



Inspection Report on

Arches Support Services Ltd

**102 The Innovation Centre
Festival Drive
Ebbw Vale
NP23 8XA**

Date Inspection Completed

25/10/2022

Final unpublished report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	22 February 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Feedback from people receiving a service is positive. Personal plans of care are in place. People should be involved in the development and review of their plans. Care staff have a very good knowledge of the people they support. They appear familiar with the needs and wants of the people they support and treat them with dignity and respect. People have control over their own lives and are able to make their own choices as far as possible. The recruitment process requires strengthening. Improvements in staff induction, supervision and access to specialist training are required. Care staff feel supported and valued by management. Governance arrangements are in place that support the operation of the service.

Well-being

People are treated with dignity and respect by care staff they have developed good relationships with. The service acknowledges the importance of supporting and promoting people's feelings of well-being and strives to ensure people have access to as much choice and control over their daily lives as possible. People are supported and enabled to develop independent living skills. Care staff recognise and respond positively when people are experiencing emotional difficulties. Systems are in place to identify and mitigate risk, whilst supporting people with positive risk taking and independence.

People are supported to remain as healthy as possible. Care staff encourage people to make healthy food choices. Care staff know individuals well and promptly identify any changes in their usual presentation. Referrals to other health care professionals takes place where appropriate. People are supported to engage with a wide range of external specialist agencies.

There are systems in place to safeguard people from harm. Care staff complete safeguarding training as part of their mandatory training. Staff told us that they know who to speak to if they have any concerns. The provider has a safeguarding policy and guidelines for staff to follow. People, or their representatives, can make a complaint via a designated process. There are systems in place to record accidents and incidents. Where there are necessary restrictions 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.

Care and Support

Feedback from people receiving a service from Arches is positive. People feel respected and treated as individuals. We were told: *“staff are always around and they help me with everything”, “I am really happy with my support”, “staff know me and can help me calm down”* and *“if I was not happy with something I would talk to staff about it and they would help”*.

We observed people appeared relaxed and approached staff with ease. Care staff treat people with respect and we saw kind and caring interactions taking place. It was clear, during our conversations with staff, they have developed detailed understanding about what matters to people and how they want their support provided.

Before people start to receive support, evidence should be available to demonstrate how it was determined the service was suitable and could meet identified care and support needs. The management team started to collate this evidence and put into a more formalised process during the inspection. Personal plans are available for each person receiving a service. Plans give direction and guidance to staff how to meet identified needs. One plan required access to several different documents to understand risks and how to manage and mitigate these, which may result in staff providing inconsistent support in relation to behaviours and managing risk. Better evidence of people and/or their representatives contributing to the production and review of their plans is required. This is an area for improvement and we expect the provider to take action. Daily records have improved to show how people's individual needs and preferences are met.

People receive support to be as healthy as possible. Care staff know individuals well and promptly identify any changes in their usual presentation. We saw regular recordings of input provided by external health and social care professionals. Medication arrangements are effective and all medication is stored securely to ensure people's safety is maximised. Care staff receive training in medication management and there is a medication policy in place at the service. Medication administration records (MAR) charts are completed appropriately and reflective of the medication prescribed for each individual.

Environment

As this is a domiciliary support service, providing care and support in people's own homes, we do not inspect the environments in which care takes place. However, we visited the office base of the service during the course of our inspection and found it to be fit for purpose, with suitable space to hold confidential meetings, and secure storage of information.

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Leadership and Management

Effective governance and quality assurance systems ensures the service runs smoothly and delivers good quality care. The service seems to be well led. The Responsible Individual (RI) conducts regular visits to the service, holds discussions with people receiving a service, their families and staff. The manager deals with the day- to-day running of the service. We viewed quality assurance documentation for the service that shows oversight and identifies areas for improvement. We were told there had been no formal complaints recorded or safeguarding referrals made in the last 12 months.

Recruitment processes are not as robust as required. Evidence of the providers interview process was not available, to show the decision-making process when deciding to offer employment. Disclosure and Barring Service (DBS) certificates are in place, prior to the commencement of employment. Evidence of discussions held around information contained in DBS checks are not sufficiently robust. Care staff files contain proof of identity, employment references and employment histories. However, verification of gaps in employment was not available. Induction for new starters does not have sufficient evidence to demonstrate support and oversight provided to ensure staff have all the required skills and abilities before providing direct support. Not all new starters had completed mandatory training before providing support. The above issues are areas for improvement and we expect the provider to take action.

Staff do not have supervision in line with regulations. We saw gaps in the frequency of supervisions. New staff do not always have supervision during their probation period. Supervision minutes do not consistently evidence discussions held, any changes to the support or training needs of the individual staff member. This is an area for improvement and we expect the provider to take action.

Staff complete mandatory and refresher training. Evidence of staff attending specialist training such as self-harm, fire setting, autism and childhood trauma was not available. Without this staff skills and knowledge to meet individual needs cannot be assured. This is an area for improvement and we expect the provider to take action.

There is commitment to ensuring all care staff undertake the qualifications required to enable them to register with Social Care Wales, the workforce regulator, and all staff employed receive regular training. All staff receive annual appraisals.

Staff feedback forms we received were all complimentary about the provider, support available and management being accessible. Staff we spoke with said *"I feel well supported"*, *"management are always available for advice"* and *"we work well as a team and I believe we make a difference to people's lives"*.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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35	Staff recruitment and selection processes are not sufficiently robust enough.	New
36	Staff induction, supervision and access to specialist training is not sufficient.	New
15	People are not always involved in the production and review of their plans.	New
7	The registered provider must ensure the Statement of Purpose accurately describes the service provided.	Achieved
59	The registered provider must ensure daily records accurately reflect specific care interventions.	Achieved

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