

## ARC Community Care Limited

# ARC Community 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

ARC Community Care is a domiciliary care agency that provides care and support to people in their own homes. At the time of the inspection there were approximately 60 people who used the service. The agency provide support to people with a range of care needs, which include older people, people living with dementia and people with physical disabilities.

This inspection took place on 3rd December 2014. The provider was given 48 hours' notice that the inspection

was going to take place. We gave this notice to ensure there would be someone available at the service's office to assist us in accessing the information we required during the inspection.

The last inspection of the service took place on 10th December 2013. The service was found to be compliant with all the areas assessed during that inspection.

At the time of the inspection there was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

Throughout this inspection we received very positive feedback from people who used the service, their main carers and a community professional. People expressed satisfaction with the service provided and spoke highly of staff and managers. Their comments included, "I can't thank them enough, I'm very fortunate." "I'm quite satisfied. The people are really good." "Please tell them how much I admire the girls, they are marvellous." "I'm well pleased, it's a great help." "They're 100%, I have no faults with them."

People told us they felt safe when receiving care and that their care was provided with kindness and compassion. People felt their views and opinions were taken into account and that their care was based on their personal needs and wishes.

There were processes in place to ensure staff were aware of any risks to people's safety and wellbeing and the registered manager ensured staff had the knowledge and skills to support people in a safe manner.

Staff were carefully recruited and a number of background checks were carried out to help ensure they were of suitable character to work with vulnerable people.

There was a detailed induction and training programme in place, which helped ensure care workers had the necessary skills to support people in a safe and effective manner.

The registered manager encouraged the views of people who used the service and other stakeholders. We saw a number of examples of changes and developments within the service, which had been made as a result of people's suggestions and comments.

There was an open culture within which people who used the service and other stakeholders were comfortable to raise any concerns. People had confidence that any concerns they did raise, would be dealt with appropriately by the registered manager.

The registered manager had effective systems in place to monitor safety and quality across all aspects of the service. The registered manager ensured she kept up to date with best practice and sought to achieve constant development and improvement.

# 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. Risks to the health, safety and wellbeing of people who used the service were assessed and there was guidance in place for staff in how to support people in a safe manner.

Staff were aware of their responsibility to protect people from abuse. Staff were confident to report any concerns to their managers.

Staff were carefully recruited to help ensure they were of suitable character to work with vulnerable people.

Good



### Is the service effective?

The service was effective. People received care that met their needs and promoted their wellbeing.

Staff received a good level of training and support to equip them with the skills to carry out their caring roles effectively.

The service worked in accordance with the Mental Capacity Act 2005 so that the rights of people who did not have the capacity to consent to any aspects of their care were protected.

Good



### Is the service caring?

The service was caring. People received care that met their needs and that was based on their personal wishes.

People who used the service were treated with compassion and their privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive. People received effective care that was based on their personal needs and wishes.

People were encouraged to express their views about their own care and the service as a whole.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Good



### Is the service well-led?

The service was well-led. There was a well-established management structure and clear lines of accountability, so people knew who to contact if they required any advice or guidance.

There were effective systems in place to regularly assess and monitor the quality of the service that people received and identify any opportunities for improvement.

Good



# ARC Community Care

## 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 was planned to check 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.

The inspection took place on 3rd December 2014. We gave the registered manager 48 hours notice of our intention to inspect the service. This was to ensure there would be someone available at the service's office to provide the information we would require during the inspection.

The inspection team consisted of a lead 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. This expert had experience of caring for someone who used services for older people.

Prior to our visit, we reviewed all the information we held about the service. The provider sent us a Provider

Information Return (PIR). 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.

During the inspection we spoke with 27 people who used the service or their main carers. We spoke with eight staff members, including the registered manager, the provider, a supervisor and four carers. We consulted local authority commissioners and three community professionals who supported people who used the service and we received one response.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We viewed a selection of records including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records and minutes of staff and management meetings.

# Is the service safe?

## Our findings

We spoke with 27 people who used the service or their close relatives. All except for one person told us they felt safe when receiving care and support from the agency staff. The person who did not feel safe explained this was due to changes in their mobility and not due to a lack of confidence in their care workers. People's comments included, "The whole service is really good." "I think they are very good." And, "I just can't fault them."

We viewed a selection of care plans belonging to people who used the service. We saw there was a thorough assessment process in place which addressed all aspects of the person's care needs and any risks to their safety and wellbeing, for example in areas such as nutrition or falling. We noted that where risk was identified, there was clear guidance in the person's care plan to instruct care workers in how to support them in a safe manner.

Care workers demonstrated good understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported. We also noted one example, where care workers had identified concerns about a person who used the service and had quickly reported them to the registered manager, who had taken swift action to ensure the person was protected from harm.

The service had a policy and detailed procedures in place in relation to the safeguarding of vulnerable adults. We saw this information included clear reporting procedures and described the role of other agencies such as the local authority. Information such as how to recognise signs of abuse was also provided to staff to help ensure they were able to identify concerns and take the correct action.

All the staff we spoke with were fully aware of the service's safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. One care worker said, "That was one of the first things I did on my induction." Another commented, "You are told right from the start you must report anything at all like that."

Staff were aware of the service's whistleblowing policy and all those we spoke with expressed confidence in the registered manager to deal with any concerns raised appropriately. One care worker told us, "I am 100 per cent confident. Anything we reported would be dealt with, without a doubt."

On viewing information we held about the service we were able to confirm the registered manager reported any safeguarding concerns to the appropriate agencies. We saw a good example of a safeguarding concern reported by the registered manager due to concerns about the health care support a person was receiving in the community. The manager's prompt action meant that the person's community health care package was reviewed and improved to ensure the care they received was safe and effective.

We viewed a selection of staff personnel files to examine the selection and recruitment procedures carried out by the agency. On all the files we viewed we found appropriate background checks had been carried out for the staff members before they were offered employment. Such checks included full employment histories, previous employment and character references and police record checks. This helped protect the safety of people who used the service as it reduced the possibility of them receiving their care from people of unsuitable character.

The registered manager had an assessment tool in place to help her ensure there were enough staff employed at the service to meet people's needs safely. People's care needs and the number of hours of support they required were calculated to determine the necessary staffing levels across the agency. As people's needs changed or as new people started to use the service, the staffing levels were reviewed. This helped to ensure there were enough staff to provide a reliable and consistent service.

Eight out of the 27 people we spoke with had assistance from care workers to take their medicines. They all felt the care workers who supported them with their medicines were competent to do so and felt confident in the support they received. Records showed that training in the safe management of medicines was provided to all staff as part of their induction. This training was classed as mandatory by the service.

We saw that the registered manager carried out a specific risk assessment and care plan for any person who required assistance to manage their medicines. We noted there was a good level of detail in the care plans which covered what level of support people required and any issues such as action to take if the person refused to take their medicines, for example. This meant staff had clear information about how to support people. Where people were prescribed

## Is the service safe?

medicines on an 'as and when required' basis there was clear information in their care plans about when the medicines should be given. This helped ensure people received their medicines when they needed them.

We looked at a selection of people's medication administration records. In general, we found these were in good order and completed in an accurate manner. However, we noted a small number of unexplained omissions on the records which had occurred over several months. We discussed this with the registered manager who was able to demonstrate she had identified these

issues through audits and had taken action to address them. The actions included carrying out additional supervisions with the staff members involved as well as additional training. This information was supported by documentary evidence made available to us.

The registered manager also discussed with us plans to further improve medication administration records. These included the introduction of improved recording templates with additional space for special instructions relating to medicines and creams, so that this information would be clearer for staff to follow.

# Is the service effective?

## Our findings

We asked people who used the service if they felt staff had the right skills and knowledge to support them. The majority of people we spoke with felt this was very much the case and spoke highly of their care workers. Their comments included, “Yes, they are excellent.” “They are all very competent.” “I had a new one (care worker) for three days and the supervisor checked her.” “Yes, certainly, they know what they are doing.” However, one person commented that they did not feel new staff always got enough training and another told us they felt some staff could have a bit more initiative. We informed the registered manager about these comments and considered these when we reviewed other evidence obtained during the inspection.

We looked at the arrangements for the induction and ongoing training and support of staff. We saw there was a detailed training programme in place, which started with a thorough induction for all new staff members. At the start of their employment all staff were required to complete a programme, which included learning about the policies and procedures adopted by the agency, shadowing experienced staff and completing a workbook based on national standards and principles of good care. Records showed that staff were required to demonstrate their competence throughout their induction by either completing written tests and by being observed carrying out tasks.

Staff we spoke with told us they had found their inductions to be very thorough. One staff member had recently returned to the agency after a break of several years. She commented, “I’ve had a fabulous induction. I’ve redone all my training and I’ve really enjoyed it.” Another told us, “I found the induction really good. It covered everything I needed and I felt quite confident.”

The service had an ongoing training programme, which included a number of courses classed as ‘mandatory.’ This meant all staff were expected to complete the courses. The mandatory training included courses that helped staff support people in a safe manner such as moving and handling, infection control and safeguarding adults. Other courses related to the needs of people who used the

service were also provided. One staff member told us, “They bring in any training you want if it’s useful for the clients. I’ve just done continence training which was really good.”

We saw there were processes in place to enable the registered manager to monitor training and ensure all staff received refresher courses at regular intervals. One staff member commented that she found the refresher training very useful and said it helped her keep her knowledge and skills up to date.

We spoke with people who used the service about how the service supported them to maintain good health. People told us they were happy to discuss their health care needs with their care workers and any concerns they may have about their health. Five people shared examples of support they had received from care workers to contact their GP or other health care professionals.

People’s care plans contained important information about their medical histories and any health care needs they had. This meant that care workers were aware of any risks to people’s wellbeing and what action they should take if they identified any concerns. We saw some good examples of the service working in partnership with community health care professionals to ensure people received the care they required. Where advice had been given by a community professional, for example a district nurse or mental health specialist, this had been incorporated in the person’s care plan, so staff were aware of it.

The service’s standard assessment process included a nutritional risk assessment to ensure any risks relating to poor nutrition or hydration that a person faced, were identified and addressed. This meant care workers had guidance in how to promote people’s safety through adequate nutrition and hydration. In addition, where a person who used the service was assessed as being at risk of poor nutrition or hydration, charts were implemented to enable care workers to record and monitor their intake on a daily basis.

People’s care plans also included information about any support they required to prepare meals, if this was part of their commissioned care. Where relevant, their food preferences and any dietary needs were also included. Food hygiene was part of the service’s mandatory training programme, which helped to ensure care workers had the knowledge and skills to prepare food safely.

## Is the service effective?

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found the service had systems in place to protect people's rights under the Mental Capacity Act 2005.

The registered manager and staff demonstrated good understanding of the Mental Capacity Act and arrangements required to deprive people of their liberty

when this is in a person's best interests. At the time of our inspection there were no concerns about the capacity of any person who used the service to consent to their care. However, the registered manager was able to describe action she would take to ensure the best interests of any person who used the service were protected, if any such concerns were identified in the future.



# Is the service caring?

## Our findings

During discussions we had with people who used the service we received some very positive comments about the approach of care workers. People described staff with words such as 'kind', 'compassionate' 'caring' and 'lovely'. People's comments included, "You know there is someone coming in and they are there for you." "I didn't realise people did such things, and they make you feel so comfortable." "I'm very pleased with the ARC people." "They are very kind." "They are very nice girls." "They are lovely."

No person we spoke with expressed any concerns about the attitude or approach of their care workers.

We asked people if they felt care workers had enough time to support them at their own pace. People generally felt this was the case although some felt care workers were sometimes rushed. One person said, "Sometimes it's a little rushed, but as long as they do what I require I am satisfied." A number of people commented they would like more time with their care workers for chats, but were aware their visits were limited to the set times commissioned as part of their care package.

People told us their care and support was provided in the way they wanted it to be. One person said of their care worker, "She talks to me, nothing is too much trouble." Another told us, "They listen and do what they can." Everyone we spoke with felt care workers listened to them and explained things in a way they could understand.

We asked people who used the service if they received their support from consistent care workers who they knew well. We received mixed responses about this. Some people felt this wasn't always the case and their responses included, "I get a lot of different carers. I like to get the ones I know." "It bothers me (if it is a different care worker) on shower day."

We discussed this area with the registered manager who explained that care worker consistency was always an aim but not always possible, particularly for people who had large care packages of several visits each day. We were also told that other issues, such as staff sickness could have an impact on consistency. We were told the service was constantly working to improve in this area and this was reflected in some responses we received from people who used the service, which included, "I complained and the last four months they've been very good." "I didn't (get the

same carers) at first, but now they are regular." "I usually have the same carer except on her days off. We get on well and she is lovely and very helpful." "I have about four regular ones who I get on really well with."

Care workers felt consistency was an aim of the service and that in general this was achieved. One person told us, "They always try and keep us with the same people. I think they are very good at that." A community professional we consulted told us it was evident the service aimed to provide consistent care workers for people where possible and commented that this approach 'really worked for the team and people who used the service.'

In viewing care plans we saw that the views and wishes of the people they belonged to had been central to their development. There was a good level of detail about people's personal wishes and how they wanted their care to be provided. This demonstrated people were involved and able to make decisions about their care.

The registered manager advised us that improvements were planned to further promote person centred care across the service. These improvements included a bigger focus on gaining social history information from people who used the service, to help increase care workers understanding and the things that mattered to them. In addition, the registered manager had started to introduce 'one page profiles' with the same aim.

Every person we spoke with told us their care workers treated them with dignity and respect. People's comments included, "Definitely." "Yes, I've no complaints." "Very much so." "They better had do!" "Of course." "Yes I get my privacy when I am doing certain things." "Yes, we have a good laugh."

People's care plans included reminders to care workers about the importance of promoting their privacy and dignity and we saw these values were also promoted through staff training and supervisions. Staff we spoke with talked respectfully about the people they supported and were able to give us numerous examples of how they ensured people were provided with dignified care.

Some of the staff employed at the service were designated 'Dignity Champions'. This meant they received additional training and had a role in promoting good practice across their team. The registered manager advised us this was an area she was planning to develop further and as part of this, the service had signed up to the 'ten point dignity

## Is the service caring?

challenge.' The registered manager was in the process of encouraging all the staff at the service to sign up and commit to certain principles, which included supporting

people in a way you would want for yourself or a member of your family. Workshops were planned to take place for staff to promote the challenge and encourage them to be involved.

# Is the service responsive?

## Our findings

People we spoke with felt they received effective care that was based on their individual needs and wishes. One person commented, "If it hadn't been for ARC and their carers I would not have survived, especially since the loss of my husband nearly two years ago." Another person told us, "Overall it is a very good service. If we did not have this support we would have to leave our home."

The service had a process in place to fully assess people's care needs before they started to use the service. Information was gathered from a variety of sources and most importantly, the person themselves, so that a care plan could be developed based on their needs and wishes.

We saw care plans contained information about all aspects of people's daily care needs as well as any risks to their health or wellbeing. In all the care plans we viewed, we saw the views of people they belonged to and where appropriate their main carers, were clearly taken into account.

We saw some good examples of personalised care which had been implemented in response to people's individual needs. For example, we looked at the care plan of one person who was living with dementia. This person experienced short term memory loss and we saw as part of their planned care, care workers supported them in a number of practical ways to help them to be aware of daily plans and appointments.

People's care plans contained important information about the things that mattered to them on a day to day basis, to help staff provide care that was centred on their needs and wishes. Examples of person centred care planning included instructions such as, 'likes to have a drink of whiskey before bed.' Another person's care plan described how they liked a crumpet cut into four pieces for supper and even specified which plate and cup the person preferred. This showed that people who used the service were able to make decisions about their care and how it was provided.

We asked people if they felt care workers understood their needs. They told us they felt their regular care workers did, "On the whole nine out of ten do." "They know exactly what to do." "My regular ones are very good." However, people felt the care workers that did not attend them so frequently were not always as aware of their needs. This was supported by discussion we had with staff. Staff we spoke

with felt the service was quite good at consistency and that the majority of the time they attended the same people who they knew well. However, care workers also told us there were occasions, although these were not frequent, where last minute changes needed to be made, for instance due to staff sickness. One care worker went on to tell us that in these circumstances they would like more time to read people's care plans.

People who used the service felt it was generally responsive to any changes in their needs and flexible in the support provided. One person told us, "I fell during the bad weather this week and a member of staff called round (on an unscheduled visit) just to check I was alright." Another said, "I've never had to rearrange but I think they would, they're very obliging, they're really good." "They would do anything we ask."

We saw a good example of how care workers had identified changes in the needs of a person due to a general deterioration in their health and mobility. We saw care workers had quickly noticed the changes and responded quickly by reporting the concerns to the registered manager. In turn, the registered manager had promptly made arrangements for the person to access community health care and updated her care plan to ensure it met her changing needs.

There were processes in place to review people's care plans four weeks after they started to use the service. This was to help ensure the service was meeting the needs and expectations of the individual and discuss any changes that may be required. Following the initial review, further reviews took place on a periodic basis to help ensure the care plan continued to meet people's needs.

We saw that there were a number of ways in which the registered manager encouraged people who used the service and their supporters to express their views and opinions about the service. At the time of our inspection, a customer satisfaction survey was being carried out. The manager was in the process of collecting responses which were to be analysed so that any areas of improvement could be identified.

Some people who used the service said they had been invited to give their feedback and asked their opinions. One person told us, "If I have a new carer they, (the office) ring me and ask me how they are."

## Is the service responsive?

There was a complaints procedure in place which gave people advice on how to raise concerns and informed them of what they could expect if they did so. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission. The registered manager confirmed the procedure was available in a number of formats including large print, to meet the needs of people who used the service.

People we spoke with told us they knew how to raise concerns and said they felt able to do so. However, people also said they did not have any concerns they wished to raise at that time.

There was a process in place for recording complaints. We viewed the records which showed two complaints had been received in the last year. The records showed both complaints had been dealt with appropriately and within satisfactory timescales.

# Is the service well-led?

## Our findings

The vast majority of people we spoke with told us they received a reliable and consistent service. All except for two people said they had never experienced any issues with care workers not turning up. One person said, “There was a bit of a hiccup once, nobody turned up so I contacted them.” And another described, “Only on one occasion (did nobody visit) and they were short staffed.”

People were aware of the management team and who to speak to if they had any concerns. We asked people if they felt able to approach the registered manager and if they felt confident she would address any concerns they raised.

People expressed confidence and their comments included, “Yes, they have always been very good.” “Definitely.” “I’m sure she would.” “I have no concerns, we can say if we do.”

There was a clear management structure in place and all the staff we spoke with were fully aware of the structure and lines of accountability. Staff knew who to speak with if they had any concerns or required advice or guidance.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

Care workers were very complimentary about the management of the service. They told us managers were approachable and supportive and every person we spoke with felt the service was well led. One care worker commented, “The managers have always got time for us.” Other comments included, “The manager is passionate and very supportive.” And “The supervisors are like part of the team and they work alongside us.”

There were a number of processes in place to enable the registered manager and provider to monitor quality and safety across the service. These included regular, formal audits in areas such as staff records and training, health and safety, care planning, and medication. There was a clear audit schedule in place, which meant all aspects of the service would be checked at specific intervals throughout the year.

We saw a number of examples of effective auditing during which issues had been identified and addressed. For example, following issues being highlighted in recent medication audits, additional staff training had been provided and procedures reviewed.

We saw the management team constantly monitored care workers reports of visits to ensure any changes in the needs of a person using the service or any concerns about them could be identified and addressed. As part of this process the service’s performance in areas such as consistency, reliability and punctuality were also monitored.

There was also a process in place to monitor all adverse incidents such as accidents or complaints on a weekly basis in the management team meetings. This meant there was constant oversight of issues occurring and an opportunity for managers to identify any themes or trends and opportunities for improvement.

Information provided to us by the registered manager prior to the inspection included a number of planned improvements and ongoing development of the service. The information demonstrated that the registered manager kept herself updated with national developments and best practice and constantly aimed to incorporate them in the service.

There were clear procedures in place which were to be followed in the event of an emergency situation such as extreme weather or pandemic. These procedures helped to ensure that in the event of such an emergency, people would continue to receive the support they required to maintain their safety and wellbeing.