Ark Complex Care 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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 25 October 2016 and was announced. We gave the provider notice of our inspection in line with our current methodology for inspecting this type of service. The service was registered in January 2016 and this was the first rated inspection.

Ark Complex Care provides care and support to people of all ages who have specific needs and requirements which require a high level of clinical support to assist people to live in their own homes.

The service had a registered manager at the time of our inspection, however, they had recently left the service. The service had a new manager in place who was not yet registered with the Care Quality Commission. 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 also found that the service was operating from the company head office and not at the currently registered address. The provider submitted an application to the Care Quality Commission to make this change.

Staff we spoke with were knowledgeable about the process they would follow if they suspected abuse. They told us they received training in this area when they commenced employment with the company, and would be able to recognise abuse.

We spoke with staff who told us they had received appropriate training in medicine administration and were observed completing this task before they were able to administer medicines alone. Staff competencies were checked on an annual basis. However, the provider did not ensure that the system in place to assist staff in the safe administration of medicines prescribed on an 'as and when' basis (PRN) was effective.

We found the provider had a safe and effective system in place for employing new staff. We looked at staff files and found them to contain pre-employment checks and other appropriate information.

Some people's relatives we spoke with felt there were not enough staff available to support their family member. This was especially a problem when staff were off sick or on holiday. However, most staff we spoke with felt there were enough staff available to support people in line with their current needs.

Risks associated with people's care were identified and appropriate measures were put in place to minimise the risk. This was recorded in the person's care file.

We spoke with staff about the training they received and received mixed views. Staff told us that they received two weeks induction training when they began their employment, which covered a range of

subjects. However, some staff felt this wasn't enough for them to gain enough knowledge to support people. Some staff told us there were no specific training available which was relevant to the person they supported. However, some staff felt they had received enough training and that it was specific to their role and the people they supported.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff offered people choices and respected their decisions.

People who required support with eating and drinking were provided this. Staff we spoke with told us that food was provided based on the person's choice and what they wanted. They told us that they tried to encourage healthy options where possible.

People had access to healthcare professionals when required. We looked at care records and saw professionals had been involved in their care.

Care plans we looked at gave information about people's likes and dislikes but this was very basic. We spoke with the manager who told us that they were introducing a 'one page profile' to assist them to record this information better.

The provider had a complaints procedure and staff we spoke with explained how they would assist someone who wanted to raise concerns.

People who used the service and their relatives knew there had recently been some changes in the management team and felt this was for the better. One person said, "It has improved because we now have a main contact person in the management team, but this has only been in the last few months. We were very concerned about the service before."

We spoke with the manager about the changes in the management team and were told that a restructure was in progress. The manager told us that from October 2016, the new structure was being introduced. The current manager would be the head of operations and there would be two registered mangers, one for the North of the country and one for the South.

There were processes in place to assess the quality of service provision. However, these were in the early stages and had not been embedded in to practice.

Our inspection identified 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?

Requires Improvement

The service was not always safe.

The provider did not ensure that the system in place to assist staff in the safe administration of medicines prescribed on an 'as and when' basis (PRN) was effective.

Some people we spoke with felt there were not enough staff available to support their relative. This was especially a problem when staff were off sick or on holiday.

The provider had a safe recruitment system in place to assist them in employing new staff who were suitable to do the job.

People told us they felt safe when the staff were supporting them. Staff knew how to respond to abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

We spoke with staff about the training they received and received mixed views. Some staff did not feel adequately trained. Some people and their relatives felt that staff could be more knowledgeable.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were involved in menu planning and assisted to eat a healthy and balanced diet which met their needs and maintained their preferences.

People had access to healthcare professionals when required.

Is the service caring?

Requires Improvement

The service was not always caring.

We spoke with people who used the service and their relatives and most told us that cares were kind and compassionate but

they felt that there were exceptions.

Staff we spoke with knew people well and were aware of their preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People who used the service had care plans in place. However, these did not always fully explain how best to support the person.

The provider had a complaints procedure and staff knew how to assist people is they wanted to raise a concern.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was evidence that audits took place to ensure policies and procedures were followed. The current system for monitoring the quality and safety of service s provided were ineffective as they had not identified the areas within this report where improvements are required to be made.

Staff were aware of their own roles and responsibilities and knew when to raise things with the management team.

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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.

The inspection took place on the 25 October 2016 and was announced. The inspection team consisted of one adult social care inspector and an expert by experience who contacted people by telephone on 28 October 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked at the information sent to us by the registered manager on the provider information return (PIR). 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.

We spoke with three people who used the service and seven relatives.

We spoke with five care workers, the clinical lead, a nurse and the manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires Improvement

Is the service safe?

Our findings

We spoke with people who used the service and found there were differences in people's experience. Some people felt they or their relative was 'extremely safe,' whilst other's told us that they had worries. One relative told us, "My biggest worry is to do with the two night staff. I have spoken to the service because they are sleeping during the night." It was highlighted that this had created problems when the person using the service had required assistance. The provider told us they were aware of this and were in the process of addressing this.

Some people we spoke with felt there were not enough staff available to support their relative. This was especially a problem when staff were off sick or on holiday. Sometimes this had resulted in staff members attending people when they were not trained in the use the equipment people used. This could put people at risk.

We also received some positive comments. One person said, "I feel very safe with them [the staff]. The carers are very kind. I have no complaints at all." Another person said, "I don't worry about safety. I do feel safe." People told us that generally there was a lot of consistency of staff and staff knew people really well.

We spoke with staff and they felt there were enough staff to ensure they could meet the needs of people who used the services. One care worker said, "We work well as a team so if anyone is on holiday or off sick we all cover for each other."

The service had policies and procedures in place to ensure people received their medicines in a safe manner. However, the provider did not ensure that the system in place to assist staff in the safe administration of medicines prescribed on an 'as and when' basis (PRN) was effective. For example, one person had been prescribed PRN medication but there were no instructions or protocols in place to advise or direct staff when the medicine was required.

We spoke with staff about medication administration and they said they knew people well and completed medication training and had their competency checked prior to administering medicines to people. One care worker said, "We have our competency checked on an annual basis to ensure we are safe to give medicines to people."

We looked at support plans and found that risks associated with people's care and support had been identified. There were plans in place which recorded what the risk was, and what action could be taken to minimise the risk occurring. We saw people had risk assessments in place for environmental risks and moving and handling.

We looked at five recruitment files and found the provider had a safe and effective system in place for employing new staff. The staff files we looked at contained pre-employment checks which were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in

preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Staff were recruited based on the requirements of the care package and sometimes people and their relatives were involved in this process.

The provider had a policy in place to safeguard people from abuse. This gave staff information about the different types of abuse, how to report and record abuse and the roles and responsibilities for safeguarding people who used the service. We spoke with the manager about safeguarding concerns and we were shown an electronic log of concerns. Outcomes were logged when this was known.

We spoke with staff about safeguarding people from abuse and they told us that they had received training in this subject. Staff knew what to do if the suspected abuse had occurred. One care worker said, "I would report it straight away to my line manager." Another care worker said, "I know how to recognise abuse and would report any concerns to my immediate line manager."

Requires Improvement

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and they told us that the regular staff were well trained and knew what they were doing. One relative said, "I think they are well trained, but the job is very specialised and I think the company have real problems recruiting people who can understand and support very complex needs." Another person said, "The regular people do know what they are doing, but if you get a substitute then they can be clueless. They could definitely do with more training." Another person said, "They [the provider], have sent people who they say are trained in using the equipment, but it's clear that they're not. We have to step in because we didn't feel confident enough to leave them unsupervised. Not that they weren't kind, they had just been thrown in at the deep end."

Staff we spoke with told us that they received a two week induction when they commenced employment. This comprised of a series of training days which covered subjects such as moving and handling, first aid, safeguarding, and dementia. However, staff told us that they had not received any training since this and had asked for more specific training to help them support people they were caring for. One care worker said, "I would like to do more training around specific issues relevant to the person I support. This would help me support them better. I have asked for this but nothing has been done." Another care worker said, "I had no previous care work experience and had two weeks training on a wide range of subjects. This was not enough knowledge to then go and work with people." Another care worker said, "I should have done some shadow shifts with experienced carers, but when I arrived there was no one to shadow, so it was sink or swim. I didn't think this was appropriate."

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the manager about training and we were told that training sessions took place every week in the North and South of the country so all staff had access to them. Training was provided by a trainer who was employed by the service and was completed face to face. This training was then supported by an e-learning package to check staff knowledge.

We spoke with clinical staff and they told us that they completed spot checks and competency checks to ensure staff were supported to do their job.

We looked at the training records for the service and found that the manager had already identified areas of training which were out of date, in line with their policies and procedures. We spoke with the manager about this who told us they had commenced a process to look at this and to address the shortfalls.

We looked at staff files and found that some people had not received supervision in line with the provider's policy. Supervision sessions were one to one sessions with their line manager. We spoke with staff about the support and received mixed views. Some staff felt their immediate line manager was helpful and others felt there was a lack of support from the management team. Most staff we spoke with told us that things were changing for the better and the company were beginning to be more organised and supportive. However

this needed to be embedded in to practice.

People who required support with eating and drinking were provided this. Staff we spoke with told us that food was provided based on the person's choice and what they wanted. They told us that they tried to encourage healthy options where possible. Some people required specialist equipment to support nutrition, for example PEG feeding. This is a way of introducing food, fluids and medicines directly into the person's stomach.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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.

Staff we spoke with were knowledgeable about the MCA. Staff told us that involving the person was most important.

We looked at care plans and found that people were referred to healthcare professionals where required. We saw that care plans reflected what the professionals had advised.

Requires Improvement

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and most told us that care staff were kind and compassionate, but they felt that there were exceptions. One person said, "I can't cope when two people are talking to me at the same time. I can't take in what they are saying." Another person said, "There is only one [care worker] who is very bossy. They try to 'lord it over' the other staff and it upsets us. We just want everyone to work together and understand that they are in our home and make a pleasant atmosphere." Another person said, "The day and night staff are antagonistic towards each other. There is a lot of 'nit picking' which is tiresome." Another person said," Overall I am happy. It's important to recognise that the day staff are brilliant. They are faultless."

Care plans we looked at gave information about people's likes and dislikes but this was very basic. We spoke with the manager who told us that they were introducing a 'one page profile' to assist them to record this information better. The manager showed us a format of what this would include. We saw this would have a pen picture and important information such as, what people appreciate about me, what's important to me and how best to support me. This was in the early stages on it's introduction and required embedding into practice.

Staff we spoke with were knowledgeable about the people they supported and were aware of their individual preference and how best to support them. Staff were committed to providing support which was based on people's rights, choices and preferences. One care worker said, "It's all about the person so it is very important that we get it right and it suits them."

Staff we spoke with explained how they maintained people's privacy and dignity. One care worker explained how they worked in the home of the person and respected their property. They said, "We knock on the door and speak to the person from the moment we arrive at their home."

Some care plans had a section about communicating with people, for example, one care plan stated that the person required staff to support them by being attentive and staying touch close at all times. This was so the person could observe facial expressions and so that staff could hear the sound of the person's voice. This showed staff had considered the person and were knowledgeable about how the person wanted to be supported.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their relatives told us that they had a care plan and they were involved in agreeing what support they needed.

In some cases people and their relatives had problems with their support. One relative said, "The day staff are faultless. They are really very good but the night carers are not doing their job properly." Some relatives told us that personal care, especially during the night was not good.

Care files we looked at contained a full assessment of people's needs. This was completed prior to the service being provided. This helped the service to consider the package and decide if they could meet the person's individual needs.

The care files that we looked at contained a support plan and a clinical care plan. We found that clinical care plans were informative but support plans were very vague, sometimes information was repeated in both plans and they were not easy to read.

Support plans we saw were not always informative and did not always reflected the care and support people required. For example, one care plan stated the person was mobile, but very weak. There was no further information in the plan to ensure staff supported the person in line with their individual needs. There was no clinical care plan in place as the person did not require this type of support. Therefore, information about how to support this person was limited. This information is particularly important for staff who do not know people well.

Each person was supported by a team of care staff, a nurse, where needed, and a team leader. Staff wrote daily notes of their involvement with people in a log of daily events known as a 'care diary.' These were collected every month and taken to the head office by the nurse in charge of the package. The manager told us that nurses had an office day each month where they could be available to complete this task.

The service had a complaints procedure and we saw the manager kept a log of concerns raised. The new manager had identified that there was room to improve the way complaints were acknowledged and dealt with. A new suite of letters had since been compiled to ensure complaints were followed up in line with the provider's policy and procedure.

We spoke with the clinical lead for the company and saw a bi monthly report of clinical governance. This included the number of complaints received, issues identified and actions taken to resolve the situation. For example, there had been concerns raised about staff conduct and this identified inconsistent staff supervision had been carried out. Action taken included observing the practice of the staff concerned and looking at what could be improved as well as what went well. A new supervision policy had been introduced.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives knew there had recently been some changes in the management team and felt this was for the better. One person said, "It has improved because we now have a main contact person in the management team, but this has only been in the last few months. We were very concerned about the service before." Another person said, "There have been too many different managers and they don't stay. We have now got a main contact person so things do seem to be improving. We are hoping it stays that way." Another person said, "Since there has been a change in management things are improving."

However, one person said, "They [the staff] don't listen to what I tell them. Whenever I ask to speak to a manager they never phone back. I really want one of the managers to come and see me but they won't. I think the management are afraid of losing staff so they don't challenge them about anything." Another person said, "The managers don't have the experience to deliver this type of service and there are constant changes.

We spoke with the manager about the changes in the management team and were told that a restructure was in progress. The manager told us that from October 2016, the new structure was being introduced. The current manager would be known as the head of operations and there would be two registered mangers, one for the North of the country and one for the South. The current manager told us that this would support people in the South much better. The registered managers would be supported by nurses and have access to further support from the head of operations and the head of nursing. This was in the early stages and some posts had not yet been appointed to.

When we completed our inspection the provider was operating from the company head office and not at the currently registered address. The provider has submitted an application to the Care Quality Commission to make this change.

Individual monthly reviews took place for each person who used the service. This looked at care plans, medication administration records, complaints, safeguarding and included observations of staff interacting with people. This also included a series of questions about the quality of care which were designed to ask the person their view of the service. There was also space on the form to record any areas which had been identified for improvement. However, this process was in the early stages and we could not track issues raised and the actions taken at this inspection. This process required embedding in to practice.

The manager informed us that spot checks took place where a member of the management team visited a care worker during their working day to observe their working practice. The manager informed us that these checks took place on a quarterly basis, but we could see from the records available indicated that the checks did not occur as frequently as this and many of them were out of date. We spoke with staff and they told us that they received support from their team leader and the nurse who over sees that package of care.

We looked at accidents and incidents and how these were monitored and recorded. The manager showed

us a log where incidents were recorded, but this was not up to date and did not marry up to the accident forms received. For example only two accidents had been recorded on the log since January 2015, but we saw accident forms which had been scanned onto the system which had not been entered on the log. We could not see that these accidents had been analysed and we spoke with the manager who was not aware of trends and patterns. However, we were later sent a bi monthly clinical governance report which gave the number of incidents and some analysis. It was not clear which system was in place and therefore this required embedding in to practice so that trends could be easily identified.

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

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
Nursing care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always ensure that systems in place to monitor and improve the quality of the service were effective. These needed embedding in to practice.

Regulated activity	Regulation
Nursing care Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not always ensure that staff had received appropriate training to carry out their role effectively.