

Ark Home Healthcare Limited

Ark Home Healthcare Nottingham

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 28 September 2016. Ark Home Healthcare Nottingham is a domiciliary care service which provides personal care and support to people in their own home in Nottinghamshire.

There is a registered manager and she was available during the inspection. 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care. People felt able to make a complaint and knew how to do so.

People and their relatives were involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Is the service caring?

Good ●

The service was caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed and staff were aware of the

different support each person needed. Care records provided sufficient information for staff to provide personalised care.

People felt able to make a complaint and knew how to do so.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

There were systems in place to monitor and improve the quality of the service provided.

Ark Home Healthcare Nottingham

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.

We visited the service on 28 September 2016, this was an announced inspection. We gave notice of the inspection because we needed to be sure that the registered manager would be available. The inspection team consisted of an inspector and an expert by experience. 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 our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 13 people who used the service, one relative, two support workers, a team leader, a care coordinator and the registered manager. We looked at the care records of six people who used the service and any associated daily records such as the daily log and medicine administration records. We looked at six staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People were protected from the risk of harm or abuse, and told us they felt safe. One person said, "I feel very safe with them [staff] in the house, they hold me carefully and are very gentle." Another person said, "I feel very safe with them." The relative we spoke with also said they felt their family member was safe whilst receiving care from the staff.

Staff told us how they kept people safe, and were able to tell us about the different types of abuse that could happen, and how to spot signs of abuse. Staff told us they were confident in reporting any concerns to their immediate supervisor and the registered manager.

Relevant information had been shared with the local authority when incidents had occurred and appropriate records kept of safeguarding outcomes. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe.

People we spoke with who also used a shopping service told us that they provided cash only to the carer and received correct change and a receipt. A person said, "They come in and do domestic and shopping for me. I give them cash and they give me a receipt and change – it's always spot on." Another person said, "They buy bits and bobs for me and give me my correct change."

Steps had been taken to protect people and promote their safety. People who used the service had support plans in place, which also contained information about how to support people to keep safe. For example, one person was at risk of falls, and the support plan gave guidance for staff on how to minimise the risk of the person falling. The staff we spoke with had received training in assisting people to move safely. People told us that staff supported them to move safely and a relative said, "[My family member] seems to be handled well by them."

Assessments of risks to people's health and safety were carried out and we saw examples of these in the care records we viewed. All the records we checked contained risk assessments which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe. Risk assessments consider people's risks in their home, any risks when they were being supported to move and the management of medicines. People told us that staff ensured that they had everything they needed to hand before they left and made sure their home was secure when they left. A person said, "They always leave me ready with everything I might need."

The agency had plans in place which meant that the service for people could continue even if there was, for example, a loss of power at the main office. This meant that people would not be left without support in such an emergency. Accident and incident forms were being completed and contained information on how to prevent similar incidents in the future.

Most people we spoke with told us they received familiar staff much of the time, though weekend staff were sometimes different to their regular staff. A person said, "I get the same people a lot of the time. They're all

decent anyway." Another person said, "Mostly I have the same carers in the week, but not at the weekend." A relative said, "[My family member] usually gets regular ones, with just an occasional new face." The registered manager told us that care was planned so that people were supported by a small group of regular staff as much as possible. They told us that a number of regular staff had their days off at the weekend so staff at the weekend would be different at times. A care coordinator told us that they tried to make the weekend staff as consistent as possible so that people received support from as few staff as possible.

People told us that they had rarely or never had a call cancelled. One person said, "They have cancelled before but rarely. They ring and say 'Is it ok if we cancel a call?'" Another person said, "I've never had one cancelled." People told us that staff were sometimes late but generally stayed for the whole time they were supposed to. A person said, "They usually come on time. Marvellous girls. They stay the full time." Another person said, "Mostly they stay the full time. Now and then they go early if they're finished." However, another person said, "They're not always on time sometimes it can be 9, 10 or 11.00am for a breakfast visit. They can't guarantee a time." A relative said, "As much as possible they're on time as it would only confuse [my family member]. Only once they didn't turn up at teatime about six weeks ago. They stay the agreed time."

The staff we spoke with said they had sufficient time to get from one visit to the next and also had sufficient time to give people the support they needed. Staff told us that if they were delayed in a person's home, they let the office know who would contact the person to inform them their call may be delayed. People's views were mixed on whether they were informed if staff were going to be late. A person said, "Staff will ring if running well behind." However, another person said, "They don't ring me if late."

People were supported by sufficient numbers of staff. The agency knew how many staff were needed, and also were able to respond to the needs of the service when staff were on holiday. The registered manager told us that short notice sickness took place at times but they had recently increased the capacity of their on call team so that they were better able to respond to these issues. Staff felt that there were generally sufficient staff to safely meet people's needs. Records confirmed this.

The agency made pre-employment checks on all staff to make sure they were safe and suitable to carry out support tasks. Staff files contained evidence of criminal record checks carried out through the Disclosure and Barring Service, as part of safe recruitment. There was also evidence of references being supplied by former employers. The staff we spoke with confirmed that they had been subject to these checks before starting employment with the agency. We also saw that the service followed clear staff disciplinary procedures when necessary.

People received the support they required to safely manage their medicines. A person said, "They [staff] make sure I take all my tablets and give me a drink." Another person said, "They watch me take them as I self-medicate." Staff knew how to safely support people to manage their medicines and clearly described the different levels of support people needed. For example, staff supported some people to take their medicines whilst others only needed reminding when their medication needed taking.

People's support plans contained information about what support, if any, people required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. Records showed that a person who required medicines at very specific times of day was supported by staff to receive them in line with their needs. Staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent.

Is the service effective?

Our findings

People we spoke with told us that their regular carers appeared capable in their work and occasionally they would see new staff shadowing experienced carers. A person said, "They seem very well prepared." Another person said, "They seem to be good at the job. I've sometimes had a new carer who doesn't know things." However, several people were less satisfied with weekend staff. A third person said, "The majority of the carers are really good just the two at the weekend were awful." We raised this comment with the registered manager who agreed to look into it. A relative said, "[My family member's] three regular [staff] are really good."

Records showed staff had received training as part of their induction, and that their training was scheduled to be updated. Training records confirmed this. Staff were happy with their induction and the training they received. All new staff were also expected to 'shadow' a more experienced staff member to ensure they met the required standards. Records showed that staff received appropriate supervision and staff told us they felt supported.

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

Consent to care and treatment was sought in line with legislation and guidance. People told us they were asked for their consent prior to any care being delivered and we saw that copies of various documents had been signed by people to give their consent. A person said, "Of course they [staff] ask me first." A relative said, "I hear them asking [my family member] for consent in the bathroom or if they want a painkiller." Staff described the importance of gaining people's consent before providing any care. Staff were also aware of their role in supporting people to make their own decisions, even when their capacity to make certain decisions may vary.

Where required, people received support from staff to have access to food and drink. People told us they were supported to eat and drink enough and their choices were respected. One person said, "I decide what I want to eat and they'll do it to suit me." Another person said, "They leave me with a cup of tea and make breakfast if I want it." A relative said, "They [staff] make sure they give [my family member] what they want and chooses."

The staff we spoke with described the different levels of support they provided to people regarding eating and drinking. For example, staff just prepared meals for some people and they could eat independently. However, other people needed some support from staff to eat their meal. Care records provided clear information for staff on how to support people to meet their nutritional needs. Clear guidance was in place for those people with swallowing difficulties or people living with diabetes.

People were supported to maintain good health. Staff explained how they made appointments for people to see their GP if they needed to. A staff member explained how the service had contacted an occupational therapist to review a person's needs. As a result of this equipment had been put in place so that staff could support the person to be move more easily. Records showed that staff involved external professionals where appropriate.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "They're kind and caring – all very nice. I've no favourites." Another person said, "My regulars are lovely. The weekend ones seem kind enough." A third person said, "To some, rarely, it's just a job but the majority are lovely."

Staff were aware of the information in people's support plans regarding the preferences people had about their care. A person said, "The regular [staff member] knows exactly what I like."

People told us that they were involved in making decisions. A person said, "Every time, they listen to me." Another person said, "They listen to me and will change their routine if I ask." A relative said, "They [staff] listen to [my family member] and chat to them all the while they're helping them." However some people told us that shadowing staff were not always introduced to them. The registered manager agreed to remind staff of the importance of this. Shadowing staff are usually staff who have just started working for a service. These staff observe a more experienced staff member providing support for a person before they start providing support themselves. Staff described how they involved people in day to day decisions relating to their care and gave people choices.

People's needs were assessed prior to their care package starting and we saw that the information provided by people was made available to staff within the support plans. The registered manager and staff told us that they regularly asked people if they remained happy with their care. Records confirmed that people and their relatives had been involved in providing information for their support plans. Support plans were reviewed on a regular basis and people were involved in this process if they wished to be.

Where people had communication difficulties their support plan identified how staff should identify their preferences. Advocacy information was not available for people if they required support or advice from an independent person. The registered manager agreed to make this available for people who used the service.

Most of the people we spoke with told us they were treated with dignity and respect by staff. One person said, "They're very polite to me." A relative said, "They're so good with [my family member] and really polite." However a person said, "Two [staff] came in who I didn't like. They didn't wash me on Saturday or Sunday yet I'm down for a full body wash every day, they just creamed my legs, gave me a wet wipe and went. I felt so dirty." We raised this comment with the registered manager who agreed to look into it.

People told us staff respected their privacy. A person said, "They keep me very private and use my curtains." Another person told us how staff closed the blinds when they supported them in the bathroom. People were cared for by staff who understood the importance of respecting people's privacy. A staff member told us that they were always very careful to protect people's privacy and dignity when giving someone a wash. They also said, "I make sure I close curtains and close the bathroom door. I use towels to protect people's dignity."

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. People told us that staff supported them to be as independent as possible. A person said, "I say I'll do what I can, when I can. They'll let me help." Another person said, "I always do what little bits if I can, then they help me. I'm very proud." Staff told us that they encouraged people to do what they could.

Is the service responsive?

Our findings

The people we spoke with told us they received the support the way they wanted it. A person said, "They [staff] do what I want, the way that I want." Another person said, "They do things the way I like and don't rush."

Records showed that a senior member of staff always visited people to assess their needs before the service began. This helped staff to deliver appropriate and safe care, based on individual needs and preferences. The staff we spoke with told us they were provided with sufficient information about people's needs before visiting them for the first time.

We received mixed feedback from people regarding whether they were involved in reviews of their care. A person said, "I had it updated about a month ago in the file. They showed me." However, another person said, "They've not been through anything with me."

People's support plans were reviewed on a regular basis with the involvement of people. Care records contained detailed information regarding people's preferences and provided clear guidance for staff on how they could meet people's individualised and diverse needs. We saw that some care records had been signed by people to show they had been involved.

The majority of people we spoke with had been asked if they would prefer male or female carers and were able to voice a preference. However, one person told us that their preference for female staff only had not been respected with a male staff member shadowing a female staff member. However they also said, "I said I didn't want him in the bathroom. That was fine."

People told us they had raised concerns and they had been acted upon. A person said, "I complained the once about the hopeless [staff member] I didn't like and they moved them." Another person said, "My [relative] was talking about changing the company – they didn't think the staff were treating me right. I think it's got much better now after my [relative] had words." A relative said, "I've complained a couple of times when staff have been late or too late for medication. I get an apology." Staff knew how to respond to complaints.

There was a clear procedure for staff to follow should a concern be raised. Complaints were responded to appropriately. Information on who to make a complaint was set out in the guide for people who used the service.

Is the service well-led?

Our findings

People told us that they had been asked their views on the service that they were receiving. A person said, "They ring and ask me how I'm doing and if I'm happy." Another person said, "I did have someone come and ask me how things are going." However a person said, "I've not been asked or if they have, it's a long time ago."

Staff contacted people for their views of the service. Feedback was largely positive regarding the quality of care provided by staff. However, we saw that improvements were made if concerns were identified. We also saw that changes had been made in response to complaints or concerns raised by people who used the service.

People benefitted from an open and honest culture within the service and they were encouraged to speak up. The people we spoke with told us they felt able to approach office staff if they wished to discuss anything. A person said, "I can definitely talk to the office – and I'll always ring and cancel if I'm going out, or I'll leave a message and they'll ring back." Another person said, "I can talk to the office. I feel okay talking to them." A third person said, "I could talk to them in the office or the girls."

The staff we spoke with told us there was an open and honest culture in the service and said they would feel comfortable suggesting improvements. A staff member said, "It's not hushed up here. If you've got a concern you raise it." Staff told us that they received constructive feedback on their performance.

A whistleblowing policy was in place and contained appropriate details. The policy was easily accessible to staff. Staff told us they would be prepared to use the policy to raise issues if they needed to.

The guide for people who used the service described the values of the service and staff were able to explain how they worked in line with those values.

People had mixed views on whether the service was well-led. One person said, "It seems to be well run." However, another person said, "The company is not well run – I overhear the [staff] talking and they think the office is badly run." However people were generally positive about the quality of the service they received. A person said, "I'd recommend Ark, certainly." Another person said, "I'd certainly recommend them." A third person said, "I can't see any way they can improve it really."

The service had a registered manager and they understood their responsibilities and felt supported by the provider. Staff told us they were fully supported by the registered manager and were very positive about how she led the service. A staff member said, "She's a really good manager. She listens and is fair." Another staff member said, "She encourages me to open up and raise issues." We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager had clearly set out their expectations of staff.

The agency had systems in place to ensure that visits to people were carried out. They also made use of technology to ensure staff were where they needed to be at the right times and were spending the right amount of time with the people they supported. Regular spot checks of staff took place so that the registered manager could monitor the quality of care being provided. Audits took place to check that care records and medication records were completed.