Arale Group 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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 9 and 10 October 2018. Arale Group Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of the inspection nine people were using the service. This was the first inspection of Arale Group Limited, since their registration in October 2017.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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.

People and their relatives told us they felt safe with staff and the service. The service had clear procedures to recognise and respond to abuse. All staff had completed safeguarding training. Risk assessments for people were in place, which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce recurrences. People were protected from the risk of infection.

The service had enough staff to support people and satisfactory background checks were carried out for staff before they started working. The service had an on-call system to make sure staff had support outside office working hours. The service provided an induction and training, and supported staff through regular supervision and spot checks to help them undertake their role.

Staff supported people to take their medicines safely. The provider had a policy and procedure which gave guidance to staff on their role in supporting people to manage their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People consented to their care before it was delivered. The provider and staff understood their responsibilities within the Mental Capacity Act 2005.

People's needs were assessed to ensure these could be met by the service. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Staff supported people with food preparation. People's relatives coordinated healthcare appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

Staff supported people in a way which was caring, respectful, and protected their privacy and dignity.

People received personalised care that was responsive to their needs. Care plans were person centred and

contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. Care plans were reviewed regularly and were up to date. The registered manager told us that they began consultations with relevant professionals, about what aspects of people's care records required to be translated in their native language, to enable people to read and understand what is written in their care records.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The provider had a policy and procedure to provide end-of-life support to people, however they did not require end-of-life support. The registered manager demonstrated an understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008.

The service had a positive culture, where people felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

The provider had systems and processes to assess and monitor the quality of the care people received. The service sought the views of people who used the services. Staff felt supported by the provider. The provider had procedures in place to work in partnership with health and social care professionals.

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.

People and their relatives told us they were safe and that staff treated them well. The service had a policy and procedure for safeguarding people from abuse. Staff understood the action to take if they suspected abuse had occurred.

The provider completed risk assessments and management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrences.

The provider had enough staff to support people who had undergone satisfactory background checks before they started working.

People were protected from the risk of infection.

Is the service effective?

Good

The service was effective.

Staff carried out an initial assessment of each person to see if the service was suitable to meet their assessed needs.

The provider provided an induction and training for staff. Staff were supported through regular supervision and spot checks to help them undertake their role.

Staff sought consent from people before offering them support. The provider and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough, to meet their needs. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

The provider had procedures in place to work with other services to ensure effective joint working.

Is the service caring?

Good

The service was caring.

People told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

The provider developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

The provider had a policy and procedure to provide end-of-life support to people, however people did not require end-of-life support.

Is the service well-led?

Good

The service was well-led.

The provider had systems and processes to assess and monitor the quality of the care people received.

There was a registered manager in post. They kept staff updated about any changes to people's needs and the service.

The registered manager held staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service had a positive culture, where people felt the service cared about their opinions and included them in decisions.

The provider had processes to work in partnership with health and social care professionals.

Arale Group Limited

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.

This inspection site visit took place on 9 and 10 October 2018 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector and one expert by experience. The expert by experience made phone calls to people to seek their feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with one person, six relatives, three members of staff, the business development director, the human resources director and the registered manager. We looked at three people's care records and three staff records. We also looked at records related to the management of the service, such as the complaints, accidents and incidents, safeguarding, health and safety, and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "Yes, I do. I feel safe on everything." A relative told us, "Yes, I do feel safe 100%. They've [The provider] provided a carer who is [name of country] and understands my [loved one]. It makes me feel safe that they [carer] communicate with my [loved one] and gets the right care." Another relative commented, "We can leave the carer alone with my [loved one] as we trust them."

People were supported by sufficient numbers of effectively deployed staff. One relative said, "They [staff] are always on time and they're never been late." Another relative commented, "They [staff] are always on time and if they do run late, they let me know." The provider had enough staff to support people safely. The registered manager told us they organised staffing levels according to people's needs. Staff rostering records showed that they were usually allowed enough time to travel between calls. However, we found staff rostering records for one visit showed that office staff had not always allowed enough time for staff to travel between calls when taking into consideration the distance between two home visits. For example, we found that for a member of staff, the service had not allocated any time between two visits. We brought this to the attention of the registered manager, who then immediately undertook a comprehensive review of the rostering of people's home visits and addressed the travel time issues. Staff we spoke with told us they had enough time to meet people's needs. The service had an on-call system to make sure staff had support outside office working hours. Staff confirmed this was available to them when required. One member of staff told us, "We got out of hours phone number, but it was not required." People and their relatives confirmed that there had been no missed calls.

People were kept safe from the risk of abuse. The provider had a policy and procedure for safeguarding adults from abuse. Staff understood the different types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager and the local authority safeguarding team. Staff told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "I would call the office if a service user was in danger, and if they did not resolve it, I would report it to social services, but nothing has happened so far." The registered manager told us that there had been no safeguarding incidents since the registration of the service in October 2017. Records we saw further confirmed this.

People were protected from avoidable harm. The service had a system in place to manage accidents and incidents to reduce the likelihood of them happening again. These included details of the action staff took to respond and minimise future risks and who they notified, such as a relative or healthcare professional. The registered manager and staff told us that there had been no incidents since October 2017. Records we saw confirmed this.

Risks to people were assessed and managed to help keep people safe. Staff completed a risk assessment for every person which covered areas such as falls, moving and handling, and the home environment. Risk assessments were up to date with detailed guidance for staff to reduce identified risks. Discussion with staff

confirmed that they followed the guidance to prevent or minimise the risk. The registered manager told us that risk assessments were reviewed periodically or when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff qualifications and relevant experience, employment history and consideration of any gaps in employment, references, criminal records check and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people to take their medicines safely. One person told us, "I take my own medication but the carer reminds me." There were protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. Senior staff conducted regular checks of medicines management and had a system in place to ensure people received their medicines safely. There were no concerns identified and no areas required any follow-up. The provider had a policy and procedure which gave guidance to staff on their role in supporting people to manage their medicines safely. The service trained and assessed the competency of staff authorised to administer medicines. A member of staff told us they had completed the training and the competency assessment and these equipped them with skills to ensure that they dispensed medicines safely.

People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination. For example, staff told us they washed their hands before and after any procedure and used protective materials like gloves and aprons when necessary to prevent transferring infection. The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "Yes, I do; they [staff] are very good." One relative said, "For what they [staff] do, they are fantastic and look after my [loved one] well. They know what they are doing." Another relative commented, "Yes I do; they always go the extra mile."

People's needs were assessed to ensure these could be met by the service. Staff carried out an initial assessment of each person's needs to see if the service was suitable to meet them. Where appropriate, staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs. The assessment looked at people's medical conditions, physical and mental health; mobility, nutrition and social activities.

The provider trained staff to support people and meet their needs. Staff told us they completed comprehensive induction training in line with the Care Certificate Framework; the recognised qualification set for the induction of new social care workers, and a brief period of shadowing an experienced staff, when they started work. The registered manager told us all staff completed mandatory training identified by the provider. Staff training records we saw confirmed this. The training covered areas such as basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, infection control and safeguarding vulnerable adults. Staff told us the training programmes enabled them to deliver the care and support people needed.

The provider supported staff through regular supervision and spot checks. Records showed the service supported staff through regular supervision, and onsite observation visits. Areas discussed during supervision meetings included staff wellbeing and their roles and responsibilities. One member of staff told us, "Supervision are really useful. I was working as a private carer and now with the company. I read care plan and follow it, I make sure everything is done by the book." Staff told us they felt supported and could approach the registered manager at any time for support.

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 Act 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of inspection, the registered manager told us that all the people they supported had capacity to make decisions about their own care and support needs.

People confirmed staff sought their consent before supporting them. One person told us, "Yes, everything

they [staff] do, they ask first." Care records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. One member of staff told us, I speak in their native language and ask them, would you like to have a shower today, ask them choice of food and clothes. They tell us and I follow their instructions.

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "Yes, they [staff] do support with eating and drinking. I am very happy with the way the carer does things." A relative said, "My [loved one] feeds herself, and the carers prepare food for her, they [staff] always ask what she wants to eat. I am happy with the support." Staff told us people made choices about what food they wanted to eat and that they prepared those foods so people's preferences were met.

People were supported to maintain good health. Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. One person told us, "After my shower [staff] creams my body. Sometimes [name of staff] helps me with doctor's appointments, but mostly I do it myself." One relative said, "Yes, [staff] support all aspects of my [loved one's] health needs." Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse, GP or a hospital appointment.

Staff worked with other services to ensure effective joint-working. The registered manager and staff told us they ensured people had a copy of their personal profile sheet, to carry with them when they went to hospital or used other services. The personal profile sheet contained information about their health conditions, medicines, GP and next of kin details; and care required. This enabled people to receive well-coordinated care and support when they used other services.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. When asked do staff treat you kindly and with compassion, one person told us, "Yes, very much so." A relative said, "Yes they [staff] do. The carers treat my [loved one] like their own father." Another relative commented, "The carer is very kind."

People and their relatives were involved in the assessment, planning and review of their care. People told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. One person told us, "Yes, I was involved in planning my care." One relative said, "Yes, I was. The first time we went through different things." Another relative commented, "I explained to the agency what we wanted in addition to what was already offered."
Care plans described the person's likes, dislikes, life stories, their interests and hobbies, family and friends. Staff told us this background knowledge of the person was useful to them when interacting with people in a familiar way. The registered manager told us that they began consultations with relevant professionals, about what aspects of people's care records required to be translated in their native language, to enable people to read and understand what was written in their care records.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in relation to how they liked to be supported. Staff confirmed with us that they had enough time to meet people's needs in a caring manner.

People were supported to be as independent in their care as possible. One person told us, "The carer is very nice; they encourage me to do things for myself." One relative said, "When I ask my [loved one] to do something, they don't want to do it, but when the carer asks them, they do it straight away." Another relative commented, "Yes, they [staff] encourage my [loved one] to do things for themselves." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to.

People were treated with dignity, and their privacy was respected. Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they ensured people were properly covered, and curtains and doors were closed when they provided care. Staff explained to us how they kept all the information they knew about people confidential, to respect their privacy. The provider had policies and procedures and staff received training which promoted the protection of people's privacy and dignity.

Good

Is the service responsive?

Our findings

People told us they received support from staff which met their individual needs. One person told us, "Yes, we know each other very well. We trust each other and we're very close." A relative said, "They [staff] treat her like their own mother." Another relative commented, "They [staff] know her what she wants; they understand her well."

People told us they knew how to complain and would do so if necessary. One person told us, "I would call the office; never had to make a complaint. Would complain if I had to." One relative said, "Yes, I would call the office; no complaint so far and I would feel comfortable to complain." The provider had a clear policy and procedure about managing complaints. Information was available for people about how they could complain if they were unhappy or had any concerns. The registered manager told us that they had not received any complaint since their registration in October 2017. Records we saw confirmed this.

People received personalised care that was responsive to their needs. One person told us, "The carer does whatever I want and they do it with respect." One relative said, "They [staff] respect her wishes, but talk to her and try to encourage her do things." Another relative commented, "They [staff] respond immediately and I am very happy about that; they always go the extra mile."

Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do for themselves. Staff told us, that before they went to people's homes, they looked at their care plans to know how to support them.

The registered manager told us they would update care plans with clear guidance for staff when people's needs changed. However, people's needs have not changed since they started receiving the service. Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plan. Staff told us they would discuss with the registered manager any changes to people's conditions to ensure their changing needs were identified and met. Records we saw showed that care plans were up to date and reflected people's current needs.

The registered manager told us that they began consultations with relevant professionals, about what aspects of people's care records required to be translated in their native language, to enable people to read and understand what is written in their care records.

Staff showed an understanding of equality and diversity. One person told us, "They [staff] do." One relative said, "They [staff] respect my [loved one's] age." Care records included details about people's ethnicity, preferred faith, culture and spiritual needs. Staff knew people's cultural and religious needs and met them in a caring way. For example, staff supported people with their religious and cultural needs. The registered manager told us that except for one person, all people spoke only in their native language. Therefore, the

provider employed staff who could speak the native language of people who received the service. This enabled staff to understand people's needs in a better way and provide care to meet their needs.

Staff we spoke with told us that they all spoke the native language of people and the service was non-discriminatory. They said they would always seek to support people with any needs they had with regards to their disability, religion, sexual orientation, or gender.

The provider had a policy and procedure to provide end-of-life support to people. However, people did not require end-of-life support at the time of the inspection.

Good

Is the service well-led?

Our findings

People and their relatives commented positively about staff and the service. One person told us, "They [office staff] are very nice; if I call them they give a quick response and deal with things on time." One relative said, "Yes, definitely the service is well run." Another relative commented, "The manager is very good. when we call he responds immediately."

The provider had not always ensured they monitored and analysed early or late visits so patterns could be identified and improvement made. People and their relatives told us staff were always on time and if they [staff] were running late they informed people. One person told us, "Sometimes they [staff] are a few minutes late, but they stay an extra 15 minutes or so. I am very happy." On some occasions staff went earlier or later than scheduled visit times. Call records showed that there were no missed calls, staff had spent the full allocated time at people's home, but these visits had not taken place as per their scheduled visit times. We brought this to the attention of the registered manager and they assured us that they would introduce a manual call monitoring system. Following the inspection, the registered confirmed that they have introduced a manual call monitoring system and a process was in place.

The service had a registered manager in post. The registered manager demonstrated an understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008. For example, they knew the circumstances in which they should submit notifications to CQC. The registered manager told us that there had been no notifiable incidents since the registration of the service in October 2017. Records we saw further confirmed this.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Staff told us, in the staff meetings they discussed any changes in people's needs, roles and responsibilities, and guidance to staff about the day to day management of the service.

During the inspection we saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is friendly, they talk to me gently." Another staff member said, "The manager is good, when I need help, I go to him." The registered manager told us the service used staff induction and training to explain their values to staff. The service had a positive culture, where people felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

The service had a system and process to assess and monitor the quality of the care people received. For example, the service carried out spot checks, and conducted care reviews covering areas such as health and safety, home visit timings, care plans and risk assessments. As a result of these interventions the service had made improvements, which included changes of home visit timings, and care plans and risk assessments updated were person centred.

People who used the service completed satisfaction surveys and all their responses were positive. The service had procedures in place to work effectively with health and social care professionals. However, people's relatives coordinated with social and health care professionals at the time of the inspection, and staff were available to support people if needed.