



Inspection Report on

Arches Support Services Ltd

**120 Innovation Centre Workshops
Festival Drive
Ebbw Vale
NP23 8XA**

Date Inspection Completed

22/02/2021

Final unpublished report

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About Arches Support Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	ARCHES SUPPORT SERVICES LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection following re-registration of the service.
Does this service provide the Welsh Language active offer?	No

Summary

CIW (We) carried out an announced inspection of the service. To comply with the current pandemic restrictions this was undertaken on a virtual basis. People's plans are person-centred and focus on positive outcomes for individuals. Due care and attention is required when completing daily records to ensure accuracy and relevance. There are sufficient staff numbers to support people, particularly for those who require individual support. Risk assessments are in place and support positive risk taking. Care provided enables and supports increased independence. Staff receive regular support and training, further improvement is required to ensure evidence of staff completing specialist training. Professionals are complimentary of the agency. There is oversight of procedures within the service and processes are in place to safeguard people from harm and the risk of infection. We identified the revision and update of information within the Statement of Purpose was required accurately describing the services provided. Management have good oversight of the service and continually strive to ensure good service provision.

Well-being

People have some control over their daily lives, within constraints of pandemic restrictions. Individuals have access to activities to enhance their physical, emotional and mental wellbeing when possible. People are encouraged to maintain contact with their families. Staff support individuals with their personal development, try to increase their independence, choice and are valued. Staff recognise and respond to individuals emotional needs, especially if they are experiencing difficulties. Risk assessments support individuals with their needs. There needs to be continuity and greater clarity in the recording of people's daily care records to ensure they are a true reflection of how people spend their time.

Positive feedback was received from visiting professionals, relatives and people receiving a service. Particularly complimenting staff on their efforts to improve people's mental and emotional health. A professional commented, *"They did not give up and things have settled so much due to the work of staff and the service"*, *"Good stable foundation provided by the team"* and *"gold top service"*. A person using the service told us *"I like staff they help me all the time"*. Relatives told us *"so much happier now she is in her own flat with staff support, they worked really hard to support her move"*.

The provider had measures in place to protect people from the risk of harm and abuse. Staff we spoke with were familiar about the types and indicators of abuse and told us what action they would take. There are systems in place to record accidents and incidents. Audits of people's care delivery and health and safety monitoring is in place. Where there are necessary restrictions in place made in people's best interests to manage their safety, these appear proportionate. Risks to people are assessed and their safety managed and monitored supporting them to stay safe and their freedom respected. The service has worked in partnership with other agencies to participate in the safeguarding process.

Care and Development

People's care documents reflect their individual needs. Each plan covers the core areas of an individual's care and support and details how staff can support them safely. For example, supporting a person with challenging behaviour. Personal plans are developed with input from a range of specialist workers and agencies. Due care and attention is required to ensure documentation accurately reflects how people are advised and supported to adhere to pandemic restrictions. Daily records require review to ensure they are relevant and accurately reflect daily care and support provided. Given the current restrictions, we did not observe interactions between people receiving a service and care workers to judge the quality of care provided. However, we spoke to one person receiving a service who told us *"staff help day to day and I have no worries, if I did I would speak to the manager"*. We also considered information provided in questionnaires returned to CIW.

A positive and constructive approach taken to support an individual's behaviour, with regular monitoring and reviewing of these approaches. Several professionals we spoke with were complimentary about the provider and staffs ability to support individuals with complex and co-existing support needs. Comments included, *"The positive strides he has made with the support provided, has seen a marked reduction in harmful behaviours and engagement with professionals as a result"*. Staff receive specialist bespoke training, to utilise strategies to support people to achieve positive outcomes.

There are safe systems in operation for medicines management. There is a medication policy and procedure in place. Systems are in place to ensure the oversight and audit of medicine management. People's medication guidelines should be reviewed on a regular basis. Staff are trained and competency checked before administering or supporting individuals to manage their own medication.

There are policies and procedures in place that promote hygiene and take into account current legislation and guidance. The service has strengthened its infection control practices. New measures have been introduced to mitigate the risks of Covid19. Additional risk assessments linked to individual activities during the pandemic are required. The service has complied with Public Health Wales guidance for testing staff and people receiving a service and has worked with the relevant agencies when necessary.

Leadership and Management

Governance arrangements are in place that support the operation of the service. The responsible individual (RI) maintains close oversight of the service and has an active presence. Systems are in place that inform the RI and management team of all issues that occur. The RI conducts regular visits to different supported living schemes within the service. We viewed a six monthly quality of care report for the service that showed oversight of the service. Regulatory notifications are made to CIW. A range of policies and procedures are in place to support the delivery of care. We found the documents contained incorrect and out dated information, this was corrected during the inspection. We have identified revision and update of information within the statement of purpose is required. The statement of purpose is fundamental to the service and must accurately describe the services provided.

We considered the staffing arrangements. We found there are sufficient staff numbers to support people receiving a service particularly for those who require individual support. Safe staff recruitment checks are in place. Newly appointed care staff receive a comprehensive induction and all staff employed receive regular mandatory training to understand people's care and support needs. Evidencing specialist training requires improvement to demonstrate how staff can meet specific needs of people. Staff are receiving supervision. Evidencing all systems of staff support including informal and reactive support requires improvement. Access to management support is available through a comprehensive on-call system. Overall staff said they enjoyed their work. One staff member told us *"I'm new but the induction I have had was good because I was told everything and went through the files before doing my shadow shifts so I knew what to expect."* Another member of staff told us *"I think management are really supportive, I can ring at any time and they are always happy to talk me through something I might be unsure about and they give good advice. It's good that they pop in quite regularly and spend time talking to the service users"*. Staff feel supported by management and feel able to carry out their roles with confidence.

Environment

We did not consider environmental issues as part of this inspection. However, we are assured that personal information relating to service users and staff are stored securely and electronic systems have appropriate protection.

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Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

None

Areas where improvement is required

The registered provider must ensure the Statement of Purpose accurately describes the service provided.	Regulation 7(1)
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The registered provider must ensure daily records accurately reflect specific care interventions.	Regulation 59(1)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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