Arck Living Solutions Ltd

Bailey House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Bailey House took place on 10 May 2016 and was unannounced. At the last inspection on 30 July 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Bailey House premises consisted of a four-bedroomed, terraced property on a residential street in Goole. It provided care and accommodation for up to three people with a learning disability. All bedrooms were single occupancy. There was a lounge, a dining room and a kitchen, with a yard area to the rear of the property. There were two bathroom facilities. Car parking was on the street outside the property. All local services were within walking distance. There was local bus access to Goole town centre and Doncaster or beyond. There was local train access to larger cities such as Kingston-Upon-Hull, Leeds and beyond. At the time of our inspection there were two people using the service and one person accessing day care.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for the last three and a half years. A registered manager is a person who has registered with the Care Quality Commission (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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were managed and reduced by implementing risk assessments so that people avoided injury or harm whenever possible.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's need and we saw that rosters reflected the staff that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people. We found that the management of medication was safely carried out.

People were cared for and supported by trained and competent staff. However, we were not completely assured that induction of new staff was effectively carried out in all cases. Staff were regularly supervised and their performance was assessed using an appraisal scheme. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their health and wellbeing and it was sometimes difficult for staff to ensure people ate a balanced diet because people's choices were respected.

The premises were suitable for providing care and support to adults who had a learning disability and/or mental health needs. However, there were parts of the premises that were unsuitably maintained.

We found that people received care and support from kind staff and that staff knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people were respected and that they were enabled to take control of their lives.

We saw that people were supported according to their person-centred support plans, which reflected their needs well and which were regularly reviewed. People had the opportunity to engage in pastimes and activities if they wished to. People had good family connections and support networks.

There was an effective complaint procedure in place and people were able to have any complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain relationships through frequent visits, telephone calls and sharing of each other's news.

The service was adequately led and people had the benefit of a culture and a management style that were both positive. There was an effective system in place for checking the quality of the service using audits and satisfaction surveys. While audits were regularly completed, the surveys were not used as often as they ought to be.

People had opportunities to make their views known through direct and informal representation to the registered provider, registered manager or the staff. There were formal complaint and quality monitoring formats also available for people to use to make their views known. However, people were not always able to do this. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were managed so that people avoided injury wherever possible.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed. All of this meant that people's safety was protected.

Is the service effective?

Requires Improvement

The service was not always effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance, but the induction process was not always followed. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their health and wellbeing, but sometimes respect for their choices meant people did not always eat as well as they could. The premises were not always maintained to ensure they were suitable for use.

Is the service caring?

Good

The service was caring.

People received care from kind staff. People were supplied with the information they needed and were involved in all aspects of their care and support.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred support plans, which were regularly reviewed. People had the opportunity to engage in pastimes and activities of their choice and staff supported them in this.

People's complaints were investigated without bias and they were encouraged to maintain relationships with family and friends.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of care, where the culture and the management style of the service were both positive. The quality of the service was regularly checked which ensured an effective service delivery.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely.

Bailey House

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.

The inspection of Bailey House took place on 10 May 2016 and was unannounced. One Adult Social Care inspector and an expert-by-experience carried out the 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 in learning disability.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Bailey House and reviewed information from people who had contacted CQC to make their views known about the service. We also received a 'provider information return' (PIR) from the registered provider. A PIR 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 all three people that used the service, the registered manager and four staff. We looked at care files belonging to three people that used the service and at recruitment files and training records for three staff. We looked at records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People we spoke with at Bailey House indicated to us that they felt safe living there. People were relaxed and comfortable in their interactions with staff. One person said, "I like everything about living here, the staff are nice, they never annoy me or speak to me badly."

We found that the service had systems in place to manage safeguarding incidents and that staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents to the local authority safeguarding team. One staff said, "I've done safeguarding training and I understand how to pass information to my manager or to the local authority as an alert." There was evidence in staff training records to show that staff were trained in safeguarding adults from abuse.

Records were held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. There had been none in the last year and so none had been notified to us by the service through the formal notification system. The systems that were in place to handle information and the fact that staff were trained in safeguarding adults from abuse all added up to an encouraging regime for protecting people that used the service from the risk of harm or abuse.

People had risk assessments in place to reduce their risk of harm from, for example, problems with medication, accessing the community, inadequate nutritional intake, scalds, trips and falls and alcohol consumption. Staff we spoke with felt people were protected and the risks to their safety or wellbeing were carefully assessed and mitigated.

The service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. These included, for example, fire systems, electrical installations, gas appliances and hot water temperature at outlets. We also saw people's personal safety documentation for evacuating them individually from the building in the event of a fire. There were contracts of maintenance in place for ensuring the premises and equipment were safe. These safety measures and checks meant that people were kept safe from the risks of harm or injury from the environment.

The service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. Records showed that these had been recorded thoroughly and action had been taken to treat injured persons and prevent accidents re-occurring. There had been no recent accidents to report.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. People told us they thought there were enough staff to support them with their needs. One person that lived at Bailey House said, "There is always someone here to look after me." Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities. They said they would have liked more staff to cover the short periods of lone working: usually 7 am to 11 am and 3 pm to 6 or 8 pm each day. There were sufficient staff on duty to meet people's

needs on the day we inspected and we saw the afternoon session when there was one staff working alone for a few hours. This was because one person that used the service had gone home after their day care, leaving two people to be supported by one member of staff until the allocated time for a second staff member to arrive to take one of the people that used the service out. However, on this occasion the registered manager was in the building all of that time. We understood that lone working times had been risk assessed and that staff at a sister-home were available to provide support should any issues arise.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job, which involved use of their own 'safer recruitment pack'. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw evidence that the three staff, whose recruitment files we looked at, had been checked for their suitability to work with vulnerable people before employment commenced.

Staff files contained evidence of staff identities, interview records, health questionnaires, risk assessments for using computers, checks on foreign nationals' permission to work in the UK, employment contracts and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

We looked at how medicines were managed within the service and checked a selection of medication administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them, by use of a repeat prescription system. Medicines were stored safely in a suitable part of the premises. Medicines were administered on time and MAR charts showed this. Any 'as required' medicines were only given according to the written protocols in place. Medicines were recorded correctly and disposed of appropriately. We saw that there were no controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001).

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packets and divided into the required number of daily doses, as prescribed by the GP. It allows for clear administration of measured doses given at specific times. There were no people using the service that self-medicated. Medicines were safely managed and people received them according to the instructions of their prescription.

Requires Improvement

Is the service effective?

Our findings

People we spoke with felt the staff at Bailey House understood them well and had the knowledge to care for them. They said, "Staff are al-right, they know how to look after me" and "I am well cared for."

We saw that the registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. These included a general training record and individual staff training records. The general staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed, which complimented the individual records. The service used a nation-wide training company for all of its training needs. The process used by the company was that of staff trainees reading through workbooks, completing a question and answer section, having these marked by the registered manager and then the workbook going off to the company for verification and issuing of certificates.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence). Staff said about their training opportunities, "We are usually given the workbooks in batches when they are due and given a deadline by which to return them to the manager, but sometimes these deadlines are not realistic" and "Workbooks are the main means of doing training, but they tend to come to us all at once and it can be difficult to get through them. We usually do the workbooks in our own time as well as there is no time to complete them when we are with people we support."

There was an induction programme in place and the registered manager reviewed staff practice via one-to-one supervision. They also appraised staff performance using an appraisal scheme. Staff we spoke with verified the supervision and appraisal systems in place. However, not all staff we spoke with felt they had completed a thorough induction and the induction records we saw indicated that staff had covered a very wide range of information and instruction in a short period of time. For example, one induction checklist showed the staff member had started work one day and complete all of their induction the following day. One staff we spoke with told us they felt their induction had been rushed. The registered manager explained to us that a new induction workbook was being implemented and would, in the immediate future, require new staff to complete a twelve week induction with the workbook being signed off at different stages.

While a hurried induction may not have been typical for staff, there was written evidence that indicated inductions were rushed. This did not always equip staff with the knowledge and information they needed to enable them to carry out their roles effectively or safely at the beginning of their time in post. We recommend the registered provider and registered manager ensures thorough induction procedures are followed by all staff before they commence working in the service, to ensure they are knowledgeable about their roles and responsibilities.

Communication within the service was adequate to enable the manager, staff and people that used the service to understand about people's needs and to share information to effectively support the people that used the service. Methods used included daily diary notes, telephone conversations, meetings, notices and

face-to-face discussions. People had individual ways of communicating as well: one person used 'objects of reference' to show staff what they wanted and also used some Makaton signs. Staff undertook Makaton training when new to the service. People that used the service asked questions and asked staff for information. They told staff what they wanted and when.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us there were two DoLS authorisations in place and awaiting review by the statutory authority. These had been recorded appropriately in the service. They were in place due to the 'locked door' policy and practice that required the main door of the building be kept locked for people's safety.

The people that lived at Bailey House were given choices about their daily living and when making choices people also gave their consent for events to take place or support to be given to them. One person gave consent regarding their choice to live at Bailey House, but another expressed a wish to leave the service and live alone. When staff asked them they only consented to issues, events and support that suited them at the time. Staff were concerned for them when they followed this course of thinking, as they clearly needed care and support to live safely. It had been decided using a multi-agency approach and meeting that it was in their best interest to live at Bailey House because of their incapacity to make safe decisions for themselves.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and diets for health reasons. We were told by staff that people were supported to choose their own menus, shop for food and assist in preparing and cooking it. They had individual housekeeping budgets to enable this. However, in practice people did not do much cooking: we saw one person assisting a staff member to make an omelette for their tea and another person ate the meal that had been prepared for them by the staff. This person said, "Sometimes staff ask me what I would like to eat but I am happy with what I am given." All three people using the service at the time of our inspection had eaten their lunch off the premises while out in the community with staff, so we did not see anyone following the menu that was set for them and on display in the kitchen.

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and was reviewed with changes in their conditions. We were told by staff that people could see their GP on request and that other health care professionals and services were obtained whenever necessary. Health care records showed when people had been seen by a professional, the reason why and what the instruction or outcome was. We saw that diary notes recorded where people had been assisted with the health care that had been suggested for them. We were unable to speak with people directly about their health care support, but documentation with regards to hospital, GP and eye specialist visits, for example, were filed in people's care files.

The premises at Bailey House were domestic with no special features regarding physical disability or learning disability. The premises had some inadequacies in respect of suitability. These included that the staff / visitor toilet had no wash hand basin and so staff washed their hands in the kitchen in the one main sink. We were told by the registered manager that this was already being addressed.

A fire door closer on one of the bedrooms was broken, a radiator cover was broken, one bedroom had not been decorated for some years and a toilet seat in one of the en-suite facilities was broken. There was also a badly fitted work top in the kitchen which did not ensure easy and hygienic cleaning. There was a kitchen cupboard under the sink containing cleaning materials in it that had a padlock fitted, but the padlock was left unlocked for a considerable period of time until the registered manager was informed about it. People were risk assessed to be fully supervised when in the kitchen and at no point did we see anyone alone in the kitchen with access to the cleaning cupboard. We recommend the registered provider ensures the premises at Bailey House are suitable for purpose.

Good

Is the service caring?

Our findings

People we spoke with told us they got on well with the staff and each other. We saw them interacting with each other and staff and found that they had a mutual respect for each other, but sometimes had opposing views to staff. People said, "Yes, they look after me here" and "I like being by myself making things and being at Bailey House lets me do this." One person told us they wanted to live alone and not be cared for at Bailey House, but best interest decisions had been made to ensure the person was safe and physical deterioration in their wellbeing was safeguarded.

We saw that staff had a respectful manner when they approached people and offered them informed choices, as staff knew people's needs and wanted to give them choice in their lives. The staff team was a transient one with some of the staff having been employed at Bailey House since it opened and others being newly employed there. Staff also worked on occasion at the service's sister-home.

The manager supported staff when needed but mainly based themselves at the sister-home in the local area. We observed that while staff were polite, encouraged people with their behaviour and alleviated their anxieties, the registered manager was heard to speak firmly to one person who was anxious. The registered manager did not use any diversion techniques to lessen the person's anxiety, but spoke with them about the reality of their position and was somewhat direct in their approach. The registered manager explained to us that people who used the service required a direct approach with regard to communication, one had hearing impairment and all of them needed clear information to ensure they managed their daily routines. These details were recorded in their support plans.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of six of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, gender, marital status, race, religion and sexual orientation. We were told that people had diverse needs in relation to one protected characteristic, disability, and that staff were vigilant when out in the community to ensure people were not discriminated against because of that. We saw no evidence to suggest that anyone that used the service was discriminated against while being supported with their care and wellbeing.

People had the same opportunities in the service to receive the support they required and were treated as individuals with individual and particular needs that were met according to their individual wishes. Care plans, for example, recorded people's individual routines and preferences for activities, foods, outings and daily living. They recorded how people wanted to be addressed, for example. Staff knew these details and respected them accordingly.

People who used the service had their general well-being monitored by the staff who knew people well. People were supported to engage in pastimes and activities they related to and chose themselves, which meant they were able to 'keep a hold on' some aspects of the lifestyle they used to lead before coming into care. People were experiencing a satisfactory level of well-being and were positive about some aspects of their lives. This was recorded in their care files and support plans.

We were told that people living at Bailey House had relatives or friends to represent them, but that should they wish it or have a need to, then advocacy services would be made available to them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests when advising or representing them.

People we spoke with told us their privacy, dignity and independence were respected by staff. People said, "The staff are nice and help me a lot" and "I like coming to Bailey where I am allowed to please myself." One person said, "I am treated well, but cannot see why I am unable to go out alone. I should be given my own flat and would then not need any help." Staff told us they only provided care that was personal or private in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter or exit. This was so that people were not seen in an undignified state, which meant staff respected people's dignity.

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about going out, making decisions about their nutrition and having hobbies and interests. One person told us they liked going to the pub and this had been planned in moderation so that the person had their needs met but their wellbeing was safeguarded. Another person told us they liked shopping, visiting cafes and going to the cinema. All of these arrangements were recorded within people's care files and support plans.

We looked at three care files for people that used the service and found that support plans reflected their needs and included information on how best to meet their needs. Files were divided into nine sections, which contained information, for example, on the support needed, what constituted a good day, activities, restrictions, medical conditions, future plans and daily preferences. Support plan documents were person-centred and contained information in relation to, for example, six areas of need: daily routine, nutrition, communication, mental health, personal care and medical needs/medication.

There were personal risk assessment forms to show how risks to people were reduced, for example, with nutrition, alcohol consumption, medication and for when out in the community. Community risk assessments included safety with traffic, handling money and meeting strangers. We saw that support plans and risk assessments were reviewed monthly or as people's needs changed. People had personal emergency evacuation plans for in the event of a fire, which told staff how best to evacuate people from the building for their safety.

Files also contained daily diary notes, records of activities undertaken and monitoring charts for food, fluid, activities and mood. These charts showed how staff had responded to people's needs and recorded them. We saw how this worked when at one point, a person became agitated and wanted to go out. A member of staff immediately asked them if they wished to go out for a coffee, which they agreed to. The person's mood was later recorded on the mood chart and their outing was recorded on their activity chart.

The activities encouraged by staff whenever possible included, for example, lunch out, trips to the coast, pool at a local club, golf at Xscape leisure centre, walks round the town and visits to the cinema or local café. People told us they watched television or listened to music and one person demonstrated their wish to keep their own company while concentrating on craft work. This person was left entirely alone in the dining room for long periods of time and we did not see staff engaging with them at all, but we later understood that this was to their liking. One person said, "Sometimes I go for a walk or do other things with a member of staff" and another person said, "Staff sit and talk to me about things, like where I want to go and what I want to do." We saw items in place for in-house pastimes, which included board games and computer games. People enjoyed the activities that they chose to do.

Staff told us that it was important to provide people choice in all things, so that people were able to make decisions for themselves and stay in control of their lives. People chose what they wanted to eat each day and if they changed their mind that was accommodated. People chose where they sat, who they interacted with, when they rose from bed or went to bed, what they wore each day and whether or not they went out or

stayed home. People's needs and choices were therefore respected.

People were assisted by staff to maintain relationships with family and friends. This was carried out in several ways. Staff who 'key worked' with people supported them to go out, to visit family members, keep family members informed if people wanted this and to telephone family members or exchange greeting cards. Staff also encouraged people to receive visitors at Bailey House.

We saw that the service had a complaint policy and procedure in place for everyone to follow and past records showed that complaints and concerns were handled appropriately. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain. One person said, "I would tell staff or the manager if I was unhappy." Another person told us they used to get upset because one person would come into their bedroom at night. They said they told staff who dealt with the matter and it no longer happened.

Staff we spoke with were aware of the complaint procedure and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. However, one staff member told us that they had not been aware of any complaints made at or about Bailey House in a long time. We saw from records held that the service had not handled any complaints in the last year.

All of this meant the staff were responsive to people's needs and met them wherever possible.

Good

Is the service well-led?

Our findings

People we spoke with felt the service was adequately managed and that staff followed procedure, but were approachable and available when needed. Staff we spoke with said the culture of the service was relaxed, but business-like, as there were some difficult situations they had to deal with on occasion. One staff said, "There is no nonsense and things are done by the book."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the past three years.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we saw that no notifications had been sent to us over the last year, except two DoLS outcomes, for the service to fulfil its responsibility to ensure any required notifications were notified to us under the Care Quality Commission (Registration) Regulations 2009. This therefore raised a risk about the good management of the service.

When we asked the registered manager about notifications they told us there had been none to report in the last twelve months, except for the two that were made regarding DoLS application outcomes in April 2015.

We found that the management style of the registered manager was open and approachable. Staff told us they could express concerns or ideas any time and felt these were sometimes considered, but not always. Staff also felt that sometimes, because the registered manager had managerial responsibility for another service in the company and usually based themselves there, they did not visit Bailey House as often as might be expected.

We found that the registered manager and staff had very good intentions of providing the right care to people and of meeting their needs well: that their 'hearts were in the right place' in this regard. Sometimes, however, staff told us they felt the service struggled to maintain focus and often reacted to implement change rather than proactively improve change for the better.

The service's written vision was 'Respecting the past, Supporting the present, Preparing for the future.' Its values were 'person-centred support, rights, independence, choice and inclusion.' Its aims and objectives were 'supporting people to become independent and to gain the relevant life skills to progress' and 'offering intense therapeutic support through some of the most challenging times in a person's life.'

The registered manager told us they kept up to date with best practice and legislation via updates from CQC, social care websites and health and safety updates from the local authority and through regular staff training. They told us they disseminated key information about best practice and any legislative changes to staff in team meetings and training.

Bailey House was registered as a location with Arck Living Solutions in October 2012 and was dormant for

approximately a year in mid 2013. It began providing services again in June 2014. There has only been one change to its registration: that of the change in the 'nominated individual' early in 2016.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a monthly basis and that satisfaction surveys were issued to people that used the service and staff. Audits had been completed on personalised care, treatment and support, safeguarding systems, safety, suitability of staff, infection control, health and safety, medication, the environment, laundry provision and hygiene standards. All explanations regarding any identified issues in these areas was passed to the registered manager for action. There was an action plan against each issue in the form of a simple but clear sentence of the action to take to resolve it.

Evaluation feedback forms had been issued to staff in April 2016 and these showed that while many of the responses were positive there were some perceived issues with the internal structure of the service and with reporting procedures. However, staff were spoken with about these issues and it transpired those unsure felt this was because they had not had information explained to them. We did not see any evidence that people who used the service had been surveyed since their arrival and so there were no comments about their views of the service delivery.

The registered manager had yet to establish a regular method of feeding back what action had been taken and what improvements had been achieved to people that had contributed to the audit and survey as a result of their comments. Although there was a system in place to seek people's views these had not been effectively used to ensure people were asked about the service delivery.

The service had been checked by the local authority quality monitoring team in March 2016 and there were no concerns identified.

There were records kept on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that these were appropriately maintained, up-to-date and securely held. Care files, staff files, records for staffing management and training and documents to evidence safety checks contained the information expected for a care home service.