

ARRC Ltd

ARRCC - The School Creative Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced comprehensive inspection at ARRCC The School Creative Centre in November 2016 where breaches of Regulation were found. We issued requirement notices for these breaches. As a result we undertook an inspection to follow up on whether the required actions had been taken. Although we found improvements had been made there remained some areas that required improvement.

This inspection took place between the 7 August to 11 August 2017. Two days were spent at the providers office (7 and 8 August 2017) and following this additional time was taken to telephone people, their relatives and staff. This was an announced inspection. This means the provider was given notice due to it being a domiciliary care provider and we needed to ensure someone was available. The inspection involved visits to the agency's office and telephone conversations with people and their relatives.

ARRCC - The School Creative Centre is a domiciliary care company based in Rye. They provide support and care for predominately older people living in their own homes. People using the services were at risk of falls and had long term healthcare needs such recovering from strokes and living with dementia type illness. ARRCC - The School Creative Centre provides services within an approximate 10 mile radius from their office in Rye. At the time of our inspection 10 people were using the service. The support offered by the ARRCC - The School Creative Centre often complemented pre-existing care packages provided by other care agencies. ARRCC - The School Creative Centre also offered domestic and social support and assisted people to access health care appointments.

There was an acting manager in post who was undergoing the registration process to become the providers registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Despite improvements with the care planning documentation and the risk assessments contained within them we found some people were awaiting having their records transferred on the new format. This meant that the previous shortfalls we found in the risk assessment process had not as yet been fully addressed and as such the provider could not be assured that clear risk management were available to staff.

Most people did not require support with their medicines and since our last inspections there had been improvements in the administration records available to staff associated with supporting people. However we found minor anomalies in how staff were completing this paperwork which meant there was a risk their recording may not be consistent.

Staff had an understanding of consent and respecting people's choices and decisions. However we found there remained ongoing improvements with how routine best interest decisions were completed and recorded within care documentation.

The previous concerns identified at our last inspection related to people's care plans had, in most cases, improved. However, there remained some care plans which did not always reflect the actual care people were being supported with. The acting manager was aware of these shortfalls and was working to ensure staff had appropriate and relevant information available to ensure people received person centred care.

The acting manager had not been consistently supported in their new role by the provider. We found examples where they needed additional direction, support and resources to ensure they were able to sustain improvements.

Care staff had been supported effectively through a supervision or training process. New systems had been established to ensure staff had access to a range of training designed to enable them to be able to support people in their own homes.

People were cared for, or supported by, sufficient numbers of staff. People told us they were supported by friendly, reliable and caring staff who respected their privacy and promoted their independence. People who needed it were supported to eat and drink enough and staff knew what to do if they thought someone was at risk of not eating or drinking sufficient amounts. People were supported with their day to day health care needs.

Audits were completed and the acting manager tracked all significant and no routine events to ensure any follow up actions were taken appropriately and in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some risks assessment associated with supporting people in their homes was not complete and lacked detail.

The systems staff used to record the administration of medicines had not been used consistently.

People told us they felt safe using the services the provider offered and staff were confident in identifying types of abuse.

People told us they felt safe whilst supported by staff and there were sufficient staff available to support them.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider did not have a consistent approach to assessing people's the mental capacity.

Staff had access to a range of training which enabled them to support people effectively.

People who required assistance with food and drink were supported appropriately.

Is the service caring?

Good ●

The service was caring. People gave positive feedback about the care and support they received.

People experienced care from staff who were kind and compassionate. People's privacy and dignity was respected and their independence promoted.

People were involved in making decisions about the care and the support they received.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not always contain all the necessary information to inform staff how to respond to people's care and support needs.

People's care was routinely reviewed and were able to express their views about their choices and preferences.

Staff knew what people's preferences were and how to meet them.

People knew how to make a complaint and confident they would be responded to if they raised concerns.

Is the service well-led?

The service was not consistently well led.

The provider had not ensured the acting manager was consistently supported in their role.

Some policies and procedures were not current and required updating and review.

Feedback from people and staff about the quality of the leadership was positive.

Some systems had been effective at monitoring the quality of the service and identifying areas for improvement.

Requires Improvement 

ARRCC - The School Creative Centre

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 process took place between the 7 August to 11 August 2017. This was an announced inspection. 48 hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was undertaken by one inspector.

During the inspection process we spoke with four people who used the service and two relatives. We asked what it was like to receive care and support from ARRCC. We reviewed five people's care plans and associated records. We spoke with four staff and the acting manager.

We looked at staff's recruitment, supervision and training records, and spoke with the provider about the systems in place for monitoring the quality of care people received. We reviewed comments staff had made in a feedback survey and looked at a variety of the service's policies such as those relating to accidents and incidents, medicines, complaints and quality assurance.

Before our inspection we the information we held about the agency, including previous inspection reports. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives, staff and community professionals. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

At our last inspection in May 2016, the provider was in breach of Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found shortfalls associated with the management of medicines and insufficient assessment of risk. In addition we found inconsistency in staff understanding of their responsibilities in regard to safeguarding. The provider sent us an action plan stating how they would meet the requirements of the Regulation.

At this inspection we found improvements had been made and the provider was meeting the requirements of Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice and some areas related to people's safety continued to require improvement.

At our last inspection we found the provider had not taken adequate actions to assess risks associated with supporting people. A new system to assess risk had been introduced by the acting manager. They acknowledged that they had not progressed as quickly as they had planned and had not completed risk assessment in the new format for all people. The acting manager had prioritised the completion of assessments for people who were new to the service and was working back through people who had been using the service for an extended period. However this approach to updating risk assessment had left one person who could display behaviours that challenge without sufficient detail in their risk assessment. This meant there was a risk staff may not use consistent appropriate strategies to de-escalate challenging situations. The acting manager evidenced shortly after our inspection this assessment had been updated using the new format. Staff told us the new risk assessments provided more detail and were helpful. Assessments considered areas such as environmental risks associated with supporting people in their own homes and areas such as falls, nutrition and social isolation.

At our last inspection the provider had not established systems to ensure people were safely supported with medicines. For example, people did not have medicine administration record (MAR) in their homes to confirm whether a person was supported with a prescribed medicine. At this inspection the number of people who required support with medicines had further reduced. Although a MAR document had now been established staff had not been consistently completing it for the one person who required support with their 'as required' PRN medicine. Staff had usually written in the person's daily notes if they had supported the person however not on all occasions. The acting manager acknowledged this was an area that required improvement and staff would be reminded about the protocol for using the MAR documentation.

At our last inspection we found some staff records were incomplete. Employment references and driving documentation had not been consistently collated. At this inspection the acting manager had established robust systems to track key employment documentation and now followed safe recruitment practices. Records demonstrated staff had been recruited in line with safe practice. Previous employment histories had been requested, employment references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff who provided

transport to people in their own vehicles to appointments had appropriate checks completed to ensure they were safe to do so.

At our last inspection we found the systems for reporting and escalating safeguarding concerns were not effective and in line with the local authority protocols. At this inspection we found corrective actions had been made and safeguarding referrals about potential concerns had been reported appropriately and in a timely manner. Staff had a good understanding of safeguarding and aware of whom to report concerns to both internally and externally. One staff member said, "I am clear what I need to do; I would speak to a senior staff or report it to the local authority or the CQC."

At our last inspection we found the inconsistencies in how accidents and incidents were recorded and responded to. This meant senior staff did not have not clear oversight. At this inspection the acting manager had established systems which clearly recorded and tracked accident, incident and specific concerns. Where follow up actions were required it was evident who was responsible and the associated timeline. The acting manager said, "It allows me to see at a glance what is live and what has been dealt with and closed off."

People and their relatives told us they were happy with staffing levels provided by the service. One person said, "The carers are on time and I see the same faces regularly which is nice." Staffing levels for care calls were determined during a person's initial assessment of needs. People told us they felt staffing levels were correct for their calls. A person said, "I'm happy with the support I have just about right for me."

Provision had been established to ensure peoples care could be managed 'out of hours'. A small group of the senior staff team held an 'out of hours' phone on rotation. The staff member with responsibility was able to adjust staffs routes and contact people to communicate key messages. One person said, "I've never had a problem getting hold of them, even at the weekend."

Is the service effective?

Our findings

At our inspection previous inspection in November 2016 we found the service was not always effective and the provider was in breach of Regulations 11 and 18 of HSCA (RA) Regulations 2014. We found shortfalls in the range of training offered to staff along with the support staff received via effective supervision. In addition staff did not have a clear understanding of the Mental Capacity Act 2005 (MCA) and consent.

At this inspection we found there had been improvements and the provider was no longer in breach of Regulations 11 and 18 of HSCA (RA) Regulations 2014. However these improvements were not yet fully embedded in practice and some areas required improvement.

At our last inspection we found shortfalls in the training staff received around the Mental Capacity Act 2005 (MCA) and as a result found examples where staff were not routinely seeking consent prior to supporting people. At this inspection we found staff had a broad understanding of capacity and provided examples as to how they sought consent from people in regards to daily care routines. However the acting manager acknowledged there were still improvements required in how mental capacity was assessed and recorded in people's care plans to ensure staff were consistent in their care delivery where a person lack capacity for a specific decision. Where larger and more significant decisions related to a person's welfare were required it was evident the acting manager had operated within the framework of the MCA and involved the appropriate professionals and advocates to reach best interest outcomes for people.

At our last inspection staff told us, on occasions, they felt uncertain in the support they were providing to people as they had not received formal training in areas such as medicines. At this inspection we found the administration around the booking and facilitating of training had significantly improved. Staff told us they felt more confident in their roles as a result. Training covered areas such as dementia, basic life support and safeguarding. The training provided was a mixture of classroom sessions and electronic online courses. A staff member said, "I have enjoyed the training we did as a group as it gives you a chance to ask questions." People told us staff were confident in their roles whilst supporting them in their homes. Despite these improvements we found one staff member had not refreshed some of their training for an extended period of time. Both the training co-ordinator and acting manager were aware of this and raised this via the staff member's supervision and with the provider whom had not taken steps to address this shortfall. The acting manager offered assurances they would further escalate and address this issue.

At our last inspection we found staff had not been effectively supported either through their induction period or via the supervision process which had resulted in some staff feeling unsupported. At this inspection we found there had been improvements in frequency and quality of staff supervision. All staff spoken to told us they attended supervision and were able to discuss both people they supported and their own progress. One staff member said, "I see the manager regularly but supervision always feels different." We saw the acting manager was in the process of establishing a timetable to enable them to complete 'observation supervisions' so as they could see how staff supported people whilst in people's home's.

People and their relatives were positive about the support staff provided if additional health care was

required. One person's relative said, "It's given me real peace of mind to know that the carers monitor their health and watch out for signs that they may be poorly." During our inspection a person's friend called the agency to report that they had noticed a decline in a person's disposition since the morning. The acting manager arranged for staff to make an additional care call. As a result of this the acting manager liaised with their GP to seek advice and guidance. Another person said, "Oh yes, it's been very helpful for me as I know I can phone up and the carers can help me with transport to the hospital if I need it."

People's nutritional support needs had been discussed during an initial assessment. This included support with food shopping and meal preparation. People's care plans clearly identified the support people required with food and meal preparation, this included managing risks around the outdated food in people's homes. One person told us, "My family orders my shopping but the carers will more than often will prepare meals for me". One person said, "Some carers are better than others when it comes to meals but I am happy, certainly better than I could do." Staff told us they asked people what they had had to eat and drink that day and checked food supplies in people's homes. A person's relative said, "Its handy for me as I look in the care notes and it gives me an idea of what's been eaten and the amount which is a good indicator of how they are feeling."

Is the service caring?

Our findings

At our last inspection in November 2016 we found the service was not consistently caring. People were not routinely involved in the planning of their care or consulted about their preferences.

At this inspection we found improvements. People told us they felt involved in their care and staff were kind and caring. People told all aspects of the service had improved since the appointment of the new acting manager. One person said, "The manager comes out to see me herself quite often, much more available." People spoke of the 'good relationships' they had with the staff that came into their homes. One person told us, "I'm very happy, best move I made, I can't speak highly enough of the carers that come to me."

People told us staff were reliable and mostly came at the times they expected. One person's relative told us, "Bearing in mind we are off the beaten track staff are punctual, on the odd occasion they have been a few minutes late they have rung me." People said staff were friendly and liked that staff chatted with them whilst completing their caring duties. The acting manager said, "We can often be the only interaction they have that day so I encourage staff to make visit count." People told us they routinely had the same carers supporting them. One person said, "They are a small agency so we usually have the same carer come in unless they are on holiday."

Care documentation demonstrated people had been involved in planning their care and the routines staff followed. People told us they were asked about the care they received. One person told us, "I have had a few care reviews where we have spoken about if things are working ok." Another person said, "I have found the service to be really flexible and will just call up and ask for things to be changed." People told us staff completed documentation when they visited them in their homes. Staff told us they would write what tasks they had completed and how the person they supported was such as their mood and wellbeing.

People spoke positively about how the service enabled them to remain living at home. Staff acknowledged the significance of supporting people to remain independent. A staff member said, "Clients want to be in their own homes so are usually keen to be as independent as possible, I will always encourage this even if it's little things." A person said, "I am clear on what I need help with, I wish I could do those things myself but I can't and that's why the carers come in."

Staff provided examples of how they respected people's privacy and dignity during their time in people's home. One staff member said, "One client I support likes it if I wait outside the bathroom door so I am close by, I won't go in unless they call for me." Another staff member said, "If a client has a friend or relative visiting when I am there I will also make sure I give them privacy whilst I get on with the jobs." Staff showed a kind and caring attitude towards people. One staff member said "I love my job we have lovely clients who appreciate me and that makes me feel good about my work."

Staff understood the importance of protecting people's personal data and information held within care documentation. Care records were stored securely in the office and another copy was kept within people's homes. The provider had taken steps to ensure people's records that were held electronically were 'backed

up' securely.

Is the service responsive?

Our findings

At our last inspection in November 2016 we found care plans did not clearly reflect people's assessment of needs or consistently identify what people's support needs were. Care documentation failed to capture detail to provide clear care delivery guidance for staff. At this inspection we found there had been improvements in all aspects of care planning and staff told us these were now a more helpful resource when supporting people. Despite improvements not had been fully embedded into practice and some areas required improvement.

The acting manager told us they had started redesigning care plans when they had begun working at the service. They said, "It isn't a quick fix and has taken time to improve and get staff used to how paperwork looks and is used." Although all care plans had been reviewed and additional sections added since our last inspection, the acting manager acknowledged they had not been able to achieve as much as they would have liked. This meant, those people's records who had not yet been transferred onto new paperwork had some gaps in how much information was captured. For example a person's care documentation identified they needed support whilst eating yet it was not evident why staff should be supporting other than their food needing cutting up. Although the acting manager was able to explain the background and reason for this care need it was not documented which increased the risk that a new member of staff may not have appropriate information.

However, we also found care plans which had been updated into the new format contained a good level of detail regarding people's assessed needs. Areas included people's continence, nutrition, and behaviours. One person's care plan to support a person at risk of isolation provided clear descriptors of different strategies staff could use to mitigate this. We found people values the flexibility the service offered and used it to their advantage. One person said, "I will sometimes bank a few (care) hours up if I know I want to do something or need a particular job done, it works really well for me."

Staff told us they felt they had enough time to spend with people and if they felt rushed they would discuss with the acting manager. We saw evidence where the acting manager had been proactive in their liaison with the commissioning body to discuss where they considered people's needs had changed and additional support time was required. One member of care staff said, "The good thing about working for a small agency is that I know all the clients so it makes it so much easier to fill in for another staff member if needed."

From the providers main base they also operated additional services which people whom received care in their home were also able to access. These included a day centre, a laundry service and 'meals on wheels'. Three people were regularly using the day care at the time of our inspection. The provider supported people with transport to the centre for those who wanted to attend. A range of services and activities organised within the centre such as counselling, art studios, massage therapy and gardening. Most people and their relatives were aware of the options the day care offered and spoke positively about these. One relative said, "It is a busy and lively charity who work hard to offer a range of facilities for people in the area." Another person said they enjoyed the gardening opportunities available to them.

The provider's complaint policy was in the process of being updated and as such people did not have clear guidance on how they could formally raise complaints. Despite this people were confident senior staff would respond to them in a timely manner. People and their relatives told us they would be confident to speak to care staff or contact 'the office' if they had complaint or concern. One person said, "I am used to calling in if there are any issues and if I can't get hold of someone straight away they will give me a call back." The acting manager had responded to a recent complaint from a person's relative promptly and was able to evidence how this had been resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

At our last inspection in November 2016 we found the service was not well led and the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to multiple leadership shortfalls and omissions such as the ineffective governance and oversight of the service, insufficient support mechanisms for care staff.

An action plan was submitted by the provider detailing how they would meet their legal requirements. At this inspection we found the provider had improved aspects of the service and was no longer in breach of Regulation 17. Despite the positive direction there remained aspect of leadership which continued to require improvement.

The acting manger had applied to become registered with the CQC and was awaiting their application to be processed. The provider had not established effective systems to support the acting manager during their probation period. The acting manager did not have a job description for their role which meant there were occasions when they were not always able to provide a clear description of their responsibilities in relation to their role. The acting manager had been in post since February 2017 and had not received supervision. Although the acting manager had a weekly operational catch up meeting with the provider these had not been minuted. The acting manager was contracted to work 24 hours a week spread over four days, they told us this had not been always sufficient to complete the number of tasks required such as reviewing and updating policies and procedures.

At our last inspection we found the provider was using policies which they had purchased from a third party organisation who specialise in producing these. We found some policies did not consistently correspond with the type of service the provider was offering. At this inspection we found the acting manager had begun to update key protocols and policies such as safeguarding and MCA. However the safeguarding policy referenced a service user handbook which the acting manager was still completing. The provider's statement of purpose was not current and required updating. The acting manager showed evidence that they had previously requested the provider complete this task. The acting manager said, "It's difficult to know what's the highest priority as it's all important."

At our last inspection we found limited quality assurance systems had been established to drive improvement in the service provided. At this inspection we found improvements in this area and the acting manager had a good understanding of strengths and areas requiring additional improvement. They said, "We have come a long way in a short time and although there is further work to do we are making inroads." We found multiple areas now had oversight such as accidents and incidents and staff files and late/missed care calls.

We found the acting manager had established positive links with the Local Authority quality monitoring team and worked with them collaboratively to improve aspects of the service. For example they had completed 'risk training' and had additional training booked.

Staff spoke positively about the changes that had been implemented since our last inspection. One staff member said, "It's been much better to have one person to go to for any problems, they (acting manager) have worked hard to improve things." People told us the acting manager was proactive and regularly got involved in care delivery. One person said, "I couldn't have told you who the last manager was but this one has been around a fair few times." The acting manager was open and co-operative throughout the inspection. They were able to demonstrate immediate actions they had taken to respond to shortfalls we identified.