

# The Community Housing Group Limited

## Arch Hill Court

### Inspection report

Orchard Street  
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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

### About the service

Arch Hill Court is a service providing personal care to people in their own homes. The extra care housing service supports people living independently in their own flats and who have access to a number of communal areas. In addition, Arch Hill Court cares for people living in their own homes in the community. People supported include younger and older people who may live with dementia, mental health needs, physical disabilities or sensory impairments. Ninety people were in receipt of care at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People had developed strong relationships with the staff caring for them. Relatives told us staff were considerate and their family members were supported by a consistent staff team who knew them well. Staff encouraged people to make their own decisions about their care, and people's decisions were listened to. People's rights to dignity, independence and privacy were recognised by staff.

Staff understood how to recognise abuse and were confident the registered manager would support people, if any concerns were identified. People were supported to receive their care at the time planned. Staff knew what risks people experienced and acted to reduce people's risks. Systems were in place to take learning from any incidents.

People's needs were assessed, and they were supported to have enough to eat and drink, and see other health professionals, so they would enjoy the best health possible. Staff knew how to care for people and felt supported to provide good care through comprehensive training and induction programmes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were involved in planning people's care, which reflected people's wishes, and said their views were acted on. Staff supported people as their needs changed, so they continued to receive the care they wanted. People were supported to raise any concerns or complaints and systems were in place to take learning from these. Staff had received compliments regarding the quality of care provided at the end of people's lives.

People, relatives and staff were positive about the way the service was managed and were encouraged to make suggestions for developing people's care further. The registered manager and provider checked the safety and quality of the care, so they could be assured people's needs were met. The registered manager

understood their responsibilities to drive through improvements to people's care, and development of the service was informed by best practice standards and work undertaken with other organisations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Rating at last inspection

The last rating for this service was Good (published 03 February 2017).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Arch Hill Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted one inspector and an assistant inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This service also provides a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 5 August 2019 and ended on 7 August 2019. We visited the office location on 5 August 2019.

#### What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people using the service and seven relatives to ask about their experience of care. We spoke with a provider representative, the registered manager, 14 staff members, including care supervisors and care staff.

We looked at four people's care records, multiple medication records and information relating to the quality and management of the service. This included survey results for people who received care, minutes of tenant focus groups, systems for managing any complaints, accidents or incidents, minutes of staff meetings and staff training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff to stay as safe as possible.
- Staff had received training in safeguarding people and knew how to recognise and report abuse, if this was identified.
- Staff were confident the registered manager and senior staff would take action to protect people if there were any concerns.

Assessing risk, safety monitoring and management

- People told us staff talked with them about their safety. One person told us staff had explained how to use the equipment they needed to remain safe, in the event of an emergency. The person said, "It's nice to know I can call people if needed." Another person told us they had decided with staff what action they wanted to be taken, so they would know their home was secure when staff left their care call.
- Staff knew people's individual risks and safety needs and understood how to support people, so their risks were reduced. These included risks in relation to people experiencing poor skin health, falls and when eating.
- People were supported by staff to access additional care when their safety needs changed, so they would continue to have the care they wanted. One relative told us, "We have discussions about changes in [family member's name] needs."

Staffing and recruitment

- People told us there were enough staff to meet their needs and to provide the care and support planned with them. One person said, "You can rely on them to come morning, noon and night, and they have time to have a chat to you."
- Relatives told us they could rely on staff to provide the care their family member's needed. One relative said, "They are really good at call times, and it's really rare they are late, but we would be contacted, if they were going to be."
- Staff gave us examples of times when they had been supported to stay with people for longer than scheduled, so they could be sure people were safe when they left. This included if people were ill or required additional reassurance.
- Staff were not permitted to care for people until checks had been made to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- People told us staff understood some people valued managing their own medicines.

- Where people wanted support to manage their medicines they told us they could rely on staff to help them. One person told us staff were very supportive and ensured they had the prescribed creams they needed. The person said this had led to improved skin health.
- Staff had received training to develop the skills they needed to ensure people's medicines were administered as prescribed, safely stored, where they were responsible for this, and disposed of safely.
- Senior staff checked staff were competent to administer medicines and regularly checked people were receiving their medicines safely.
- The registered manager told us they were planning to provide more staff training in relation to the administration of liquid medicines. This would provide assurance staff would be confident when administering these types of medicines.

#### Preventing and controlling infection

- People told us staff followed good hygiene practices to prevent infections. This included wearing gloves when providing personal care. One relative said, "They [staff] always have plenty of gel and gloves and aprons."
- Staff told us they were supported to understand links between good infection control practices and the reduction in the likelihood of the spread of infections, through training, and had good access to the equipment they needed to promote good care.

#### Learning lessons when things go wrong

- The registered manager had systems in place to review any accidents or incidents, so any patterns could be identified, and action taken to mitigate future risks.
- Staff had opportunities to reflect on people's safety risk and care needs at regular meetings, and through systems to communicate people's changing safety needs. This helped to ensure any learning regarding safety issues were communicated across the staff teams.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs and preferences were assessed by staff before people started to receive care. One person told us their family member and other health and social care professionals had helped to assess their care requirements before they started to receive care. This had ensured they had the care they wanted when the service started.
- People's assessments considered their individual care needs, risks and preferences and the environment people lived in. People's assessments were regularly reviewed to ensure they reflected current care needs.

Staff support: induction, training, skills and experience

- People were positive about the skills and experience of the staff supporting them. One person told us, "They [staff] are very good and know what they are doing." One relative highlighted how well staff applied their dementia training when caring for their family member. Another relative told us how well staff understood their family member's needs and told us, "They [staff] are very competent."
- Staff were positive about the opportunities they had to develop their skills further. Staff had received training which reflected the needs of the people they supported. This included training to meet people's individual health needs, such as Parkinson's awareness, dementia and how to assist people to move safely.
- New staff undertook an induction programme, which included working alongside more experienced colleagues. One relative told us, "If there's a new [staff member] they come with regular staff." Staff told us their opportunities to work alongside more experienced staff continued until checks had been made to ensure they were competent to provide care and felt confident to do this.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us where staff supported them to have enough to eat and drink, this reflected their choices and preferences.
- We saw where people needed support to have enough to eat and drink to remain well this was monitored by staff. Where there were concerns people were not having enough to eat, staff took action to obtain specialist advice.
- Staff had been given guidance on how to support people to remain safe when eating and drinking. For example, if people needed a specific texture of food to remain safe.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals when they wanted this. One person explained they had recently been ill, and said, "They called the GP for me." The person told us this had helped them to regain

their health as soon as possible. Another person told us staff supported them to manage their diabetes effectively.

- Relatives told us staff promptly communicated any concerns for their family member's well-being and health and agreed plans to support people. One relative said, "The team are responsive to feedback and [family member's name] has started a new tablet so the staff are looking out for any side effects."
- Staff gave us examples of joint work they had done with other health and social care professionals, so people had access to the care they needed to remain well. These included advocating on behalf of people so they had the equipment they needed, and communicating with people's GPs, district nurses and occupational therapists.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in MCA and systems were in place to support people, if required, to ensure any decisions which may need to be made were undertaken in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very complimentary about the staff who cared for them. One person told us, "I like the staff, all of the staff are kind. They stop and have a chat or do my washing up. They are all so good to you."
- Relatives said staff were considerate and kind to both their family member and to them. One relative said, "The care team support me and [family member's name], and they all seem to get on with [family member's name]."
- People told us they had developed good relationships with the staff supporting them. Relatives told us their family members were supported by a consistent group of staff, and this helped staff to get to know their family members well. Relatives highlighted staff's caring approach also extended to them. One relative said, "The [staff] are lovely." The relative said staff members' caring approach meant they were comfortable when staff worked in their home. The relative went on to say, "They are very easy to have here and very competent. There is a core team, and there are others who are trained that come in as and when."
- Staff spoke warmly about the people they supported and understood what was important to them. One staff member told us, "The clients [people] are a bit like family, you get a strong bond with them." Another staff member explained how they got to know people they cared for, and said, "The information on the handheld sets [electronic care plans] helps you to get to know people, but you mainly find out about them through working with them."
- Staff gave us examples of acts of kindness they had undertaken, so people would know they were valued. These included staying longer with people if they wanted this, doing people's shopping and marking people's birthdays. One person told us, "I was astonished when staff put on a birthday party for me, and they organised it all and the food."
- Staff understood the importance of the Equality Act 2010. Staff gave us examples of how they had worked sensitively with people to ensure people's unique needs and abilities were recognised. This helped to ensure people were protected from discrimination.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and were supported to express their views. This included making day to day decisions, such as what they wanted to eat and drink and how they wished to spend their time.
- People said staff listened to any suggestions they made about their care and supported them as people requested.
- Staff gave us examples of how they checked people's preferences over time. For example, to confirm if people wanted support from staff to manage their medicines, or to be involved in interesting things to do.

## Respecting and promoting people's privacy, dignity and independence

- People told us staff were sensitive to their needs when caring for them and promoted their dignity and independence. People told us this included when staff supported them with personal care, as staff encouraged them to do elements of this independently. One staff member said, "You cover them, you make sure you have towels to hand and you make sure doors are shut."
- People and relatives said staff were respectful when talking with them. One person told us they felt respected because, "Staff call me [preferred name], like I like. All the carers know this."
- Staff gave us examples of actions they took so people would know they were respected, by focusing their attention on the people they cared for and being sensitive to people's perceptions.
- People's right to confidentiality and privacy was respected, with people's private information securely stored.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People chose what care they wanted and said staff listened to their decisions, which were incorporated in their care plans. People's care plans reflected their needs and risks and care preferences.
- Relatives told us their views were considered when their family member's care was planned. One relative said because of this, "The care [provided] has transformed my [family member's name]. They had lost their internal clock and didn't know what time of day it was. Now they are up and dressed and wait for the carers [staff] to come."
- People told us there were regular opportunities to review the care they had planned with staff. One person said, "Staff listen. I asked for the laundry to be done and the bed and they do this. How wonderful that they do listen."
- Relatives told us their views were also sought when their family member's care was reviewed, where their family members had agreed this. One relative said, "We had a review with the manager shortly after the package [care] started. We talked about my [family member's name] needs, and how things were going." Another relative told us, "The manager comes every six months to go through things and make sure everything is up to date."
- Staff told us they contributed to care plan reviews. This included additional reviews, if people's needs changed. For example, if people needed additional support to manage their medicines safely, or with their health needs, so people's needs and preferences would continue to be met.
- Staff gave us examples of ways they worked flexibly, so people's needs would be met. These included changing call times, and liaison with utility suppliers, and other organisations, so people's wider needs would be met.
- Relatives emphasised how well staff communicated information on their family member's changing needs, with their family member's agreement. One relative said, "I have access to the care system and I can look at what [changes have been recorded]." This helped to ensure relatives had an overview of their family member's needs and they could work with staff to address these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been considered when their care was planned. Staff gave us examples of different ways they worked with people so their sensory and communication needs were met.

- Key documents were available in alternative formats, including braille, audio files and large print, so information would be available to support people to make decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to enjoy spending time together. This included during gentle exercise sessions and during other activities supported by staff. One person told us how much they were looking forward to a planned trip to the seaside with other people, with support from staff. The person said, "I enjoy all the trips and I'm going to be visiting some [previous] neighbours, too."
- People were provided with information on activities they may like to do. People said staff respected their choices about how they wished to spend their time.
- Relatives were encouraged to visit their family members at any time. One relative said, "Family come in most days, and a friend also takes [family member's name] out."
- People told us staff took time chat with them about their interests and what was important to them, such as families living overseas.

Improving care quality in response to complaints or concerns

- People were confident any complaints made would be addressed. One person told us, "If I was unhappy I would let them know and they would do something about it." The person said they had requested one staff member no longer supported them, and action had been taken to address this.
- Systems were in place to manage and respond to complaints, and to take any learning from these.

End of life care and support

- The registered manager told us the needs of each person at the end of their lives were individually considered, when their needs were assessed. Staff worked with people, their relatives and other health and social care professionals when responding to people's needs at the end of their lives.
- Compliments from relatives had been received about the quality of care provided to people at the end of their lives. The registered manager and staff gave us examples of care provided which had enabled people to continue to live in their own homes, with their end of life wishes fulfilled.
- The registered manager planned to further develop people's care plans, so their end of life wishes would be known, in the event of people's sudden death.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the service was managed well. One person told us about the support they had, and the positive effect it had on their life and said, "I love [the service]."
- Relatives told us communication across teams was good, and a consistent staff team focused on meeting their family member's needs. One relative said because of this, "The care is excellent."
- Staff told us the way they were led and encouraged to work across staff teams meant the needs of people using the service were concentrated on. One staff member told us, "I am proudest of the fact we work so well as a team, so people get the care they need." Another staff member said, "[Registered manager's name] wants the best for people."
- The registered manager told us, "We want people to have the sort of care we would want for our own parents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to provide care which improved people's lives, based on best practice standards. The registered manager kept up to date with best practice through developing links with the community, attending meetings with other health and social care professionals and through research. Key staff members also had opportunities to meet with their counterparts at the provider's other services, to inform future development of the service.
- Staff knew how they were expected to care for people through regular communication about people's care needs, and one to one meetings with their managers. Staff were supported to provide good care. One staff member said, "The office [staff] are really supportive. My team leader is amazing, I can ring her for every little thing and she knows the answer and what to say. They are always at the end of the phone."
- The registered manager understood their responsibilities to advise CQC and other agencies of important events which may occur at the service and was aware they needed to support people in an honest and open way in the event of any mistakes in the care occurring.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The views of people and their relatives were incorporated into quality monitoring and assurance arrangements. People's and their relatives' views on the care provided were regularly checked, through

discussions, reviews and surveys. People's and their relatives' feedback received was complementary. One relative said the collaborative approach meant, "We work as a team for my [family member's name]."

- People and relatives told us communication was good and this encouraged them to let staff know if they had any suggestions for improving their care or the service. Some people also attended Tenants focus group meeting, which gave them further opportunities to comment on development of the service.
- The staff team met to discuss people's care and safety needs and to make suggestions or raise any concerns.

Working in partnership with others; Continuous learning and improving care

- The registered manager had put systems in place to work with other organisations, including community groups and health and social care. This included with pharmacist, occupational therapists and people's GPs. This helped to ensure people's health and well-being was promoted, and people who were not able to advocate for themselves had the support they needed in a timely way.
- Staff gave us examples of work undertaken with other organisations, including local luncheon clubs and work undertaken jointly with the provider's other services, so people would have increased opportunities to do things they enjoyed doing. This also provided an opportunity for people to interact with the local community and to reduce any isolation they may experience.
- The registered manager and provider checked key aspects of care provided and used the findings to reflect on the quality of the service. For example, staff practice was regularly spot checked. One staff member said, "They [senior staff] always feedback at our next supervision."