

The Ark Care Lodge Limited

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Inspection report

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9 February 2016 and was unannounced.

The Ark Care Lodge is registered to provide residential care and support for up to 18 people who have an autistic spectrum disorder or a learning disability and who may present behaviours that challenge. People live in two houses adjacent to each other with no internal access that blend in with other private dwellings in a residential area. The accommodation has two lounges with dining rooms. The bedrooms are over two floors and the upper floor is accessible using the stairs. Most bedrooms have an ensuite shower facility and are close to a bathroom. At the time of our inspection there were 18 people using the service.

The service has a manager who was registered with Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. However, they no longer work for the service and have not yet cancelled their registration. We spoke with the provider representative about this and advised us that the registered manager has been informed to cancel their registration.

The provider had appointed two managers that had been in post for two months at the time of our inspection. The provider told us that they intend to have two managers to manage the service. The provider advised us of their intention to submit an application to the Care Quality Commission to become registered. We will monitor this situation to ensure that a registered manager is in post to ensure that the service is managed well.

People told us they felt safe at the service and with the staff that looked after them. Staff understood the safeguarding procedure (protecting people from abuse) and knew how to keep people safe.

People's care needs were assessed including risks to their health and safety. Care plans developed from the risk assessments lacked guidance and information for staff as to how to support the person safely. Despite this staff were aware of people's needs and knew how best to support them. Further action was needed to ensure care plans and risk assessments were reviewed regularly to ensure people received the safe and appropriate care and support. The provider assured us they would take action and ensure people's needs and records were reviewed.

Staff were recruited in accordance with the provider's recruitment procedures and further action was needed to ensure records were kept of the pre-employment checks carried out. The service had sufficient staff to meet people's needs and support people to live independently and access community amenities.

Staff received an induction and training for their role and responsibilities. Further action to the ongoing support, training and records would help ensure staff's knowledge; skills and practice were kept up to date.

People received their medicines at the right time from trained staff. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

People told us that staff sought consent before they were helped and that staff always respected their choices and decisions. Staff were aware of their responsibilities to ensure people's rights were promoted and new care plan format would help ensure decisions made were recorded.

People told us staff were caring and had developed positive relationships with them. People's privacy and dignity was maintained, their choice of lifestyle was respected and their independence was promoted.

People spent time doing things that were of interest to them such as activities, accessing community's amenities and doing household chores to promote their independence. Records showed people went out, maintained contact with family and friends and developed new interests and hobbies.

People knew how to make a complaint and were confident that their issue would be addressed. The provider assured us that they would review and update the complaint procedure and ensure a complaint log was kept.

The provider's quality governance and assurance systems were fragmented. The provider's policies and procedures were not up to date or reflective of the care and support provided. There were limited audits carried out and those too were ineffective. There was limited opportunity for people who used the service and staff to make comment about the quality of service provided and contribute to the development of the service. There was no evidence to demonstrate that the provider reviewed, identified shortfalls and took steps to make improvements.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

People told us they felt safe and staff understood their role to report concerns.

Risks to people's health and wellbeing had been assessed. Information in the care plans varied and people's needs and risks were not reviewed regularly to ensure the care provided was safe and appropriate.

There were sufficient staff to support people. Improvements were needed to the staff recruitment procedures to protect people's safety.

People received their medicines at the right time.

Requires Improvement ●

Is the service effective?

The service was effective.

People were cared for by staff that had received an induction and training for their role. Better recording and planning would help ensure staff received regular support and training to maintain their knowledge and practice.

People's consent to care and treatment was sought. Care records did not always confirm that the principles of the Mental Capacity Act 2005 were used when assessing people's ability to make informed decisions about their care and support people's rights.

People told us they had plenty to eat and drink and liked the food served which met their nutritional needs.

People were supported by staff to maintain good health and to access and liaise with health care professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us the staff were friendly and caring.

Good ●

People made choices about their daily care and support needs. Staff respected people's choices and lifestyle.

Is the service responsive?

The service was not consistently responsive.

People told us that staff provided the care and support that met their needs.

People's needs were assessed and their information in the care plans varied as to their needs, wishes, preferences and interests. Although staff were responsive when people's health was of concern their care needs were not reviewed regularly to ensure the support provided was appropriate.

People were confident that the staff would act on their comments and concerns. The complaint procedure not easily accessible and a complaint log was not kept.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

A registered manager had been registered for the service but no longer worked for the provider and their registration was yet to be cancelled. The provider had appointed a manager who intends to apply to become the registered manager for the service.

People who used the service and staff had limited opportunity to make comment about the service and any improvements.

The provider's quality assurance and governance systems were not robust. There was limited evidence to demonstrate that the provider monitored, reviewed, and took steps to make improvements to the service. Therefore, improvements were needed.

Requires Improvement ●

The Ark Care Lodge 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 took place on 9 February 2016 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and provide us with the contact details for health care professionals involved in people's care. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was not returned.

We looked at the information we held about the service, which included 'notifications' of significant events that affect the health and safety of people who used the service. A notification is information about important events which the service is required to send us by law.

We spoke with six people who used the service. We spoke with one health care professional who visited the service at the time of our visit.

We also used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered provider, two managers and two care staff. We looked at the records of four people, which included their assessment of needs, support plans, risk assessments, records relating to their daily wellbeing and health support. We also looked at four staff recruitment and training records, a sample of policies and procedures and information relating to complaints and quality assurance.

We also spoke with four health and social care professionals after the inspection to gather their views about

the service.

We asked the manager to send us additional information in relation to confirmation that the emergency grab sheets for people who used the service were updated. This information was received in a timely manner.

Is the service safe?

Our findings

The provider's recruitment procedure did not consistently ensure people's safety was protected. Two staff files we looked at contained evidence of the relevant pre-employment checks carried out, which included a check with the Disclosure and Barring Service (DBS). One staff file had no documentation to confirm that the relevant pre-employment checks had been completed. We also noted that none of the application forms had been signed or dated by the applicant. We found the member of staff was working at the service without a DBS as the manager was not able to evidence that a DBS had been applied. This meant people's safety was not assured or protected by the provider's recruitment procedures because checks were not carried out to ensure suitable staff were employed work with people.

This was a breach of Regulation 19(1)(a)(b)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe at the service and with the staff. One person said, "I am safe because everyone is my friend and no one would hurt me." Another person said, "If I felt scared I would tell staff." We observed positive interactions between staff and the people who used the service which demonstrated that people were confident in the presence of the staff and the provider.

We asked the health and social care professionals who were involved with the people who used the service for their views as to people's safety and wellbeing. They told us that the staff were committed to people, their safety and were well cared for.

The provider's safeguarding policy advised staff what to do if they had concerns about the welfare of any of the people who use the service. Staff were trained and knowledgeable about their role and responsibilities in raising concerns with the manager and the role of external agencies. That meant people could be confident that staff knew how to protect them from harm and to keep them safe.

People's money was kept secure and staff told us they supported people to look after their money. Accurate records were kept and checked to ensure people were protected from financial abuse. Information received from one health and social care professional confirmed that people's money was safely managed.

People told us that staff knew what support they needed and were confident to ask staff for help when required. We observed this to be the case when one person reminded the provider that they wanted to go to the bank on the following day. Staff we spoke with showed a good awareness of the support people needed, risks and how to maintain people's safety both whilst at home and out using community amenities.

Care records we looked at showed that individual risks associated to people's health, safety and wellbeing had been assessed. We found that risk assessments were not reviewed regularly. For example, the risk assessment for one person who could become agitated and may display behaviours that challenge staff and other people detailed the triggers and directed the staff to de-escalate the situation but did not describe how staff should intervene. For another person we found an assessment for potential risk was completed

but no care plan for staff to follow to help keep the person safe. This highlighted that risks to people's health, safety and wellbeing were not always consistently to maintain their safety.

We found some care plans lacked detail as to the support the person required whilst others were written with a clear description of the risk identified and how risks were to be minimised. Despite this staff told us they knew how best to support people to stay safe and meet their daily needs, which people who used the service confirmed. The provider and manager assured they would review and update all the risk assessments and care plans to ensure they accurately reflected the support people needed to help keep them safe.

Records showed that when an incident affecting a person's safety occurred the manager took appropriate action. We found some inconsistencies in how and where the incidents and accidents were recorded. Some incident reports were kept in people's care files along with the daily wellbeing records completed by the staff, whilst others were logged in the accident / incident book which had four entries. However, there was nothing to demonstrate that the manager or provider had analysed or reviewed the risk assessment to ensure the support provided to people was appropriate. When we raised this with the manager they assured us action would be taken.

We found people had been assessed for the support they would need from staff in order to evacuate the building in the event of an emergency situation. This showed people's safety was assured in an emergency.

We found there were systems in place for the maintenance of the building and the certificates confirmed servicing and safety checks were carried out. The provider was making improvements to the environment. We saw radiator covers were being fitted to protect people from the risk of burns from hot surfaces. This meant that people who used the service were accommodated in a well maintained building that was checked for its safety.

We found there were sufficient staff to meet people's needs and keep them safe. One person said, "I always know where I can find staff." We saw throughout our inspection visit that people's choice of lifestyle and daily living was promoted.

Staff told us that staffing levels were good and increased as and when needed to promote people's their independence, such as going out. We saw people were supported to attend medical appointments, day centre and access the wider community amenities. The service had a vehicle that staff were insured to use, which helped to promote people's independence.

People told us they received their medicines on time. One person said, "[staff's name] gives me tablets" and went on to explain what their medication was for. Another person said, "If I had a headache I would tell the staff and they would be able to give me a tablet."

Trained staff whose competency had been assessed administered medicines. We observed a member of staff administer medicines to one person. This was done in a dignified and respectful manner that promoted the person's wellbeing. We saw the medication administration records were completed accurately.

The medicines were kept in a locked cabinet in a room where the washing machine was stored. Because there was no record kept of the room temperature any fluctuation in the temperature could not be monitored and could affect the effectiveness of the medicines. We raised this with the manager and also spoke with the prescribing pharmacist. The pharmacist assured us they would inspect the service to ensure medicines were stored safely and if necessary advise the manager of the improvements needed.

Is the service effective?

Our findings

Staff we spoke with had received induction and training to help them to support people who used the service. Staff told us they had received training in health and safety, safeguarding adults, moving handling, care planning and food hygiene. In addition, we saw confirmation of training booked for staff on health and safety and medicine administration in March 2016. We found staff files did not always contain training certificates. The staff training matrix we looked at showed staff had received training in the essential standards for health and social care staff, which including moving and handling, fire safety, care planning and infection control amongst others up to the year 2014. The provider assured us they would update the staff training matrix, which would help ensure the support people received was effective and appropriate.

The provider was aware of the Care Certificate and was sourcing this training for all the staff. The Care Certificate is a set of standards that provides the health and social care staff with the necessary skills, knowledge and behaviours to delivery good quality care and support. Following our inspection visit the manager wrote to us to confirm that further medicine administration training for staff was booked for 12 March 2016. That showed the provider had taken steps to organise training updates for all the staff.

Staff told us that they felt supported by the manager and the provider who visited the service regularly. Staff told us that they had supervisions and meeting. Although we did see evidence of routine staff appraisals there was little documentation found to support that staff supervisions and meetings took place. Staff told us that they would benefit from regular supervisions and meetings as part of their development and to ensure people experience consistent and continuity of care. The provider told us that they would support the manager to develop a programme for staff supervisions, meetings and training planned. This would help ensure staff were supported and training and had the opportunity to contribute to the development of the service and the quality of care provided.

People told us that staff supported them to look after themselves. One person said, "The staff are alright. They help me sometimes if I tell them." We saw people were comfortable around staff and conversed with staff as a 'friend', made decisions as to what they wanted to do and also made plans for the future.

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 make particular decisions, any decisions 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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Where a DoLS has been authorised the provider is required to notify us, the Care Quality Commission, which was received following the inspection visit.

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

the need to assess and record those people who lacked capacity to make certain decisions about their needs. Records showed that people had the capacity to make informed decisions about their life and needs. People were consulted about how their information would be shared with other health and social care professionals in the event of a medical emergency and had consented. The provider told us that people were consulted about the use of CCTV in the lounge and had signed an agreement. Although there was little evidence in the existing care plans to show that the person had capacity, the new care plans did show the principles of the MCA were followed.

We found one person's record showed that their relative had made best interest decisions even though they had the capacity. The manager told us that advice was sought from the health and social care professional to ensure the person's rights and decisions made were recorded and respected by staff. The health care professional we spoke with confirmed this to be the case and praised the staff for promoting the person's rights. The care plan we looked at showed that the person was involved in how they wished to be supported, make decisions about their care and their choice of lifestyle.

At the time of our inspection visit one person was subject to an authorised DoLS. Although staff and the manager were aware of how to support the person there was no care plan to reflect the authorised DoLS and the role of staff.

Staff also described how they supported another person to return home when they left the service without notice which could potentially meant their liberty had been deprived. When we raised these issues with the manager they assured us they would seek advice from the local authority with regards to the person's liberty and ensure a care plan was in place to reflect the support to be provided. That meant people could be confident that they received the appropriate from staff.

People told us they enjoyed the meals choices, and were involved in planning the weekly menu which was displayed in the kitchen area. One person told us that they were involved in the planning of meals and shopping. Another person said, "The food is lovely" and "I like curries but not too hot."

We saw staff offered people a drink when they returned home from the day centre and one person made their own drink with the support of staff. We also saw people helped staff in the kitchen to prepare the evening meal which was vegetarian sausage casserole. A record was kept of the meals that were planned which included cultural meals to suit people's dietary needs.

Records showed people's nutritional needs were assessed, and where required advice was sought from health care professionals to ensure risks were managed. Care plans contained information about people's dietary needs, individual requirements and preferences. Records were kept of what a person ate and drank and any concerns about the person's appetite or weight. This meant people's health and wellbeing was monitored.

People told us that their health needs were met and on the day of our inspection visit some people were supported to attend medical appointments. People's records contained information about their health and showed they were supported to attend health appointments.

The visiting health care professional praised the staff for the care provided to help maintain people's health and wellbeing. They told us staff sought medical advice quickly if they had any concerns about people's health and also followed any instructions given to ensure the person's wellbeing.

Is the service caring?

Our findings

We asked people for their views about the staff that supported them. One person said, "The staff are all kind and look after me." Another person said, "I like the staff; they do my hair and makeup when I tell them." People looked clean and dressed in the style of clothing of their choice.

We saw people had developed positive relationships with staff in the way they communicated with them and had developed a level of trust with staff, the manager and the provider. People spoke with staff and other people who used the service who knew and understood them and their daily routines. For instance, one person helped another person to put on their coat and checked that they had their gloves because it was cold. Another person laughed as they reminded the provider that they needed to go to the bank the following day and that they would be taking them. This showed people were comfortable with the staff and the provider at all times.

Throughout our inspection visit we observed staff were kind, caring and took time to talk with people and interacted with them in a respectful manner. We saw a member of staff spoke to one person in their first language, which was not English, which meant they could converse effectively and be involved in their care. Through those conversations with people we understood that planned activities were organised taking account of people's likes, dislikes and interests. For example some people were supported to go to the pub and social clubs while others choose to stay at the service and have a movie evening.

Staff were aware of people's life histories and had good background knowledge of people they supported, including their abilities and preferences. This was recorded in people's care plans and updated with people developed new interests and hobbies. This helped staff to ensure people's interests and preferences were promoted. We saw staff encouraged people to be actively involved in decisions made about their care and lifestyle. One person told us they regularly went to the hairdressers, wore jewellery and other accessories. Another person told us that staff helped them to colour their hair. We heard people talk about the plans for a forthcoming birthday party and what they planned to wear to the party.

People's care records we viewed showed that people were encouraged to express their views about their daily life and needs. Staff told us people were supported to do this individually and in group discussions with those who wished to take part. We found no records were kept of the group discussions apart from the individual decisions people made about their care was recorded in their care file. This meant that the lack of record keeping could affect the continuity of care provided by staff. The manager assured us accurate and up to date records would be kept.

People's privacy was promoted as they could retire to their room whenever they wanted to. The bedrooms had either an ensuite shower or were close to the bathroom which helped to promote people's dignity and independence with regards to personal hygiene.

Staff we spoke with understood the importance of respecting and promoting people's privacy and took care when they supported people. They described ways in which they preserved people's privacy and dignity.

Staff spoke to people in a respectful manner and discreetly supported people with their personal care needs to help ensure they remained clean and comfortable.

Is the service responsive?

Our findings

We asked people for their view about the care and support they received. One person said "When I want to go out she [staff] comes with me. I like to going to pub." This person went on to tell us that they managed their own laundry and went grocery shopping with the staff. Another said, "I am happy to spend time in my bedroom if I want to be quiet." A third person liked to help staff to prepare meals and we saw this to be the case.

We used SOFI to observe how staff supported people when they returned home at tea time. Staff asked each person how their day was and listened to their responses. Even though staff knew people really well and knew how they liked their drinks, they always asked them if they wanted their hot drinks with milk and sugar. We saw staff showed care and were sensitive to how people were feeling especially towards one person who was concerned about their friend's health. Staff knelt down to people's eye level when they spoke with. They spoke clearly and used short sentences, which helped the person to understand what was said and gave them time to respond.

People told us they were happy with their involvement and the care they received. Care plans were in place. Although the quality of information varied as to the person's needs and the support they needed, people were happy with the support provided by the staff. We saw information about people's interests and hobbies including people who were important to them, such as a relative and friends. We saw the activities were part of people's daily life and people were supported to access community amenities. For example, people told us about their holidays and day trips, visited or stayed with their family regularly and helped with household chores. One person fetched their colours and painting book whilst they waited for the taxi to go out and another person made a drink with the support of a staff member. This showed people were comfortable in their home.

A record of people's daily wellbeing and how they spent their time was kept. Because these were written on loose leaf paper and not always dated, it was difficult to monitor people's wellbeing. We found people's care needs were only reviewed every three months for those whose needs did not change. Any changes to people's needs were identified by the manager and staff because they worked together to look after people who used the service and would recognise any changes. In addition, people told us they would tell the staff if someone was not feeling well or upset.

We looked at two people's care needs and found those were last reviewed in October 2015. A third care record which had the new care plan format in place showed the person's needs had been reviewed. Despite the variation in record keeping and reviews of people's needs staff were aware of the changes to people's needs and knew how to support the person to ensure their wellbeing and independence was promoted. The provider and manager assured us that all the care plans were being updated to the new format that would be reviewed regularly and improve way daily reports were kept.

We noted that the information about people's medicines recorded in the emergency grab sheet was not up to date. When we raised this with the manager they took action immediately by reviewing everyone's

records to ensure the information was correct. This meant people's safety and wellbeing could be assured in the event of an emergency because their information was accurate and up to date.

People told us they were happy with home environment. One person showed us their bedroom which had been decorated in their preferred choice of colour scheme and personalised to reflect their interests.

People told us if they had any complaints or something was bothering them they would speak with the staff, manager or the provider. When we asked one person they said, "You tell [staff name] or [provider's name] when he comes here."

The provider's complaints procedure was displayed in the service but not available in an easy read format, using pictorial symbols so that people who used the service could understand. The policy advised people how to make a complaint, what to expect and advised them to contact the Care Quality Commission (CQC) if they were not satisfied with the resolution. We noted that the contact details for CQC were not up to date and there were no contact details for local advocacy service or the local authority should people require support to make a complaint. The provider assured us that they would review and update the complaint procedure to ensure people had the information to make a complaint.

The manager told us that the complaint log had not been used for some time because the service had not received a complaint. We, the CQC had referred a complaint about the staffing levels to the provider to investigate. The complaint was investigated by the provider who confirmed that the staffing levels were safe, which we also found to be the case at this inspection. The provider assured us they would maintain a complaint log and record to demonstrate complaints were investigated in line with the procedure to assure people that the service is responsive to concerns.

We asked the health and social care professionals involved with the people who used the service for their views about the service. They told us that the staff were responsive when people's needs changed or they had concerns about their health.

Is the service well-led?

Our findings

The service has a manager who was registered with Care Quality Commission. However, they no longer work for the service and has not yet cancelled their registration. The provider told us that the registered manager has been informed to cancel their registration.

The provider told us they visited the service several times a week to support people who used the service, the staff and the managers. The provider had appointed two managers that had been in post for two months at the time of our inspection. The provider told us that they intend to have two managers to manage the service. The provider advised us of their intention to submit an application to the Care Quality Commission to become registered. We will monitor this situation to ensure that a registered manager is in post to ensure that the service is managed well.

We found the provider's quality assurance systems had not been fully implemented and fragmented where it had been implemented. We found the provider's policies and procedures were not up to date or reflective of the type of care and support provided. Regular checks and audits were not carried out in relation to care records, staff training and support and checks on the medicines management and the home environment. This meant that the provider was not able to assure themselves that The Ark Care Lodge was a safe and well managed service that protected people who used the service.

We found gaps in the staff recruitment records that showed staff procedures were not consistently followed. This meant people's safety was not assured or protected by the provider's recruitment procedures because checks were not carried out to ensure suitable staff were employed work with people.

Staff felt supported by the provider and understood their roles and responsibilities with regards to people's needs and safety. However, staff meetings were not held and no other evidence found that demonstrated how the provider assured themselves that the staff provided the support in accordance with their expectations. There was no system in place to show the actions taken by the provider that staff received planned training and support to ensure the quality of care provided by staff was in accordance with the provider's expectations. This meant the provider's management of staff training, support and training was not properly managed to ensure they received a safe quality service.

We found no evidence of how people's views about the service provided were sought. There was no record of any meetings held or planned for the people who used the service where they could make comment about the development of the service. People's care plans and their needs were not consistently monitored or kept under review. Clear and accurate records were not kept to enable the provider to monitor the delivery of care and to ensure people received the care and support that was appropriate and right for them.

The way the service is managed does not always identify risks and may not have strategies to minimise risks to ensure the service runs smoothly and protects the safety and wellbeing of people who use the service and staff. Health and safety checks including fire and water temperatures had been completed in one side of the

service but not the other. There was no record of the fire drills recorded since March 2015. We saw the manager's weekly checks on the service were done up to November 2015 and little evidence to demonstrate how issues had been addressed. Incident and accidents were recorded in different places and there was no evidence that the provider had analysed those events in order to identify any trends or patterns to ensure people's safety could be maintained in the future. This meant that shortfalls could not be identified in order to bring about improvements to the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout our inspection visit we saw people who used the service were comfortable at the service and had a good rapport with the staff, manager and the owner. It was evident people felt comfortable at the service and felt The Ark Care Lodge was their home.

We spoke with health and social care professionals involved in the care of people who used the service. They had praise for the staff who with their support had improved people's quality of life.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the services and others were not protected against the risks associated with good governance because of inadequate systems and processes to assess, monitor, lack of contemporaneous and accurate record keeping and improve the quality and safety of the services provided. Regulation 17 (1) (2)(a)(b)(c)(d)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not follow the recruitment procedures effectively to ensure persons employed were of good character, had the qualifications, skills and experiences and checks carried out to ensure they were suitable to work with vulnerable people. Regulation 19(1)(a)(b)(2)</p>