

Arck Living Solutions Ltd

Bailey House

Inspection report

6 Jefferson Street
Goole
North Humberside
DN14 6SH

Tel: 01405766985
Website: www.arklivingsolutions.co.uk

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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 well-led?

Inadequate 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Bailey House is a residential care home providing personal care for up to 3 younger adults. At the time of the inspection 3 people living with a learning disability and/or autism were being supported by the service.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. When restrictions were in place, the appropriate authorisations had not been sought once expired. People were not always supported in line with their care plans, preferences and interests.

People did not always get the right support as the provider did not always respond to people's needs, preference and choices. The service was not well-led and we were unable to see that improvements had been made since the last inspection.

The provider did not always support people in a safe, well equipped, well-furnished and well-maintained environment that met their needs. People did not have access to a safe outdoor areas and people's communal space had been reduced as staff were using a dining room as a staff office area. Although some improvements had been made to the environment, further work was required to ensure the service was safe and maintained.

Staff did not follow safe practices in relation to COVID-19. This included wearing and disposing of PPE in line with government guidelines and staff carrying out testing. This meant that people were at risk of harm.

The provider failed to support people to have maximum possible choice, control and independence. People had been restricted of their liberty without the appropriate authorisations in place as these had expired.

Staff did not always support people to achieve their aspirations and goals. Monthly meetings for people to discuss their dreams and goals were not completed or contained the same information each month.

Right Care

People were not being protected by the provider's recruitment process because checks were not robust. People took part in some activities; However the service did not always promote opportunities to try new activities that enhanced and enriched their lives.

People who had individual ways of communicating, using body language, could not always interact comfortably with staff using this method as staff had not had the appropriate training.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so.

People did not always have risk assessments in place, or they were not available, to identify risks people faced and how staff should manage these. Information found was not always up to date or accurate.

Right culture

People were not always supported by management and staff who fully understood the holistic needs of supporting people with a learning disability and autism. A new manager had recently started in post who was keen to develop the service and ensure people holistic needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating and Update

The last rating for this service was requires improvement (11 August 2021) and there were breaches of regulation. The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We carried out an unannounced focused inspection of this service on 29 and 30 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bailey House on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management, infection control, person centred care, deprivation of liberty and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Bailey House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors and a member of the CQC medicines team carried out the inspection.

Service and service type

Bailey House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bailey House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke/communicated with two people who used the service and one relative about their experience of the care provided.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

We spoke with six members of staff including the nominated individual, the manager, and four care workers.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and their medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received written feedback from one professional who regularly visit the service.



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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we identified the provider had failed to manage risks to the health and safety of people. There was a breach of regulation 12, (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people were not managed. Risk assessments were not always in place or available to staff to follow.
- When people had moved to the service, appropriate measures had not been in place to ensure staff had enough information to support people safely.
- Although improvements had been made in relation to fire safety there continued to be practices that put people at risk of harm in the event of a fire. For example, bedrooms on the top floor were wedged open with a table, and the kitchen door was wedged open when not in use. One fire door also had a gap at the bottom which made it less effective in the event of a fire.
- Action had not always been taken following incidents to reduce the risk of reoccurrence.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

At our last inspection we identified the provider had failed to ensure the risk of spread of infection was managed. There was a breach of regulation 12, (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The service did not use effective infection, prevention and control measures to keep people safe.
- Staff did not use personal protective equipment (PPE) effectively and safely. On the first day of inspection

no staff were wearing face masks.

- Staff had not been completing COVID-19 tests in line with government guidelines.
- Some areas of the building could not be effectively cleaned. For example, the dining room table and windowsill was chipped, pull cords were dirty and were not made of a wipeable material. Parts of the flooring had gaps which could harbour dirt.
- Clinical waste could not be safely managed and disposed of. For example, the clinical waste bin was not a peddle operated bin and the lid had broken off.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager took action to ensure all staff were wearing the appropriate PPE and sent evidence that staff were now completing COVID-19 testing.

Visiting in care homes

- People were able to have visits in the care home should they wish to do so.

Staffing and recruitment

At the last inspection we recommended the provider review their process for ensuring staff are sufficiently recruited and deployed at the service. The provider had not made sufficient improvements.

- Recruitment was not robust. Appropriate checks such as Disclosure and Barring Service (DBS) to ensure staff suitability to work with vulnerable adults were not always risk assessed and appropriate action taken where needed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider's recruitment procedure was not followed to ensure staff were of suitable character. Staff did not always have references in line with the providers policy.

The provider failed to operate effective recruitment processes, this was a breach of Regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had enough staff, including for one-to-one support for people. However, people were not always allocated a staff member to know who was supporting them that day.
- Managers arranged shift patterns so that people who were friends or family did not regularly work together.

Using medicines safely

At the last inspection we recommended the provider consider current guidance on giving to people psychotropic medicines alongside their prescribed medication and take action to update their practice accordingly. The provider had made improvements to some areas of medicines management, but further concerns were identified.

- People were supported by staff to administer and record medicines. However, medicines were not kept safely because medicines cabinets were not fixed to the wall and access to the area where medicines were kept was only partially restricted. The provider addressed this during the inspection.

- The temperature in the area where medicines were kept was not monitored. The manager told us they would address this.
- Protocols to guide staff on the use of 'when required' medicines were not person-centred.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff knew the principles of STOMP (stopping over-medication of people with a learning disability and/or autism) and ensured people's medicines were reviewed.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation from the Court of Protection

- Records were not always in place to show that people's mental capacity for certain decisions had been assessed and there were not always records of best interest decisions.
- When people had been deprived of their liberty, the legal authorisations to do this had expired and some people did not have the appropriate records in place to ensure any conditions were complied with.

This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The providers training matrix was not up to date so we could not be assured staff had received the required training.
- Induction records were not always in place for new staff.
- Although staff told us they had training, some staff felt training needed to be improved.
- Staff had not received regular supervision and appraisals.

We recommended the provider review their procedures for induction, supervision and staff training.

The new manager told us they were organising supervisions for all staff and looking at new training providers.

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

- Pre-assessments or interim care plans had not always been implemented when new people moved into the service.
- Care was not always delivered in line with standards, guidance and the law.

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

- People were able to access food and drink as and when they wanted. People were offered a choice of meals, however, some people's care plans indicated they had preferred menus they had created to choose from and these were not in place.
- Staff supported some people to be involved in preparing and cooking their own meals in their preferred way but not others.

Adapting service, design, decoration to meet people's needs

- Although the environment had been recently decorated. People's own accommodation did not reflect their personal taste and sensory needs. People's dining room was also being used as a staff office space. The manager told us after the inspection they were taking action to relocate the office so that people could enjoy the dining space.
- One relative told us their family member enjoyed being outside but was unable to safely go outside as there was no outdoor space available. People did not have access to suitable and safe outdoor space to spend time as the outside space required work to make it safe.

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

- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- We received feedback from health and social professionals regarding the caring nature of staff.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to assess, monitor and improve the quality and safety of the service. This was a breach of the regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had failed to make sufficient improvements following the last inspection. The service has remained in breaches of regulations.
- The lack of oversight of the service had failed to identify or address the areas of concern we found at this inspection. This including, recruitment, medicines storage, risk management, infection control and application of the MCA.
- The governance systems had not improved since the last inspection. There continued to be no clear auditing schedule and audits had not been carried out to check the safety and quality of the service provided.
- Records continued to be inaccessible. During the inspection, we were not always able to view records as the new manager and staff were unable to locate them.
- Staff continued to be unable to access important records. For example, risk assessments had been removed from people's files at the service and had been taken to the providers other service to be updated.
- Records were not stored securely. People's care records were stored in an unlocked room.

Failure to assess, monitor and improve the quality and safety of the service and was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager in post had previously been the registered manager at this service and so had a good understanding of the service and people's needs. The manager had been appointed shortly before our inspection.
- The new manager was open and honest during the inspection and was keen to make improvements to the service.

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

At our last inspection the provider failed to provide person-centred care and support to meet people's needs. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People's care plans were not always up to date, person centred or followed to ensure people received care in line with their preferences.
- People were not always supported to access activities in line with their preferences. For example, one person's care plan stated they liked to go shopping on a morning, but records showed they were not supported to do this.
- Care plans and meetings, did not always support people to identify and meet their goals and aspirations.
- Communication care plans contained minimal information and staff had not always received communication training to meet people's needs.

The provider failed to provide person-centred care and support to meet people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were kind and caring in their approach. One relative told us, "Yes the staff are nice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- It wasn't clear how people and staff had been engaged and involved in the service. There were no house meetings to allow people to contribute their views on the service.
- There was no meetings or satisfaction surveys with people and stakeholders to gather feedback and develop the service.
- Meetings people had with staff were not fully recorded and when information had been recorded, the same information was repeated each month.
- Staff had not always felt they could seek support from management. One staff member told us they had had no faith in previous management and said they previously they did not think their views were listened to or welcomed.

The provider failed to actively seek feedback to drive improvements in the quality and safety of the service. This is a breach of Regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt confident they would be better supported by the new manager.
- The manager had started booking supervisions and staff meetings to improve staff morale.

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 manager understood their responsibilities to inform people if something went wrong. However, the provider had raised a safeguarding alert to the local authority and not submitted a CQC notification in

relation to one incident as required. We discussed the importance of submitting notifications with the manager. They confirmed this was an oversight by the previous manager and assured us of their knowledge regarding the requirements to notify CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people received person centre care and support from staff. 9(1)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure the appropriate authorisations were in place when people were deprived of their liberty. 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure recruitment procedures were established and carried out effectively. 19(1)(a)(b)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people were mitigated and premises were managed safely</p> <p>The provider had failed to mitigate the risk of the spread of infection.</p> <p>12(2)(a)(b)(d)(f)(h)</p>

The enforcement action we took:

We have issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service, mitigate risks relating to the health and safety of others, maintain accurate, complete and contemporaneous records.</p> <p>The provider had failed to seek and act on feedback.</p> <p>17(2)(a)(b)(c)(e)</p>

The enforcement action we took:

We issued a warning notice.