Ark Specialist Healthcare LLP

Advent House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection of Advent House took place on 21 August and 22 August 2017.

At the last inspection on 20 January and 7 February 2017 we carried out a focused inspection in response to a specific incident. We looked at the safe and well-led domains. We rated the service as 'Inadequate' and the service remained in 'Special Measures'. We found two regulatory breaches which related to safe care and treatment and good governance. We served a notice of decision to impose conditions on registration. Following the inspection the provider sent us the information we had requested and an action plan which showed how the breaches would be addressed. There were also two outstanding regulatory breaches to follow up from an inspection on 30 November and 12 December 2016. These breaches were in relation to person-centred care and need for consent.

This inspection was to check improvements had been made and to check whether the conditions on the provider's registration had been complied with.

Advent House is a two storey purpose built facility which is registered to provide 24 hour accommodation and nursing care for up to 10 people who have a learning disability. At the time of our visit there were four people who used the service permanently and one person who was using the service for respite care on the first day of inspection. At the time of this inspection five people regularly used the service for respite care.

Since the last inspection, which took place on 20 January and 7 February 2017, the provider had appointed a manager, who was on leave at the time of the inspection. The manager was awaiting an interview with the Care Quality Commission in order to become 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 saw Disclosure and Barring Service (DBS) Checks were completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. However, in one file we looked at there were no references. This is a breach of Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014.

The provider's recruitment policy stated, 'Employees may be allowed to commence work before a full and satisfactory Criminal Records Disclosure has been received where the Company has received confirmation that the employee is not on the DBS Barred list.' The policy detailed the safeguards to be put into place in these circumstances. However, DBS guidance states the practice of carrying out a check on the barred list prior to waiting for a full DBS check should only be used as an exception, rather than routinely. We recommend the provider reviews their recruitment policy.

We found the CQC had not been notified of the granting of two DoLS applications in March and May 2017.

This was a breach of Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents. The interim manager retrospectively submitted the notifications and put a system in place to prevent this situation happening again.

We saw improvements had been made since the last inspection. Care records and risk assessments were current and up to date. These were regularly reviewed. Fire drills were regularly completed and a list of staff who attended was kept. This was to ensure every member of staff attended a fire drill on at least an annual basis. We saw evidence in the daily records and people's activity planners that people enjoyed activities. All staff agreed people now had meaningful activities.

Staff received regular supervision and training. Staff had their competency assessed. We recommend the provider introduces a competency assessment for catheter care and infection control.

There were sufficient staff to meet people's needs. However, there was a heavy reliance on agency staff.

We looked at a sample of Medication Administration Record sheets (MARs). We found there were no gaps and the medication reconciled with these records. For medicines prescribed on an 'as required' (PRN) basis, protocols were in place.

DoLS were applied for appropriately. The provider was in the process of arranging review meetings to ensure best interest processes were recorded and all relevant people were involved in these decisions.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We observed staff asking permission before delivering care and spoke to people whilst supporting them. We saw staff interacted in a respectful, kind and caring way. Staff used appropriate methods of communication to ensure people understood them.

We looked at the quality monitoring systems in place. Incident reports were reviewed and action was taken where appropriate. Patterns and trends were also looked at which enabled any triggers to be identified and therefore reduced. This was also overseen by the interim manager as an additional safeguard.

The area manager now regularly audited the service, looking at areas such as training, maintenance, complaints and supervisions. We saw any action identified was followed up by the area manager at the next audit. The operations manager audited recruitment files. We questioned why they had not identified the issue with one recruitment file not containing references. We were informed this file had not been audited but was due to be audited at the next monthly audit. We recommend the provider has a system in place to ensure recruitment checks and records are audited prior to a member of staff commencing employment.

We concluded the service had made improvements to the governance and audit systems. Whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

You can see what action we told the provider to take at the back of the full version of the 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 had not assured themselves that all recruitment checks were complete and satisfactory prior to letting staff deliver care.

Risk assessments were current and up to date.

There were sufficient staff to meet people's needs. However, there was a heavy reliance on agency staff.

Is the service effective?

Requires Improvement

The service was effective.

Staff were supported and had received regular supervision.

Staff understood the importance of respecting choices people made.

DoLS were applied for appropriately. The provider was in the process of arranging review meetings to ensure best interest processes were recorded and all relevant people were involved in these decisions.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans were up to date and regularly reviewed.

People enjoyed meaningful activities.

There were systems in place to respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The CQC had not been notified of the granting of two DoLS applications.

Staff told us they felt supported by the management team.

Quality assurance systems had been put in place but these needed to be tested over time to ensure they were effective in driving forward improvements.

Advent 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.

This inspection took place on 21 and 22 August 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors on the first day and one adult social care inspector on the second day. An Expert by Experience made telephone calls to the relatives of people using the service to gain their views about the service provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection was a family carer of a person with a learning disability. Their area of expertise is in relation to learning disability.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from the local authority safeguarding team, commissioners and other partner agencies. The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time with people in the communal areas observing care being delivered. We spoke with six relatives on the telephone. We spoke with the interim manager, operations director and five members of staff. We looked at seven care records, three staff files, accident and incidents and quality monitoring systems.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we had concerns the registered provider had not done all that was reasonably practicable to mitigate risks because incidents were not analysed to prevent the risk of re-occurrence and appropriate policies were not in place. We found fire drills had not been regularly completed and risk assessments were not all up to date to reflect current risks. We concluded these were breaches of regulation 12 HSCA (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

All six relatives we spoke with were happy with the care their family member received at Advent House and felt they were safe. One person said, "[Name] loves going. They can't wait to get in there." Another relative told us, "[Name] is pretty settled and doing really well. They have a routine for [name] and this is better than where [name] came from." One relative commented, "Since the new manager things have been brilliant. [Name] is so happy to go back after a home visit; [name] can't wait to go back." Another relative said, "We have had a very good experience with respite here although it's definitely has got better over the last couple of months."

We looked at staff recruitment records to check the service was ensuring staff were subject to the appropriate scrutiny. We saw Disclosure and Barring Service (DBS) Checks were completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. However, in one file we looked at there were no references. The interim manager believed these had been obtained. They were unable to provide evidence that references had been checked prior to this member of staff commencing employment. We looked at the provider's recruitment policy which stated the offer of employment will be subject to, 'satisfactory references from at least two employers, including one from the last employer.' The provider was not following their own recruitment policy. We found this to be a breach of Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014.

The provider's recruitment policy stated, 'Employees may be allowed to commence work before a full and satisfactory Criminal Records Disclosure has been received where the Company has received confirmation that the employee is not on the DBS Barred list.' The policy detailed the safeguards to be put into place in these circumstances. However, DBS guidance states the practice of carrying out a check on the barred list prior to waiting for a full DBS check should only be used as an exception, rather than routinely. We recommend the provider reviews their recruitment policy.

Staff clearly and confidently explained the signs of abuse and what they would do to make sure people were safeguarded. Staff completed safeguarding training and would not hesitate to report concerns in order to keep people safe.

We saw safeguarding matters and accidents and incidents were responded to appropriately. These were recorded and, where appropriate, reported to the Care Quality Commission and the Local Authority Safeguarding Team. We saw evidence accident and incident reports were reviewed.

We found risk assessments were up to date and reflected current risk. For example, behaviour management plans assessed the risk and detailed strategies to use to distract from a specific behaviour or to prevent an occurrence of a specific behaviour.

Staff told us as well as information about individual risks being contained within the care plans; this information was shared at handovers and through the communication book. We saw evidence of this through observing a shift handover where each person and their needs were discussed. For example, staff were reminded to encourage one person to follow the exercises set by a physiotherapist.

The relatives we spoke with said there were sufficient numbers of staff to meet people's needs. However, a few raised issues regarding the continuity of staff. One relative said, "I have been happy but I'm concerned about lots of staffing changes recently." Another told us, "Having continuity of staff would help us, so when we come we see the same people and for [our family member] so they can get used to staff."

Staff we spoke with told us there were enough staff to meet people's needs. However, they raised the issue that a number of agency staff were used. The interim manager was aware of this and to ensure continuity of care and to minimise risk, they requested the same agency staff, where possible. They informed us they only used the same agency nurses. Staff confirmed regular agency staff were used where possible. We checked the rota and found the same agency nurses were used for the night shift to provide continuity of care.

During our inspection we looked at how medicines were managed within the service. We saw medicines were stored in a locked clinical room which could only be accessed by people with the appropriate authority. Temperatures of the rooms and fridges in which medicines were stored were recorded on a daily basis. Where the room exceeded the temperature required appropriate action was taken, such as opening the window and putting the fan on.

The relatives we spoke with did not raise any issues with their family members' medicines. One relative said, "They deal with [name] PEG and medications. We haven't had any issues." Percutaneous Endoscopic Gastrostomy (PEG), is a way of introducing foods and fluids directly into the stomach.

We looked at a sample of Medication Administration Record sheets (MARs). We found there were no gaps and the medication reconciled with these records. For medicines prescribed on an 'as required' (PRN) basis, protocols were in place.

The majority of creams and ointments were dated upon opening and found to be in date. However, we noted some topical creams had no date of opening, although they were still in date. The interim manager told us they would address this matter. Body maps were in place to show staff where to administer creams.

We saw evidence staff had their medicines competency regularly checked and medicines audits were undertaken.

We saw allergies were detailed on the MARs. We noted on one person's most recent medicines care plan their allergies had not been added. This was to be addressed by the interim manager.

Some prescription medicines contained drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded. However, we noted during a respite person's stay at the home, the amount of controlled drug increased on the register. We spoke with the nurse on shift who told us a small amount of medicine had been found in a discreet pocket of the person's bag away from their medicines

storage bag. An investigation took place into this and control measures were put in place to prevent this happening again.

We saw evidence that fire drills were regularly completed and a list of staff who attended was kept. This was to ensure every member of staff attended a fire drill on at least an annual basis.

We saw evidence to show equipment and appliances were maintained.

All the relatives commented on the cleanliness of the home. One relative said, "The building is lovely and I fell in love the place a soon as I saw it, it is modern clean and has a lovely garden and a park close by that they take [name] to." One relative told us, "The home is very clean and really well run." Another relative told us; "The environment there is lovely."

The home and bedrooms were clean and well kept. We saw PPE, hand gels and paper towels were freely available. Mattress audits were in place and the mattresses were clean. Staff we spoke with had an awareness of infection prevention. The provider had been receiving support from the Infection Prevention Control (IPC) nurse to improve systems and processes. The provider, with the support of the IPC nurse, had protocols and systems in place which were being implemented.

Requires Improvement

Is the service effective?

Our findings

Following an inspection on 30 November and 12 December 2016, we found mental capacity assessments and best interest decisions were not always completed in line with legislation. We concluded the provider was in breach of Regulation 11 HSCA (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

Relatives told us the staff were sufficiently skilled and trained to provide care to their family member. One relative said they did not go often enough to comment on the staff's skills. One relative commented, "They have picked a good team to work with [name]. [Name] loves them and [name] is now trying to talk and interact with them." Another relative said, "The regular staff that know [name] are good with [name] and they communicate with [name]."

Staff told us they received supervisions every three months and these were useful. Staff told us all their mandatory training was kept up to date in areas such as, moving and handling, safeguarding, medicines and conflict resolution. We saw evidence of supervisions and training.

There was good communication between staff through team meetings, the communication book and at shift handovers. We observed a handover between shifts undertaken by the nurse in charge. Full updates were provided on each service user. At the end of the handover the nurse from the previous shift had a walk around the home to assess whether any issues required addressing before handing over responsibility for their shift.

All the relatives told us they had been involved with their family members' care. One relative said, "We had [name] review last week and [name] is doing really well…it was a good meeting where we decided together what might work for [name]." Another relative said, "[Name] is unable to make any choices however, we were involved throughout the planning stage and the setting took part in helping develop their care plan." One relative commented; "We have always been involved in [name] care planning."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found improvements had been made in this area since the last inspection.

Staff we spoke with had a good understanding of the MCA and best interest decisions. For example, staff had followed the MCA and instigated best interest meetings in areas such as weight management and dental

treatment. These were recorded and involved relevant people such as healthcare professionals. We were provided with evidence to show that review meetings were in the process of being arranged to ensure relevant people were involved in all best interest decisions relevant to each individual and to record the best interest processes. We saw evidence to show DoLS had been applied for appropriately.

Relatives told us staff supported their family member to be involved with their care as much as possible. One relative said, "They encourage [name] to speak out and make choices." Another relative told us, "They encourage [name] to do more and try and motivate them."

We saw evidence people had the involvement of a range of health professionals, including; GPs, community nurses, psychologists, occupational therapists, physiotherapists, hospital consultants and community nurses. This meant people received additional support to maintain their health.

Staff provided good explanations of how they involved people in decisions. For example, asking people, showing choices and using pictures to facilitate choice. We saw care plans were in place regarding decision making and people's ability to make decisions. For example, one person's care plan recorded they could make choices regarding their food and clothing. It stated if the person made a choice with a negative outcome that staff should explain the consequences of this. We saw from the communication notes that staff followed the care plan.

Staff we spoke with told us they had not used any restraint techniques. They confirmed they had received behaviour support and management training. The interim manager showed us a new audit system which was being introduced in September 2017 regarding physical interventions used, including the use of PRN medicines. Patterns and trends would be analysed and any action points and learning addressed. We requested the provider send the CQC three months of these audits once completed.

Staff explained how they would encourage people to make healthy choices. We saw fresh fruit and vegetables were available. The provider maintained a good overview of changes in people's weight and sought the involvement of dieticians. People had detailed nutrition care plans in place and we saw PEG feeding advice was regularly sought from healthcare professionals to ensure people's nutritional needs were met.

Good

Is the service caring?

Our findings

The relatives we spoke with were happy with the care provided and felt staff tried to motivate their family member. Comments included; "They know [name] well and have been trying to get [name] to use words rather than pictures which will help [name] to get on more.", "Where [name] was before they did everything for [name] but this place encourages [name] to try new things and do more things for themselves.", "They try and motivate [name] but [name] can be a bit hard work."

Staff gave clear examples of how they respected people's privacy and dignity. For example, ensuring doors and curtains were closed when providing personal care. Staff told us how they encourage people to be independent. For example, they encouraged people to choose their own activities and clothes. They also said, were possible, they encourage people to wash themselves.

The relatives we spoke with told us their family member did not have any specific spiritual or cultural needs. Staff told us they would respect people's diverse needs by ensuring they understood the person through their care plan, talking with them and their families.

Staff understood what was important to people. One relative said, "[Name] is really active and they keep [name] busy." One relative told us, "My [family member] likes routine and they understand this." Another relative commented, "[Name] enjoys [name] own company. They seem to respect that."

We observed staff asking permission before delivering care and spoke to people whilst supporting them. We saw staff interacted in a respectful, kind and caring way. Staff used appropriate methods of communication to ensure people understood them. For example, an activity chart was used to communicate with one person by sticking symbols onto the chart.

Staff were aware of how to access advocacy services for people if the need arose. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. This meant the choices of people who used the service respected.

Good

Is the service responsive?

Our findings

Following an inspection on 30 November and 12 December 2016, we found care records did not always reflect people's current needs and activities for people were not always delivered in line with their assessed needs. We concluded this was a breach of regulation 9 HSCA (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

Relatives told us changes in their family members' needs were picked up on. They confirmed their family member had a care plan in place which was reviewed regularly. One relative commented, "An occupational therapist and a psychologist were involved alongside the team at Advent house to make sure [name] had the best outcomes." Relatives said other healthcare professionals were involved to ensure their family members' needs were met. One relative said, "It was a team approach." Another relative said, "They are at the meeting together and they always want the best for [name]."

All care plans, including for people on respite care, were person centred and up to date. We saw a respite care check list was in place to ensure the care plans and risk assessments were up to date prior to a person coming into the home. Care plans were in place for behaviours, personal care, social skills, communication, decision making and medicines. Each record was evaluated on a monthly basis and amended if required.

We saw evidence in the care records of liaison with other healthcare professionals such as dieticians and occupational therapists. We saw change in needs were identified and actioned. For example, through observing a person's facial expressions, staff had noticed the person appeared in discomfort. They sought appropriate advice and involvement of a physiotherapist.

Relatives told us their family members had sufficient activities to enjoy. One relative commented, "Since the new manager things have improved a lot. [Name] is out and about all the time which is good for [name] mental health. They go bowling, walking, shopping, trips to the seaside and holidays away. Being busy is important to [name]."
Other comments included;
"[Name] loves walking and going out. They do lots of stuff with [name]."
"They take [name] out walking and to the canal. [Name] enjoys the outdoors and likes walking. They play football and [name] loves the sensory room. They play music and [name] enjoys dancing. I feel they make a real effort to keep [name] busy with things [name] enjoys."
"[Name] likes being on their own but they do encourage [name] to do things."

We saw evidence activities had significantly improved since the last inspection. We saw evidence in the daily records and people's activity planners that people enjoyed activities. All staff agreed people now had meaningful activities. One member of staff said, "Activities have improved 100 per cent. The new manager has been good."

Relatives were aware how to make a complaint. Relatives told us where they have made a complaint this

was responded to. We looked at a sample of complaints and saw they had been responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we had concerns the registered provider had not done all that was reasonably practicable to mitigate risks and appropriate policies were not in place. We found accurate and up to date records were not always kept and quality monitoring systems were minimal and ineffective. We also found the registered provider did not seek and act on feedback from relevant persons. We concluded these issues demonstrated a breach of regulation 17 HSCA (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

The service did not have a registered manager at the time of this inspection. The registered manager had deregistered in August 2016. The registered provider had deployed an interim manager at the service. A new manager had been appointed in March 2017 and was in the process of registering with the CQC. The manager was on leave at the time of inspection and the interim manager was managing the service.

We found the CQC had not been notified of the granting of two DoLS applications in March and May 2017. This was a breach of Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents. The interim manager retrospectively submitted the notifications and put a system in place to prevent this situation happening again.

Relatives were happy with the service and with the new manager. One relative said, "I have a good relationship with the new manager. She has put some great things in place since she has been here." Another relative commented, "There have been three managers in the last 18 months. Things have improved vastly since the current one came. She is experienced and has made some great progress. I can't praise her enough. I hope she keeps on forging ahead." One relative told us, "The new manager is really good and she is turning the place around. It's been great since she has come."

The staff we spoke with said they were happy working at Advent House. Staff told us they felt listened to and supported in their role. Regular staff meetings and supervisions took place which enabled staff to provide feedback on the service. Staff questionnaires were also in the process of being introduced.

We looked at the quality monitoring systems in place. Incident reports were reviewed and action was taken where appropriate. Patterns and trends were also looked at which enabled any triggers to be identified and therefore reduced. This was also overseen by the interim manager as an additional safeguard.

We saw care records were regularly reviewed and any action identified was completed. This helped to ensure safe care and treatment was being provided.

An overview of staff supervisions was maintained to ensure all staff received regular supervisions. An overview of staff training was kept to ensure staff received appropriate training. A competence matrix was in place to keep an overview of staff competence assessments. This had been completed for staff in areas such as medicines, PEG feeding, cough assist and moving and handling. Where staff were not deemed to be

competent, the interim manager told us they would be retrained and have their competence reassessed. We recommend the provider introduces a competency assessment for catheter care and infection control. We have asked the provider to confirm when this has been completed.

The area manager now regularly audited the service, looking at areas such as training, maintenance, complaints and supervisions. We saw any action identified was followed up by the area manager at the next audit. Actions were also followed up through the manager's supervisions. The area manager audited recruitment files. We questioned why they had not identified the issue with one recruitment file not containing any references. We were informed this file had not been audited but was due to be audited at the next monthly audit. We recommend the provider has a system in place to ensure recruitment checks and records are audited prior to a member of staff commencing employment.

Relatives told us they had been asked to provide feedback on the service. Two relatives said they had completed a questionnaire. Resident meetings had been introduced and the first one was held in July 2017. These were to be held on a monthly basis. A quarterly service user questionnaire had also been introduced.

We concluded the service had made improvements to the governance and audit systems. Whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify the CQC of the outcome of the request regarding the application to a supervisory body for a standard authorisation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have a robust recruitment process in place. The provider did not make every effort to gather all available information to confirm that the person is of good character prior to them commencing employment.