

Arriva Care Services Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Arriva Care Services Limited is a domiciliary care and supported living service providing the regulated activity of personal care. At the time of our inspection there were 2 people receiving the regulated activity of personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: 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. A variety of risk assessments were in place so staff were aware of how best to support people and minimise risk. We found the service was working within the principles of The Mental Capacity Act 2005 (MCA).

Right Care: People were protected from abuse and poor care and any concerns were addressed. The service had enough appropriately skilled staff to meet their needs and keep them safe. People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood and responded to their individual needs.

Right Culture: Staff spoke positively about the culture of the service and told us they placed people's wishes, needs and rights at the heart of everything they did. People received consistent care from staff who knew them well. The management team and senior staff modelled good practice and led by example. One staff member said, "I work weekends and management are always available at weekends."

Rating at last inspection

The last rating for this service was good (18 September 2018)

Why we inspected

We received a concern in relation to people's environments and staff's understanding and application of The Mental Capacity Act 2005 (MCA). As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Arriva 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

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 also provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 members of staff including the registered manager, operational manager and senior team leader.

We reviewed a range of records which included 2 people's care records. We looked at 3 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 spoke with 1 relative and 5 members of staff (support workers) about their experience of the care provided as were unable to communicate directly with people using the service in line with their preferences.

We continued to seek clarification from the provider to validate evidence found. We looked at care records and quality assurance records. We gathered feedback from 4 professionals about their experience of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. A relative told us, "[My relative] is very happy with the care they provide. We have used them for just over a year and have never had a problem. If we did, I would know what to do and who to complain to. They are approachable."
- Staff had attended safeguarding training and understood their responsibilities around reporting concerns. A staff member said, "I feel confident that management would listen to me if I raised a concern, but I haven't needed to in all the years I've worked there."
- Staff had access to the provider's safeguarding and whistleblowing policies which were kept up to date. One staff member said, "There are good systems and processes in place to protect people. Right from the start of my employment Arriva [Care Services Limited] have always been clear about safeguarding expectations."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had good oversight of the service and any learning was shared with staff to help promote good practice and reduce the risk of reoccurrence.
- Risk assessments were in place to identify how staff should work safely with people. This included assessments around people's medical conditions and home environment. One staff member said, "Care plans and risk assessments [are kept within each service]. I read them every weekend to refresh and update, especially if there are any changes."
- The registered manager had an 'out of hours' telephone service which they operated with the support of senior colleagues outside of office hours. This meant that people, relatives and staff were able to contact the provider in the event of an emergency. A staff member said, "If there are any concerns there is always a member of management available on the phone to offer us support. We always have someone available to help."
- The registered manager monitored staff 'logging in and out' of their care calls. This helped to ensure care was being carried out as planned.

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

- We found the service was working within the principles of the MCA. The registered manager told us they were developing how this information was documented by further partnership working with people's care

teams and representatives.

- Staff had received training and demonstrated a good understanding of their responsibilities in relation to people's mental capacity. One staff member said, "I have received training around MCA and DoLS. The training we receive is really good."

Staffing and recruitment

- Safe recruitment practices were being used in line with the provider's policies. Disclosure and Barring Service (DBS) checks had been completed prior to new staff starting work at the service. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured there were documented interview notes, alongside a record of training and support to ensure staff were appropriate for the role they had been recruited for.
- The staff rota was managed by the operational manager and had been developed to allow staff to work the majority of their hours with the same person or service. This helped to ensure people received consistent care from staff who knew them well. The senior team leader said, "The fact that we have a consistent staff team has a huge impact. We know people well and understand how to support them safely...and can respond to their individual needs. I think it makes a real difference to the care they receive."
- Staff spoke positively about their rota and told us there were enough staff deployed to meet the needs of people living across the service. One staff member said, "We have enough staff to support people safely. We don't use agency staff and so staff know people well." Another staff member said, "There are always enough staff on duty to support people safely. We are not short of staff, not by a long way. Our rota comes out a month in advance and we can always raise any issues ahead of time with management. They are really responsive and mistakes are guaranteed to be sorted straight away."
- The management team told us they prioritised people's needs by considering the skill mix of staff when completing the rota. One staff member said, "The registered manager knows all the staff really well and matches us to people to make sure they get the best care."

Using medicines safely

- At the time of the inspection staff did not administer oral medicines to people who received the regulated activity of personal care. However, staff provided prompting and applied topical creams which were reviewed along with the oversight and governance of safe medicines management.
- Although staff were not currently supporting people with oral medicines, the provider had ensured staff were trained and competent in the safe administration of medicines in the event people may need to be supported with their medicines. One staff member said, "We get training [on medicines] all the time. We have the formal training and then refresh training around competence with management on a regular basis. This makes me feel confident."
- The management team and staff completed a selection of daily and weekly audits across the services. This helped to ensure effective oversight of medicines and minimise the potential for any errors. The senior team leader told us, "We audit medicines and check Medicine Administration Record (MAR) charts. We spot check and do competency checks to make sure people get their medicines as prescribed."

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE) to safely manage and control the prevention of infections.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff spoke positively about the providers approach to preventing and controlling infection. One staff member said, "The management were brilliant through COVID and we always had enough PPE and advice when legislation and guidance changed. We would always have training when things changed."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Staff spoke positively about the culture of the service. One staff member said, "It's one of the best jobs I've had. The management team are really supportive. The team all get on."
- Staff were able to describe the importance of promoting person-centred care and promoting people's privacy and dignity. A relative told us, "They are respectful of [my relatives] privacy and dignity. They [complete a personal care task] and always tell [my relative] what they are going to do before they do it."
- Staff were knowledgeable about the people they supported and spoke about them fondly using positive affirmations. One staff member described a person they were supporting using language such as, "Amazing" and, "Really talented."
- Staff told us they felt valued and supported. One staff member said, "It's a great company and I feel well supported without a shadow of a doubt."
- The registered manager was open and transparent throughout our inspection and was committed to promoting a good quality and consistent service.

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

- The registered manager understood the duty of candour. The duty of candour is a set of specific legal requirements that services must follow when things go wrong with care and treatment. The registered manager told us they would inform people, their families and where appropriate, external agencies of when things go wrong. A visiting professional said, "Arriva [Care Services Limited] are reflective and non-defensive about improvements and are very open about what they need to improve on."
- People benefited from a staff team that worked well together and understood their roles and responsibilities. One staff member said, "Staff morale is very good and we all work together."
- The management team monitored the service closely by completing audits and supervising staff to ensure consistent practice. We saw examples of the 'on the spot' monitoring forms which they used to complement their governance oversight.
- The registered manager monitored staff's working performance and behaviours through regular observations of their working practice. Positive feedback and areas for improvement were shared with staff to help ensure they understood how they were performing.
- There was a clear management structure in place. The registered manager and operational manager oversaw the running of the service and were supported by the senior staff team. Key roles and

responsibilities were defined, and each member of staff had a good understanding of each other's roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People received regular newsletters which shared key information and signposted them to activities and areas of interest. The newsletters were also used to, with consent, share pictures and celebrate people's achievements, such as gardening projects or craft work.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to and had input into the running of the service. One staff member said, "We have house meetings every weekend where people can share their views about their homes. Staff meetings take place every month. If staff can't attend, we get a copy of the minutes so we know what was discussed."
- Staff encouraged people to be involved in the development of the service. The management team had created an interview forum where people could suggest and share the interview questions they wanted to ask prospective staff. People had been involved in staff interviews so they could shape and influence the staff team recruitment.
- The views of staff, people and their relatives were sought in relation to the service, using a range of different forums. In some of the main supported living homes the provider had fitted a post box which people could use to share feedback which was used to develop the service.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussions around how to implement best practice guidance.
- Healthcare professionals spoke positively about the service and told us how they worked in partnership to achieve good outcomes for people. One healthcare professional said, "I feel confident [working] with Arriva [Care Services Limited] as they go above and beyond to support [people]."