

Ark Home Healthcare Limited

# Ark Home Healthcare Ltd

## Inspection report

1 Churchill Court  
Bolton Street  
Brixham  
TQ5 9DN  
Tel: 01803 853198  
Website: [www.arkhealth.co.uk](http://www.arkhealth.co.uk)

Date of inspection visit: 4 November 2015  
Date of publication: 07/01/2016

### 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 

### Overall summary

ARK Home Healthcare Ltd provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work in Brixham, Paignton and Torquay.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We visited the office on 4 November 2015. At the time of this announced inspection 190 people were using the service. At the previous inspection in February 2014, the service did not meet the regulation in relation to respecting and involving people. People were not satisfied with their visit schedules and communication with the service's customer response centre, which was based in Sheffield. The provider sent us an action plan telling us what they were going to do to meet the regulation. At this inspection in November 2015 we checked and found improvements had been made.

# Summary of findings

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Comments included “The carers I get have eased my worries about who looks after me. They are really nice”; “I appreciate the company they give me, we sit down with a cup of tea and have a chat”; and “They smile, talk, that’s what you want when you’ve been ill” and “They’re very very nice indeed”. The service had received compliments from people and their relatives thanking the staff for their care and kindness. We spoke with a person who told us “I am giving the staff a party on my Birthday, to say thank you to ARK. I’m so pleased you rang so I could tell you how happy I am”. People were happy and relaxed when we visited them in their homes. Staff treated people with respect and kindness. People responded to this by smiling and engaging with staff in a friendly way.

People told us the service was reliable and staff were usually on time. Comments included “They arrive when they’re meant to”; “They’re on time, give or take five or ten minutes”; “If they are running late they usually ring up” and “sometimes they have a problem at their previous visit”. People told us staff never rushed them. One person commented “They always stay the time even if they are running late. They have to toilet and shower me and I’m never rushed”. Staff told us they had enough time to travel between visits. Staff said “All my calls are close together” and “When I’ve had issues at a call, the office have helped me out and got someone else to cover my next visit”.

People and their relatives told us they felt safe when they received care. People told us “There’s no reason not to feel safe” and “They always wear their pink tunics so I know it’s them when they arrive. I can see them coming through my window” and “I’m absolutely fine. I’ve had them coming round for years and I know them all”. Some people had key safes installed outside of their homes. This meant staff were able to access people’s homes when they were unable to open their doors.

People had a regular team of staff who had the appropriate skills to meet their needs. Comments included “I’ve been with the service for two years now and I usually get the same carers who know how to look after me”; “I think the carers are very skilled in helping us get through this, they always listen”; “I’m very happy with what they’re doing”, and “They’re absolutely marvellous”.

Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff had developed a warm and engaging relationship with the person. Staff clearly knew the person well and interacted with the person in a friendly yet respectful manner. The person was happy and relaxed in the company of the staff who were supporting them. Staff explained what they were doing and ensured the person was comfortable. One staff member knew how the person liked to have their pillows arranged in a certain way and made sure other staff knew about this. Staff talked about their planned outing that day and the person visibly brightened at the thought of going out.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people. People were protected by staff who had completed safeguarding training and knew what to do if they were concerned that a person was being abused.

Risk assessments had been undertaken. These included information about action to be taken to minimise the chance of harm occurring to people and staff. Where people were supported to have their medicines this was done safely. People had received their medicines as they had been prescribed by their doctor to promote good health.

The registered manager was working towards the Level 5 Diploma in Leadership and management. Staff told us the registered manager was approachable. Comments included “(Registered manager’s name) is approachable no matter what the issue is” and “When I sent a message they replied instantly”. A healthcare professional told us the registered manager was very approachable. They said the registered manager and seniors had come out and done joint visits with them when needed which was really useful.

People and their relatives felt able to raise concerns or make a complaint if the need arose. Comments included “Any problems, I go and see them. They’re pretty good at sorting things out” and “I haven’t had any problems”. The service had received three complaints in the past year. Each complaint had been investigated and responded to in line with the complaints procedure.

There were systems in place to assess, monitor, and improve the quality and safety of care. The provider had

# Summary of findings

carried out an audit in September 2015. They looked at care plans and staff files. Some staff files had information missing. The registered manager had since given one of the office staff responsibility to ensure files contained all of the relevant information. A quality assurance survey was sent to people in April 2015. The service received 84 responses. The survey showed 98% of people were 'very happy' or 'happy' with the service. The service had identified areas to focus on to improve the service. For

example, in relation to offering people choices. A newsletter had been sent out to staff which include information about choices and their practice was monitored. The registered manager told us they attended the provider's management meetings every four weeks. This gave them the opportunity to meet up with other registered managers, receive updates and share good practice. They also accessed resources to learn about research and current best practice.

# Summary of findings

## 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.

People and their relatives told us they felt safe when they received care.

Risk assessments had been undertaken. These included information about action to be taken to minimise the chance of harm occurring to people and staff.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Good



### Is the service effective?

The service was effective.

People received care from a regular team of staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

Staff completed training and had the opportunity to discuss their practice.

Good



### Is the service caring?

The service was caring.

People and their relatives were positive about the way staff treated them. Care workers were kind and compassionate.

People were happy and relaxed when we visited them in their homes. Staff treated people with respect and kindness.

Good



### Is the service responsive?

The service was responsive.

Staff responded to people's requests and met their needs appropriately.

People told us they received support that was personalised to their needs.

People and their relatives felt able to raise concerns or make a complaint if the need arose.

Good



### Is the service well-led?

The service was well-led.

People and staff found the registered manager and senior staff approachable.

The provider had systems in place to assess and monitor the quality of care.

Staff enjoyed their work and told us the management were always available for guidance and support.

Good



# Ark Home Healthcare Ltd

## 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 checked 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 visit took place on 4 November 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people on 11 and 17 November 2015.

One social care inspector and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care for older people.

Before the inspection we reviewed the information we held about the service.

On the day of our visit, 190 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with sixteen people and four relatives. We visited two people in their homes. We spoke with eight staff, the registered manager, and received feedback from one health care professional.

We looked at four care plans including two care plans in people's homes, medication records, three staff files, audits, policies and records relating to the management of the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe when they received care. People told us “There’s no reason not to feel safe” and “They always wear their pink tunics so I know it’s them when they arrive. I can see them coming through my window” and “I’m absolutely fine. I’ve had them coming round for years and I know them all”. Some people had key safes installed outside of their homes. This meant staff were able to access people’s homes when they were unable to open their doors. Access to the numbers of the code was password protected and staff had access to these at all times. People told us staff were careful to ensure their homes were secured on leaving.

Staff had received training in safeguarding vulnerable adults. The service had updated their safeguarding policy and sent a copy to staff in September 2015. This included information on the types of abuse and how to report concerns. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service’s safeguarding policy. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. The registered manager told us if they had any safeguarding concerns they would raise these with the local authority safeguarding team.

Risk assessments had been undertaken. These included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, one person who was living with dementia would often leave their house on their own. Staff had contact details for the places this person was likely to visit. The person had consented to a tracker device. Staff had put prompt sheets on the person’s front door so they would remember to carry their tracker device. This meant if staff could not find the person they were able to check their location. This meant the person was able to go out in the local area independently and staff were able to minimise risk to their safety.

People had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. People who needed staff to administer their medicines were supported safely and told us they were happy with the support they received. We spoke with

a staff member who told us they had arranged for a person to have liquid medicines as they found it difficult to swallow tablets. Staff completed medication administration record (MAR) sheets after they gave people their medicines. MAR sheets were fully completed. This showed people had received their medicines as prescribed to promote good health.

Recruitment practices were safe and relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

Staff confirmed the service employed enough staff to carry out people’s visits and keep them safe. The service did not take on new care packages if they did not have sufficient staff to cover all of the visits. One of the office co-ordinators told us they had recently had to turn down a care package as they knew they would not be able to cover all of the visits. The registered manager told us staff and the management team covered visits if staff were off work at short notice.

Staff told us they had enough time at each visit to ensure they delivered care safely. People told us the service was reliable. Comments included “They always turn up” and “They always stay the time even if they are running late. They have to toilet and shower me and I’m never rushed”. Staff were issued with mobile phones and signed in and out on the phones for their visits. If staff did not log in, the visit showed as red on the office system. The phones also showed the staff member’s current location. If staff got lost, the office staff could see where they were and given them directions. This meant the service could check people had received their visits, and when staff were out on lone visits the office could see their location.

There was an on call telephone number for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. One staff member commented “If you ring the out of hours they’re there, that gives us confidence”.

There were arrangements in place to deal with foreseeable emergencies. The service had contingency plans for severe weather conditions, loss of systems and phones, and outbreaks of infection. The provider had a system in place to ensure visits to vulnerable people were prioritised.

# Is the service effective?

## Our findings

People had a regular team of staff who had the appropriate skills to meet their needs. Comments included “I’ve been with the service for two years now and I usually get the same carers who know how to look after me”; “I think the carers are very skilled in helping us get through this, they always listen”; “I’m very happy with what they’re doing”; and “They’re absolutely marvellous”.

Staff told us they were happy with the training and confirmed this was up-to-date. The service employed an in-house trainer. There was a training room at the office where staff attended face to face training. There was an online training record that was managed by the service’s head office. This identified when training updates were required. Staff said “Any training, I want to do, I can do” and “The training makes me feel confident”. Staff told us they had completed training in areas relating to care practice and health and safety. A dementia champion had visited to provide training in dementia awareness. Certificates to confirm training had been completed were kept in staff’s individual files. One staff member told us how they were offered training updates when they returned from maternity leave. As the people they were going to visit had changed, they went out to work alongside staff to get to know people, and how to meet their needs and preferences. Another staff member told us when a new piece of equipment was introduced for one person, the registered manager arranged for an occupational therapist to come in and train the staff on how to use it.

Staff told us they wanted to develop their knowledge and complete comprehensive training on how to meet people’s specific medical conditions. For example, Multiple Sclerosis, Parkinsons, Diabetes, Stroke. We spoke with the registered manager who had identified this as an area for development and told us the training was planned.

New staff completed the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The in-house trainer delivered this training over five full days. New staff worked alongside experienced staff to observe how people had their care delivered. The number of times they did this depended on their previous experience and competence.

Staff told us they received regular supervision which included observations of their care practice. Senior staff told us observations were announced and they attended the visit with the staff member. Spot checks were unannounced and senior staff went into people’s homes after staff had left to ask for feedback. Records of supervisions and checks were seen in individual staff files. Group supervisions were also held. These were held for staff to share information and receive any updates. All the staff told us they felt well supported. Comments included “I feel supported and I can phone the office if I need to check anything” and “They’re always there at the end of the phone” and “The support is brilliant”.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us no one using the service lacked capacity to make decisions in relation to their care. They had a good awareness of the MCA. The registered manager explained if a person lacked capacity to make certain decisions, a mental capacity assessment would be carried out. They had the appropriate assessment forms available. Staff gained consent from people before carrying out personal care and respected people’s choices. One person commented “Care staff ask me if I am happy for them to go ahead”.

People were supported to access healthcare services. During a home visit, staff told us they had worked with a person, their relative, and an occupational therapist (OT) to get suitable equipment to make the person more comfortable. The staff member talked about another suggestion they had to improve things further and they planned to contact the OT again. The OT told us most care staff took information on board, followed instructions and were positive. Another person said “They are very good. They send somebody round to escort me to the doctors and stay if I have to have something done other than just talking to my doctor”.

Staff supported some people to choose and prepare their meals. People told us they were happy with this support.

## Is the service effective?

We observed a staff member supporting one person with their meal at lunchtime. They cut up the person's food, checked the temperature of the food, and explained to the person what the food was. They knew the person's preferences. For example, how the person liked their hot drink, and how they preferred a small portion, so the plate

was not overloaded. Another person told us "They always make sure they leave me with a hot or cold drink". Staff knew to contact the office if people did not eat or drink enough or they had any other concerns in relation to eating and drinking.



# Is the service caring?

## Our findings

People and their relatives were positive about the way staff treated people. Each person we spoke with told us their care workers were kind and compassionate. Comments included “The carers I get have eased my worries about who looks after me. They are really nice”; “I appreciate the company they give me, we sit down with a cup of tea and have a chat”; and “They smile, talk, that’s what you want when you’ve been ill” and “They’re very very nice indeed”.

Staff spoke about people with compassion and concern. Staff comments included “He’s such a lovely man”; “I love seeing people, it makes their day”; and “I love my job”. People and relatives commented “We wouldn’t be without (staff name)” and “I’m happy with the care and attention, they couldn’t do any more for him”.

People told us staff treated them with respect and kindness. During a home visit, we saw staff had developed a warm and engaging relationship with the person. Staff clearly knew the person well and interacted with the person in a friendly yet respectful manner. The person was happy and relaxed in the company of the staff who were supporting them. Staff explained what they were doing and ensured the person was comfortable. One staff member knew how the person liked to have their pillows arranged in a certain way and made sure other staff knew about this. Staff talked about their planned outing that day and the person visibly brightened at the thought of going out.

Staff respected people’s privacy and dignity. One person commented “ They are very good when I have to use the toilet.They respect my privacy and dignity because I need them to help me and they always close the door”. Staff completed training to help ensure they understood how to respect people’s privacy, dignity and rights. Senior staff observed their practice to make sure they used these values within their work. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

Relatives were kept informed of people’s care. One relative told us the care staff let them know when their spouse was not their usual self. The relative showed us the staff had also recorded this in the person’s daily records.

Staff tried to reduce people’s anxieties and distress. One staff member told us how one person rang the office every day. They said they chatted with the person for five minutes, which meant the person was reassured and able to carry on. The staff member said “If that’s what it takes, we’ll do it”.

The service had received compliments from people and their relatives thanking the staff for their care and kindness. We spoke with a person who told us “I am giving the staff a party on my Birthday, to say thank you to ARK. I’m so pleased you rang so I could tell you how happy I am”.

# Is the service responsive?

## Our findings

At the previous inspection in February 2014, the service did not meet the regulation in relation to respecting and involving people. People were not satisfied with their visit schedules and communication with the service's customer response centre, which was based in Sheffield. The provider sent us an action plan telling us what they were going to do to meet the regulation. At this inspection in November 2015 we checked and found improvements had been made. The office in Brixham had taken back responsibility of being the first point of contact and planning visits.

Rotas were sent out to people each week with visit times and the names of staff who would support them. People told us staff were usually on time and were not concerned if staff were a bit late. Comments included "They arrive when they're meant to"; "They're on time, give or take five or ten minutes"; "If they are running late they usually ring up" and "sometimes they have a problem at their previous visit". We spoke with the office co-ordinators who told us they tried to make sure they informed people of changes but as they often had short notice due to staff sickness or an issue, they always made covering the visit a priority. The registered manager had also discussed this in a recent meeting with the office co-ordinators. Staff told us they had enough time to travel between visits. Staff said "All my calls are close together" and "When I've had issues at a call, the office have helped me out and got someone else to cover my next visit".

The service was flexible and responsive to people's needs. People told us "I haven't been with them long, about four weeks, but I asked for a regular carer and I have one" and "I can't do much myself without my wife's or carer's help. If there is something I want or don't want the carer to do I tell them and they do that".

People's needs were assessed before they started to use the service. Care plans were then developed with the person and included their preferences and wishes. They described in detail the support the person needed to manage their day to day needs. Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff were quick to respond to people's requests and met their needs appropriately. People told us they received support that was personalised to their needs.

One person commented "We have just moved here and the ease of using the service has been excellent. Everything has gone into place. I can't knock them". People's care was reviewed regularly or when their needs changed. People told us senior staff had visited to review and discuss their needs.

Staff were aware some people were at risk of becoming socially isolated. One person said "I have a carer who comes every evening to give me my meal and we sit and have a little chat. I like that". The registered manager told us they had signposted people to a local befriending service and a local organisation who supported people with their post.

Staff supported some people to go out and access the local community. Staff told us how they took one person out every day. The day we visited them, they were going for a walk around the harbour and planned to visit the café. A relative told us about the trips out staff arranged. They said "They have boat trips, go shopping and play games. (Staff member's name) puts so much thought into what she does with him".

People and their relatives felt able to raise concerns or make a complaint if the need arose. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. However, everyone we spoke with told us they had no complaints. Comments included "Any problems, I go and see them. They're pretty good at sorting things out" and "I haven't had any problems". The service had received three complaints in the past year. Each complaint had been investigated and responded to in line with the complaints procedure.

The service sought regular feedback from people who used the service. People were asked about the quality of the service when staff observations were carried out. A quality assurance survey was sent to people in April 2015. The service received 84 responses. The survey showed 98% of people were 'very happy' or 'happy' with the service. The service had identified areas to focus on to improve the service. For example, in relation to offering people choices. A newsletter which included information about choices had been sent out to staff and their practice was monitored.

# Is the service well-led?

## Our findings

The registered manager was working towards the Level 5 Diploma in Leadership and Management. Staff told us the registered manager was approachable. Comments included “(Registered manager’s name) is approachable no matter what the issue is” and “When I sent a message they replied instantly”. A healthcare professional told us the registered manager was very approachable. They said the registered manager and seniors had come out and done joint visits with them when needed which was really useful.

The service employed senior staff and office co-ordinators. The senior staff carried out initial visits, care plan reviews, spot checks and observations, and monitored the paperwork in people’s homes. The three office co-ordinators were responsible for an area each; Brixham, Paignton, and Torquay.

The provider had a mission statement and vision and values. This stated “ARK is committed to being the leading provider of quality healthcare services to individuals in their own homes”. Staff were aware of the vision and values and this was reflected in their work. One staff member commented “It’s about providing good care and making sure people are happy and comfortable”.

Staff told us they enjoyed their work and felt supported by the staff team. Comments included “There is good support, we help each other out”; “We message other colleagues if we need help; and It’s a good network of people to work with”.

The registered manager was keen to improve the service. They told us they attended the provider’s management meetings every four weeks. This gave them the opportunity to meet up with other registered managers, receive updates and share good practice. They accessed resources to learn about research and current best practice. They received the monthly updates from the CQC. They attended care forums with other providers to share good practice.

There were systems in place to assess, monitor, and improve the quality and safety of care. The provider had carried out an audit in September 2015. They looked at care plans and staff files. Some staff files had information missing. The registered manager had since given one of the office staff responsibilities to ensure files contained all of the relevant information.

Visit records and medicine administration records were checked to ensure they were completed correctly. Announced and unannounced checks to observe staff’s competency were carried out on a regular basis.

The registered manager had notified the Care Quality Commission of a significant event which had occurred in line with their legal responsibilities.