activity started on [29 April 2021] and ended on [13 May 2021]. We visited the office location on [29 April 2021].

What we did before the inspection

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

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, assistant manager, senior care workers and care workers.

We reviewed a range of records. This included four care records and multiple medication records. We looked at three 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 looked at the business continuity plan following the inspection.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- In the last inspection discrepancies were found in people's risk assessments. Since the last inspection the service had implemented a new digital system with risk assessments embedded into each person's care plan.
- Risk assessments were detailed and included individual assessments for each risk identified. Examples of this were seen including catheter care risk assessments with guidance for staff to reduce the risk of infections.
- There was evidence that the service monitored and managed risks. This was seen through new risk assessments being completed when new risks had emerged.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe with the staff that supported them. One person said, "Yes, I feel safe. My live in carers are excellent." A relative also said, "Yes, I do feel [person] is safe - they are well looked after."
- Staff received training in safeguarding and how to identify the different types of abuse. The provider also had a safeguarding policy for the staff to follow. Training records showed all staff had completed the safeguarding course.
- The registered manager was confident when discussing how a safeguarding concern would be reported and what their responsibilities were.

Staffing and recruitment

- People and relatives told us that there were enough staff to meet their needs and the office and management team also supported when necessary. One relative said, "Yes. Without doubt. There has been a case when [person] actually hurt themselves and the supervisor took [person] to hospital and stayed with them the whole time."
- People and relatives also told us that staff were always available when they needed support. One person said, "My [relatives] have live in carers - they are very conscientious about punctuality when returning from breaks."
- The registered manager followed good recruitment processes. This included an interview, reference checks and a check with the disclosure and barring service (DBS). This confirmed whether potential employees were known to police and supported the registered manager to make safe recruitment decisions.

Using medicines safely

- People told us that staff supported them with their medicines when they needed them. One person said, "They are very good at helping me with any medication I need."
- Staff told us they were trained in medicine administration and supported well with changes to people's medicines from the management team and health professionals. One staff member said, "Yes, I am trained and qualified to administer medicines."
- The registered manager ensured all staff kept up to date with medicines training, this was documented on an audit to ensure training did not expire. Competency checks were also completed to ensure staff did not require further support with their knowledge. This ensured all staff were supporting people with their medicines safely.
- A new digital system had been introduced to record medicine administration and support. This generated alerts if any medicine was not recorded as being administered. This alert then notified the registered manager immediately so it could be addressed and any action that may need to be taken. The registered manager showed us the system and explained how easy it was to use.

Preventing and controlling infection; Learning lessons when things go wrong

- People told us that staff were using personal protective equipment (PPE) when necessary. One relative said, "They do everything they can to keep mum safe. Always using the equipment they needed. They even reduced their breaks just so that mum didn't have other people coming into the home. She (staff member) did everything she could and went above and beyond to make mum feel safe."
- The office had a large stock of PPE and the registered manager explained that on one occasion a person's home had run out of an item. The registered manager explained that this was because of a delay with the postal system. They had recognised this and explained that they either now send stocks of PPE a long period of time before stocks run out or a member of the office staff will deliver to the address.
- The registered manager confirmed that she likes to always consider herself learning from all information and incidents. Accidents and incidents were recorded in an audit so the registered manager could identify any trends or patterns to ensure steps were taken to prevent reoccurrence.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to comply with the Mental Capacity Act 2005 and it's legal framework. This was a breach of regulation 11 (Need for Consent) 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 11.

- All people and relatives that we spoke with confirmed that staff always asked for consent before completing a task. On relative said, "Yes [staff member] is always talking to [relative] and making sure they understands."
- All people being supported by the service were assumed to have capacity. Where people may have, on occasion challenges with their memory, mental capacity assessments had been considered.
- The registered manager was confident when discussing when it would be necessary to consider or complete a capacity assessment and a best interest decision.

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

- People and relatives told us that staff always supported them with choices, and this was documented in people's care plans. One relative said, "When we initially started using Arbour Care I was worried about

[relative] losing control or not having as much choice as before in their home. The carers are just brilliant, they follow the initial assessment so well and cater for all choices [relative] makes, nothing is too much for them."

- Thorough initial assessments were completed prior to the service accepting a support package. This ensured that the service could meet a person's need and where appropriate match a person with a specific member of staff.
- There were detailed assessments for individual care needs for people. For example, one care plan detailed how staff should care for a pressure area or pressure sore. This had recognised NICE guidance for staff to follow including pictures of different stages of pressure areas for staff to look out for.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role and that they received a good level of training. One staff member said, "My company provides me with training that helps me gain further qualifications and meet all of my clients' needs." Another staff member said, "I am also constantly learning new regulations in every possible way by myself or I get help from the office team, when after [person] left the hospital, I needed to be sure that I understood the doctor's recommendations and changes in medications, I got all confirmation immediately despite the fact that the patient arrived home after nine in the evening."
- Staff also told us that they had received a thorough induction process, one staff member said, "I did have an induction which prepared me for my work with the client. I had enough information about people's needs before I supported them and enough time to do everything in people's care plans. Whenever I need support, I always get it."
- People and relatives told us that staff were well trained. One person said, "They are very well trained. I sometimes need them more than other times but it's not a bother to them. They always assist me quickly and in a way that is gentle and caring."
- The registered manager had introduced a staff training compliance record. This ensured that the registered manager had oversight of all staff training and this highlighted when training was about to expire.

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

- Some people received support with their food, however others had food delivered to their homes. Staff supported people to prepare food where appropriate. One person said, "Very good. Does it all and the meals are hot and tasty. Excellent. I have no worries at all."
- People and relatives also told us that when required staff had supported people to have a healthier diet. One relative said, "[Staff member] has encouraged [relative] with a new healthy diet and supporting them to be involved in the cooking which has just sparked something inside them. [Relative] is now actively engaged at meal-times. [Staff member] will sit and eat with them so they eat together. It has made such a huge difference."
- Care plans detailed people's preferences. This ensured staff could support people with food and drink that they enjoyed, and minimised the risk of loss of appetite.

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

- The management and office team worked alongside staff to support people to access health professionals as soon as they were required. Care plans detailed correspondence with health professionals with guidance for staff to follow. For example, advice for staff on a person's diet from the Speech And Language Therapist (SALT) team.
- People were supported to attend health appointments if needed. Evidence of follow up appointments and referrals were seen in care plans.
- Care plans showed that regular correspondence had occurred between social care professionals and the

provider. This information sharing meant the person received consistent care that met all of their needs.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to adequately assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) 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 17.

- Since the last inspection a new registered manager had joined the service. The registered manager explained what new procedures had been introduced to ensure a good service was being provided. New quality audits had been introduced. These quickly highlighted any concerns or changes that were required. An example of this was seen with training compliance records to identify if any staff needed updated training.
- Since the last inspection a new digital care file system had been introduced and was embedded into the service. All information on paper files had been transferred on to the system. This enabled the registered manager to analyse data quickly, rather than retrieving information that was held on paper files in people's homes.
- The registered manager had also introduced a new supervision and appraisal procedure. Staff confirmed that they found their supervisions beneficial and felt supported by the manager. One staff member said, "I meet my manager for supervision who provides me with feedback and spot checks. It is always very useful."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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;

- People and relatives told us how they felt involved in the care being provided. A relative said, "I get asked for feedback all the time. [Staff member] particularly. They were calling me a few weeks ago when there was a change of carers and they were making sure all was ok."
- Staff told us that they felt valued and were confident to put forward ideas if they thought it would improve the care and support for someone. One staff member said, "The manager always responds if I have concerns or suggestions. I can always talk openly about suggestions or problems, they listen with respect and always

find a solution."

- The registered manager told us how they wanted people to feel valued, included and happy with the support that was provided. "As much as we stay in touch with the staff we like to stay in touch with the people as well, we're always calling to see if they are okay or if there is anything we can change to improve." She also said, "We (office staff) like to always check in, when we send PPE, we try to send little packages as well, sometimes sweets to say thank you to the staff."
- The registered manager and the provider confirmed they wanted to be transparent and work with everyone to ensure good care. The registered manager said, "If something is wrong in a person's care, we want to find a solution and work together with everyone necessary to get the care right." Evidence was seen on how the service had worked with professionals and families when any concerns had been raised.

Continuous learning and improving care; Working in partnership with others

- There was a complaints procedure for staff and the management team to follow. As part of this process there were actions set to ensure the service and staff learnt from the feedback.
- The registered manager told us how she wanted to continue to learn from other professionals. She said, "I'm always researching. If something comes up (certain condition) I google it, I research it. I get alerts from NICE, Skills for Care, and the CQC newsletter." They also said, "I'm constantly learning. I think you can learn so much by reading other people's CQC reports as well, to see areas of good practise that we may be able to implement."
- We saw clear correspondence and evidence that the service were working closely with health and social care professionals to ensure a 'joined up' approach to people's care.