

Ark Home Healthcare Limited

Ark Home Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This was an announced inspection carried out on 28 January 2015.

Ark Home Healthcare is a domiciliary care agency which provides personal care to people living in their own homes in Leeds and surrounding areas. Ark Home Healthcare provides assistance and support to people to help them maintain and improve their independence.

At the time of our inspection the service had a registered manager. However, they were no longer in day to day control of the service. The service had a new manager who was in the process of registering with the Care

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

Summary of findings

It was not clear from the care and support plans we looked at that people had received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected.

The manager did not have a fully operational mechanism for monitoring staff training. However, they were in the process of arranging staff supervisions and appraisals in line with the service's policy.

All staff had completed training on how to use the medication system and all of the people we spoke with said they were satisfied with the way in which they were supported with this task. However, there was no 'as and when' guidance in place to help support and direct staff when this type of medication should be given.

We found there were enough staff employed by the service to meet people's needs. Staff had been employed following standard recruitment policies and procedures and had induction training before they commenced work unaccompanied. However, people who used the service had concerns regarding the use of agency staff and there were mixed views from people in regards to call times being adhered to.

Overall, people who used the service were happy with the staff and they got on well with them. However, some people we spoke with were not so complimentary. Some people we spoke with did not always know which member of staff would be visiting them.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure. However, this was not always timely.

People told us they felt safe whilst staff were delivering care in their home. We found staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs.

People's nutritional needs had been assessed and people told us they were satisfied with the support they received with their meals and drinks.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People were involved in developing their plan of care and had their own copy. Staff recorded what they had done at each visit. People told us they were happy with the support they received from care workers.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans included risk assessments.

People told us they had good relationships with staff members and staff knew how to respect their privacy and dignity.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the manager and the regional manager.

We found the service was in breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were stored safely and they received them as prescribed. Staff had undertaken training on the administration of medicines and people told us they were satisfied with the support they received with this. However, there was no 'as and when' guidance in place to help support and direct staff when this type of medication should be given.

We found there were enough staff employed by the service to meet people's needs. Staff had been employed following standard recruitment policies and procedures and had induction training before they commenced work unaccompanied. However, people who used the service had concerns regarding the use of agency staff and there were mixed views from people in regards to call times being adhered to.

Staff knew about the different types of abuse and how to report it.

Staff discussed and agreed with people how risks would be managed which ensured their safety but also allowed them to enjoy their freedom and independence.

Requires Improvement



Is the service effective?

The service was not effective in meeting people's needs.

The manager did not have a fully operational mechanism for monitoring staff training. However, they were in the process of arranging staff supervisions and appraisals in line with the service's policy.

We saw mental capacity assessments had not been completed and staff told us they had not attended training on the Mental Capacity Act (2005).

People's nutritional needs were met.

People had support to gain regular access to healthcare professionals.

Requires Improvement



Is the service caring?

The service was caring.

Staff had developed good relationships with the people they supported and knew people's need well. People told us they were happy with the care they received and their needs had been met. However, some people were not as complimentary.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Requires Improvement



Summary of findings

Is the service responsive?

The service was not always responsive to peoples' needs.

People were given information on how to make a complaint. However, complaints were not always responded to appropriately.

Some people we spoke with did not always know which member of staff would be visiting them.

We found care and support plans reflected people's needs and contained sufficient and relevant information.

Peoples' health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

Requires Improvement



Is the service well-led?

The service was well led.

The service was managed by a new manager.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement. However, some staff said they had raised some concerns and they were still waiting for an outcome.

Some staff told us they were well supported by care coordinators and the manager.

Good



Ark Home Healthcare

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 28 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors.

At the time of our inspection there were 79 people receiving care and support. We spoke with 16 people who used the service on the telephone. We spoke with six relatives, eight

members of staff, a care co-ordinator, the manager and the regional manager. We also visited the provider's office and spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's care and support plans.

Before our inspection we reviewed all the information we held about the service. We had not asked the provider to complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We contacted the local authority and Healthwatch, and we took their views into consideration when conducting our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also reviewed notifications received from the provider.

Is the service safe?

Our findings

We spoke with staff about their understanding of protecting vulnerable adults. They knew what to do if abuse or harm happened or if they witnessed it. Everyone said they would report any concerns to the office. Staff were confident the office staff would respond appropriately. The manager and office staff understood safeguarding procedures and how to report any safeguarding concerns. Some staff we spoke with told us they had received training in safeguarding; however, two people told us they had not received safeguarding training for a while. We saw from the training records we looked at that several safeguarding vulnerable adults training courses had been arranged for 2015.

People we spoke with told us the care staff were very good and they felt very safe using the service. One person said, “I generally feel safe and at ease.” Another two people said, “I feel safe.”

The service had policies and procedures for safeguarding vulnerable adults and these were accessible to the staff team. Staff we spoke with said they knew the contact numbers for the local safeguarding authority to make referrals or to obtain advice. We saw a discussion had taken place at the December 2014 staff team meeting on ‘what is safeguarding and what is abuse’. This helped ensure people who used the service were safe and free from harm.

We saw risk assessments had been completed in respect of each person’s home environment; these included moving and handling, medication and external areas of the premises. Risk assessments were scored to identify the person’s level of risk and there was information to advise staff how to minimise these risks and keep people safe.

Members of staff we spoke with told us they nearly always supported the same people and visits were well planned and they had time between visits to reach the next call. They said staff knew the needs of the people who used the service so they received consistent care, built a trust with the person and they had sufficient time to support people properly. However, one person who used the service said, “There is some days different to others. Carers have said I haven’t got time to do the agreed tasks.”

Through discussions with people who used the service and staff we found there was usually enough staff with the right skills, knowledge and experience to meet people’s needs. Staffing levels were determined by the number of people

who used the service and their needs. Staffing levels could be adjusted according to the needs of people who used the service and we saw the number of staff supporting a person could be increased if required.

The majority of people supported by Ark Home Healthcare and the staff it employed lived in the Leeds area. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The manager told us the service had missed three appointments in December 2014 and January 2015. They said they had investigated why this had happened and had reported these to the local authority. If staff were unable to attend an appointment they informed the office staff in advance and cover was arranged so that people received the support they required.

People we spoke with who used the service had mixed views about the calls times and missed calls. Comments included, “Sometimes they never turned up but it’s a lot better now”, “I have not experienced any missed calls”, “I get no missed calls and timings are fine”, “It was haphazard pre-Christmas, but it has improved enormously over last few weeks”, “Times can be erratic-earlier than expected”, “They are trying to make it more consistent with times but it hasn’t materialised”, “They come late or they come early. It stresses me out”, “I have had no missed calls but sometimes only one carer turns up” and “They are often 15-30 minutes late, it is a nuisance because I need to take my medication.”

One relative told us, “Sometimes the carers arrive whilst my husband is still at the Day Centre. But generally their timing is pretty good.”

The office staff told us where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or agency staff would cover the call. The care coordinator told us they operated an on call system. They said there was always an experienced member of staff on duty at all times, who was aware of each person’s care and support needs. One staff member told us, “There is always someone on the end of a phone if I need support.” This helped ensure there was continuity in the service and maintained the care, support and welfare needs of the people who used the service.

People we spoke with said staff were polite and pleasant. However, people said the service used a lot of agency staff.

Is the service safe?

One person said, “They are using a lot of agency staff who are appalling.” Another person said, “A lot of agency staff.” One person told us, “I’m fed up with the number of agency staff they are using. You have to go through explaining everything.” Another person told us, “I have to show them what to do.” The manager told us they were in the process of recruiting new members of staff and would no longer be using agency staff on a regular basis.

There were effective and safe recruitment and selection processes in place. The manager undertook all pre-employment checks required before new staff started work. This included obtaining references from people’s previous employers and a Disclosure and Barring Service check. This also included a care plan assessment, which gave a potential employee an insight to the content of a care plan. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service had clear staff disciplinary procedures in place and these were robustly followed when required. The manager told us they gave staff every opportunity to improve and develop when concerns were raised but the care and support of people was paramount.

People who used the service told us they received appropriate support with their medication. One relative told us, “My Mum is awkward over her medications so although the carers get the medication out for her to take she often will not. They are then left on the table and I prompt her when I call.”

Staff had training on the assisting and prompting of medication during their induction period and then

refresher training each year. Staff told us they felt the training they had received had provided them with the knowledge they needed to carry out this task safely. We saw further medication training had been arranged for 2015.

The manager and staff told us a monitored dosage system was used for the assisting and prompting of medicines. We saw most of the records about the administration of medicines were completed well and could show that people were having their medicines as prescribed and medicines were all accounted for. However, we did see some gaps in people medication administration records (MAR). For example, one person’s MAR chart was not signed on the 13 December 2014 for simvastatin but the communication sheet had recorded that medications had been taken. The manager told us they were in the process of arranging record keeping sessions for staff and would be implementing a monthly check of the MAR charts starting immediately.

We looked at medications that were to be given as and when necessary (PRN). One person’s MAR chart showed feldene gel was given as and when and we saw no missed signatures. It was unclear from looking at the medication records as to when the PRN medication should be administered. There was no PRN protocol in place to help support and direct staff when this type of medication should be given.

We saw from people’s care and support plans that creams were applied. However, there was no instruction for staff as to how, where and when the cream should be applied.

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed or were due to complete a range of training. These included safeguarding, moving and handling and administration of medication. The manager told us they were in the process of identifying specific training for staff which would help people they supported. Staff we spoke with told us they had completed several training courses during 2014. These included medication, health and safety and infection control. One member of staff told us they had received relevant information to help support one person with a specific condition.

However, the manager did not have a fully operational mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. The manager told us they were in the process of obtaining a full staff training list from the company's online system which would identify which mandatory and specific training was still required. They said this would be completed by the end of March 2015 or sooner.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Members of staff confirmed they received supervision where they could discuss any issues on a one to one basis. One staff member told us they were due supervision next week. Another staff member said they had received supervision in January 2015, however, another staff member told us they had not received supervision in the last six months. When we looked in staff files we were not able to see evidence that members of staff had received supervision on a regular basis or had received an appraisal. For example, one member of staff had received supervision in July 2014 and a 'spot check' in December 2014. We were told that staff received supervision and a 'spot check' in every four month period. However, the manager told us they were in the process of allocating time for each member of staff to receive a supervision and had arranged for the team leaders to carry out 'spot checks'. They said this would be completed by the end of March 2015.

We were told by the manager staff completed an induction programme which included information about the company and principles of care. We saw from the files we looked at that a four day induction had been completed

and subjects included training, a day in the life of person who used the service and use of the technology. We also saw an end of session quiz was conducted which included a knowledge check of safeguarding, Dementia and moving and handling.

Staff told us they had 'shadowed' experienced staff as part of their induction training and the period of 'shadowing' depended on their previous experience and their confidence about working unaccompanied. This helped staff to become familiar with the people they would be supporting.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we spoke with told us they had not completed Mental Capacity Act (2005) training. We were not able to see from the training records that Mental Capacity Act (2005) training had been completed.

We saw care and support plans did not include an assessment of people's mental capacity to make decisions. The manager told us mental capacity assessments had not yet been completed for each person who used the service. They said they would look at completing the assessments immediately.

It was not clear from the care and support plans we looked at that people had received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 18 (Consent to care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with told us people had a variety of fresh produce for their main meals and snacks and they understood about healthy eating and hydration. One staff member said, "For breakfast [name of person] has a yoghurt, a fruit medley and a banana. They know what they want and they get what they want." Another member of staff told us people are well fed. One member of staff said, "In general people have a healthy diet." Staff told us that before they left their visit they ensured people were comfortable and had access to food and drink if they required. People who used the service told us they were supported at mealtimes to access food and drink of their choice and were happy.

Is the service effective?

We were told by people who used the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Staff told us they were good at identifying any health needs and liaising with health professionals or the emergency services to ensure any health problems were quickly investigated. One staff member told us, “I have asked if an occupational therapist can come and see [name of person].”

Is the service caring?

Our findings

The manager told us they contacted people who used the service to check they were satisfied with the support they received from the service. We saw telephone monitoring forms from December 2014 and January 2015. The monitoring asked if people were happy with the service, if they had any concerns and could the service do anything better. The majority of comments were positive with good or excellent scores. One comment said, "They have been a god send." The manager told us any action that was required to be taken from the monitoring forms would be recorded on the services online system. However, only three people we spoke with recalled receiving a satisfaction survey and no-one we spoke to recalled receiving a telephone call enquiring into their satisfaction in the service. One person said, "It is hit and miss with the satisfaction survey. There's no communication."

People who used the service were happy with the staff and they got on well with them. They commented that staff were lovely, nice, helpful and they could talk to staff about their care needs. One person told us, "The best I've ever had." Another person told us, "The carers are very good." One person said, "They are all ok. I have had no bad ones." Another person told us, "I'm perfectly happy with what I've got. I'm very satisfied." Other comments included, "They are normally quite good", "Some of the carers are extremely good", "The lady who comes the most is superb", "The only reason I'm still with Ark is the girls who come" and "They are helping me a lot."

However, some people we spoke with were not so complimentary. One person said, "Some staff cut corners and are lazy. The ones who do work are good." Another person said, "I've known them to be better than they are at the moment." One person told us, "It has been a nightmare, no continuity." Another person told us, "Suddenly you get hope, then someone new starts and it all starts again." Other comments included, "I've talked to everyone. You might as well talk to the wall", "I don't think they contact me as much as they used to" and "At first when it moved back to Leeds we got a better response. It has now dwindled off."

Staff we spoke with clearly demonstrated they knew people's likes and dislikes and they had good relationships with people. One member of staff said, "Carers do their best." Another member of staff said, "Care is very good." One staff member told us, "I treat people like I would want one of my family members to be treated." Another staff member told us, "Care is pretty good."

People who used the service and their families had contributed their views and preferences in relation to how care and support was delivered. The care and support plans were individual and there was evidence of signatures of people who used the service or their relative recorded in the care and support plans.

A copy of the person's care and support plan was kept in the person's home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. During our inspection we looked at three care and support plans. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure that people had their needs met.

We saw care and support plans included information about people's likes and dislikes. This information had been obtained from the person and/or their relative concerned whenever this was possible. The care and support plans included information about the specific support a person required at each visit. For example, what the time and duration of the call was and each call routine. For example, morning routine for one person stated 'I like to use a bowl of warm soapy water'.

Staff told us they were respectful of people's privacy and maintained their dignity. Staff said they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. One member of staff told us, "I close the door and their privacy is not compromised." We saw in one person's support plan that they were given time to freshen up once they were in the bathroom.

Is the service responsive?

Our findings

People's care and support needs were assessed and plans identified how care should be delivered. The support plans we reviewed contained information that was specific to the person and contained detail about how to provide care and support. There was information that covered areas such as what is important to me, how to support me well and a typical day.

People who used the service had individual support plans which clearly identified their care needs and visit times. The care co-coordinator told us a planned seven day rota was given to each person and these showed who was allocated to carry out their care each day. They also told us people who used the service received a rota on a weekly basis to alert them to the member of staff that would be visiting their home. They also told us staff worked in the same post code area as the person they were supporting. This ensured staff had enough time to meet the needs of the person who used the service. Staff also told us they had enough time to provide people with the care they needed. They said they sometimes got held up due to traffic, public transport or the weather. They told us they always contacted the office, people who used the service or their relative if they were running late. One person who used the service told us, "Nowadays I get a call if the carer is running late." Another person told us, "She lets me know if she is late." One person said, "The same carer comes unless she is away on holiday. They let me know if there is a change of carer." Another person said, "I'm happy with a different carer if they tell me." Other comments included, "It is the same carer every week", "I get a regular carer now who is very good" and "I get the same lady every time."

However, some people we spoke with said they did not always get the rota. One person told us, "They have stopped sending the rota of who is coming when." Another person told us, "I never get a rota." One person said, "I

resent having to ask for a rota" and another person said, "We have just started getting a rota again but it is not complete for the whole week." Three people told us there was a lack of continuity of care staff. One person said, "Once or twice a week I get the same carer. The rest of the time I don't know who is coming." Another person said, "There is a lack of continuity and carers arrive who you don't expect." One person told us, "I get excuses all of the time and someone comes instead of my regular carer." People we spoke with told us the staff usually arrived on time, stayed for the required period of time and were very caring and pleasant but sometimes seemed to be in a hurry.

Assessments were undertaken to identify people's care and support needs and care and support plans were developed outlining how these needs were to be met. People told us their care and support plan had been agreed with the agency. However, one person told us, "It all wears a bit thin. You don't have a care plan for nothing."

Most people we spoke with told us they had no complaints. They said they would speak with staff if they had any concerns and they didn't have any problem doing that. One person said they complained about one member of staff and they had never sent them again. However, another person said, "I have made complaints in the past but given up, they say they would ring her later and they did not."

The manager told us people were given support to make a comment or complaint where they needed assistance. We saw the service's complaints process was included in information given to people when they started receiving care. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. However, they were no longer in day to day control of the service. The service had a new manager who was in the process of registering with the Care Quality Commission.

One person who used the service told us, "They are trying to get it right. They have lost a lot of staff over the past six months." Another person told us, "Things have improved with the new people who have taken over." One person said, "They are professional and effectual."

Staff did say they were kept informed of any changes to the service provided or the needs of the people they were supporting. Staff received regular support and advice from the manager and care coordinator via phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns. One member of staff said, "It is getting better, I am telling them stuff and they are listening" and "I feel supported by the care co-ordinators." Another member of staff said, "Manager is easy to talk to. It is better now we have moved back to Leeds. The staff are young and enthusiastic and I am sure they will crack it." One staff member told us, "There is always someone on the end of a phone if I need support." Another staff member told us, "I love this job I am happy." Other comments included, "It is much better at the Leeds Office, the managers are really trying, I am impressed with them and they listen to us now" and "I am quite happy at the moment." However, one member of staff told us there was room for improvement regarding communication. They said, "Hopefully it will get better and the management team are trying their best." Another staff member said, "I am not 100% happy. I have concerns with the care co-ordinators and one of the team leaders." We spoke with the manager regarding these concerns; who told us they would speak with the member of staff and investigate their concerns if possible.

The manager told us that random 'spot checks' were conducted on staff as they worked in people's homes to make sure care and support was being delivered in line with the agreed care plan. This also included timekeeping, attitude, paperwork and appearance. When we looked at one staff file we saw a 'spot check' had been carried out in

December 2014, however, another staff file showed the 'spot check' had been carried out in July 2014. The manager told us there was not a structured approach to how 'spot checks' were carried out. They told us they are looking at implementing a new 'spot check' process where 'spot checks' were to be carried out on a more frequent basis and had arranged for the team leaders to carry these out. They said this would be completed by the end of March 2015.

We saw a quality performance workbook had been completed by the manager for October to December 2014. This included staffing, training, spot checks, missed calls and complaints. We also saw the regional manager's audit for January 2015 which included safeguarding, complaints missed calls and health and safety. Actions were identified and reviewed at the next audit. The manager told us they got a weekly report from the services online systems which showed when people's reviews were due, results of telephone monitoring and auditing. However, they said some further work was still needed to understand what the system could provide in terms of quality monitoring and they had set a deadline at the end of March 2015 to make sure the information provided was accurate.

The manager told us they had started a monthly check of the people who used the service's communication sheets which identified any issues with recording in the sheet and what actions were taken. The also told us they were due to implement a monthly medication administration records and finances check which would include a medication assessment to continually check staff competency levels.

The manager told us they monitored missed calls and reported any incidents to the local authority on a weekly basis. They told us the service had missed three appointments in December 2014 and January 2015. They said they had investigated why this had happened and had reported these to the local authority. However, these had not been reported to the Care Quality Commission. The manager said they would submit the relevant report immediate.

The manager told us they had held one staff meeting since taking up the post in December 2014. We saw the minutes included discussions about training, missed calls, complaints, on call and any thoughts and worries.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>It was not clear in the care plans we looked at if the rights of people who lacked the mental capacity to make decisions were respected.</p>