# Ark Home Healthcare Limited

# Whinndale

## 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? | Requires Improvement |

## Overall summary

This inspection was announced and took place on 30 April 2015.

Whinndale is an extra care housing scheme for people who live independently within their own self-contained homes which is managed by South Yorkshire Housing Association. Ark Home Healthcare, provide domiciliary care services for people living in the extra care housing scheme to meet their assessed care needs.

At the time of our inspection there was not a registered manager in place. 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.

At our last inspection on 03 December 2014, the service was in breach of regulation 13 management of medicines of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found the provider had met the requirements of the warning notice we served.

# Summary of findings

People were protected against the risks associated with use and management of medicines. People received their medicines at the times they needed them and in a safe way. Medicines were administered appropriately and, where necessary were kept safely in people's homes.

People who used the service told us they felt safe with staff. Staff told us they would have no hesitation in reporting any allegations of abuse and knew how to do this. Staff recruitment processes were robust which meant people were supported by staff who were suitable to do so. Training was up to date and staff received supervisions and appraisals as documented in the providers' policies and procedures.

New rotas were being introduced and staffing levels were to be increased. People who used the service told us staff were usually on time and most people told us their calls had not been missed.

People were supported to maintain nutritional and fluid intake, either in their own homes or in the schemes dining room. Where health professional advice was required people were assisted with making and attending appointments.

We observed caring attitudes by staff and people's confidentiality, privacy and dignity was maintained. Care plans contained detailed and up to date information about people's care requirements. People told us they knew how to complain and most felt the management team would deal with their complaints appropriately.

The service conducted audits, spot checks and surveys to check the quality of care being delivered.

# 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?**

Good

The service was safe. People's medication was administered safely and as prescribed. Risk assessments were carried and reviewed when people's needs changed.

Staff understood the importance of safeguarding and what they should do should they suspect abuse had occurred.

Recruitment processes protected people who used the service from the risk of unsuitable people being employed. Staffing levels were sufficient to meet people's needs.

**Is the service effective?**

Good

The service was effective. Staff were supported to deliver care safely and were trained to do so.

Staff had an understanding of the principles and requirements of the Mental Capacity Act 2005. People consented to their care being delivered and this was documented.

People were supported where appropriate with their nutritional needs and fluid intake. Staff assisted people to access health professionals.

**Is the service caring?**

Good

The service was caring.

We saw staff caring for people using the service in a compassionate and caring manner.

People using the service gave positive feedback about the staff and told us they were treated with dignity and respect.

**Is the service responsive?**

Good

The service was responsive.

Information in care files provided staff with sufficient information to provide care to an appropriate level.

A complaints procedure was in place and people using the service told us they would feel comfortable if they needed to raise a complaint.

**Is the service well-led?**

Requires Improvement

The service was not always well led as there was not a registered manager in post.

Audits were effective and new systems had been introduced to enable the management team to check the quality of care being delivered.

# Summary of findings

Staff told us the management team were approachable and had made a big difference to the effectiveness of the service.

People who used the service were able to give their opinions of the service.

# Whinndale

**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 30 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service in an extra care housing setting and people may be out during the day; we needed to be sure that someone would be in.

This inspection was carried out by one inspector, one pharmacy inspector, a specialist advisor in governance and an expert-by-experience, who is a person who has personal experience of using or caring for someone with dementia who uses this type of care service.

Before we visited the service we checked the information we held about the service including notifications and incidents affecting the safety and well-being of people. We spoke with the commissioners for Wakefield and reviewed information with regard to on-going safeguarding investigations.

We spoke with six people who used the service and three relatives. We looked at various records held at the service including audits. We reviewed four people's care files. We spoke with the two members of the management team and seven members of care staff.

Good

# Is the service safe?

## Our findings

At a previous inspection in December 2014, we found medicines were not handled, recorded or administered safely. This was a breach of the regulation for the management of medicines which placed people who used the service at risk of harm. We issued a warning notice to the provider requiring action to be taken to ensure the service became compliant with regulations. At this inspection we found significant improvements had been made and medicines were now being appropriately managed within legal requirements.

We looked systems in place for recording and managing medicines. We looked at a sample of medicines records and care plans for ten people the service provided care for. We spoke with one person who had previously experienced problems with the way their medicines were dealt with by the service. They said, "Things are much improved and 100% better; we have no real problems now."

The service provided assistance with medicines only when it was specified as part of someone's individual care package. Risk assessments were undertaken to determine people's individual needs and preferences and these were used to create care plans that informed care workers of the support they needed to offer each person. Care workers supported people to take their medicines in a variety of different ways; for example, some people needed care staff to give them all their medicines whilst others only needed minimal support with applying creams. Care staff had clear instructions about where, when and how creams, inhalers, eye drops and other products were to be used. We concluded staff were administering medication safe.

People who used the service could choose which pharmacy dispensed their prescriptions, although most chose to use a local pharmacy the service had a good relationship with. Most people had the majority of their medicines supplied in blister packs, where each 'pod' contained all the medicines due at a particular time, but were labelled so care staff were still able to identify each different tablet or capsule before administering them. Copies of the dated blister labels were attached to the Medication Administration Records (MARs) so it could be seen what medication had been administered. MARs were kept which showed the name, strength and dose of all other medicines, including creams and nutritional supplements.

We saw arrangements were in place for obtaining medicines and people had adequate supplies of their medicines available. The service still havd issues with obtaining sufficient stock for one or two people whose dose or use of painkillers had recently increased. However, we saw stock had been ordered in plenty of time and senior staff had been in contact with people's GPs to try to resolve these problems as soon as possible.

Senior management had developed a comprehensive system of audits which had recently been implemented. These tools checked how well medicines were managed by the service. The audits had also been designed to identify trends and any recurring concerns. Only care staff who had completed medication training and assessed as competent to handle medicines safely were allowed to support people with their medication. An ongoing programme of further training and support was available for care staff who wanted it or were identified as needing it.

People and relatives we spoke to told us they thought medications were handled well. One person said, "I haven't a clue what it is but they make sure I get my medication." Another person said, "They deal with ordering the medications all the time." A visiting relative told us their relative's medication was administered on time. Someone else said, "I'm on quite a lot of medication, I wouldn't know where to start. They look after that, I wouldn't like to think I had to manage my tablets myself" and "They'll put my medication down there (on the table) with a glass of water and they won't go until I've taken it."

People we spoke to said they felt safe in the scheme and visiting relatives told us they felt the scheme was a safe environment for their family members. One person whose wife was in hospital at the time of the visit told us, "If my wife was here they would come in to see if we were alright during the night, about half past twelve, they don't wake us up, just pop in, we sleep on. It's comforting to know there's someone there."

A visiting relative who told us their mother was at high risk of falling said; "She has fall sensors, mats and a wrist band." One person told us, "My family feel happier having me here." Another person said, "I've never felt safer, I've no problem being on my own now." Someone else said, "I had a few falls when I came here and had another more

Good

# Is the service safe?

recently. If I hadn't had that (the call button) to press I'd have been lying on the floor from one o'clock in the morning. It gives you a lot of confidence knowing you can get someone's attention."

We saw records of when staff had undertaken safeguarding training. We found staff were fully up to date with the service and local authority safeguarding reporting procedures. We also found the provider had effective systems in place to monitor and review incidents which had the potential to become safeguarding concerns.

We spoke with members of staff, about safeguarding and what they would do if they suspected abuse was taking place. They all told us they had received training about how to recognise and report abuse and would have no hesitation reporting any concerns to their supervisor.

Most people we spoke to said they thought staffing levels were sufficient although one visiting relative said, "Enough staff, at times I don't think they have sometimes. If one resident has more needs than another then maybe not." A member of staff told us, "We have a good core team and we use regular bank staff."

People told us the timing of personal care/medication visits was generally good. However, in many answers given staff responses to the timing of personal care/medication visits were inconsistent e.g. One person told us, "It varies, might come as early as eight o'clock to about quarter to nine – depends where I am on the list." She added though, "It doesn't bother me, I don't have to watch the clock now." Another person told us, "They might not come at the same time every morning but my times my own – if I was going out I'd tell them and they'd come earlier if I wanted." One person said, "They never not come but they have been late, there are a lot of people you know." A relative said, "There was one occasion when the carer hadn't turned up but there was an emergency so I can understand that."

People we spoke to told us staff responded well to the call buzzers. One person said, "I have a buzzer and if I want them I just have to ring for them, it depends on what they are doing, they do always answer and ask if I'm alright though." A relative told us that when her husband needed to go to the toilet and called staff they usually arrived within five minutes.

Staff and managers we spoke with acknowledged there had been a problem with staffing in the past but they felt the new rotas and increased staff numbers would improve this. One member of staff we spoke with told us they were looking forward to the new rota and said it would help staff give a better service; people would not have to wait for calls to be answered. A member of the management team told us they had a system which allowed staff to respond verbally to alarm calls via mobile handsets so that they could prioritise responses.

Most people told us they knew the staff that visited them and others said they were unsure who was going to be coming.

We found recruitment records were well organised. We saw the necessary staff recruitment and selection processes were in place to keep people safe. We looked at the recruitment files for four members of staff and found appropriate checks had been undertaken before they had begun work. Staff files included written references; satisfactory Disclosure and Barring Service clearance (DBS) checks and evidence of their identity had been obtained. We also saw a DBS matrix to enable the manager to regular update people's DBS checks.

People's care files contained up to date and reviewed risk assessments. Some risk assessments were generic in nature with regard to the environment and others were specific to people's needs for example medication and moving and handling risk assessments.

Good

# Is the service effective?

## Our findings

People we spoke with told us their health and well-being needs were well met. One person told us, “The GP will come to your flat or you can see them downstairs, staff here will make you an appointment.” Another person said, “They treat you nice, ask you how you are, if you’re a bit off it they ask if you want a doctor.” Someone else said, “Sometimes the doctor comes downstairs at lunchtime and if it’s not too personal you can see them there, if it is personal they’ll come up. That’s a big help, you don’t have to worry about going to the doctors.” We were told by one person they had needed to go to the hospital and their relative could not go with them, they said a member of care staff went with them. Someone else said, “If I need to go to hospital they arrange everything.”

We observed lots of interactions between staff and people during lunch in the main dining area which was friendly with a lot of banter and not patronising or over familiar. We saw care staff constantly checked people were alright. . We saw one member of staff explaining meal choices to people. We saw this was done in a patient manner, smiling and getting down to eye level with people.

We saw staff asked people if they wanted assistance in going up to the food counter or if they wished to be served at their table. Where people wished to go to the food counter themselves we saw care staff assisted them appropriately in a kind, patient manner and at the person’s pace. We saw when staff were serving people their meal they ensured people were seated comfortably and had drinks and cutlery within reach. Staff told us they prepared food for some people in their apartments. In people’s care plans we reviewed we saw information about people’s nutritional and fluid intake. There was guidance to inform staff if people needed assistance with preparing meals, preparing hot and cold drinks, eating, drinking and shopping for food.

Staff had completed a comprehensive induction programme which was over five days. This included: the role of the care worker; first aid; dementia; infection control; fire safety; health and safety; written/verbal communication; food hygiene; company induction; equality, diversity and inclusion; medication; safeguarding; moving and handling; nutrition, hydration and wellbeing; pressure sores and development as a care worker.

Staff told us there was lots of training available and they were up to date with all their mandatory training, for example, moving and handling, infection control and fire safety. However, staff did tell us they would like more ‘hands on’ practical training as opposed to seeing videos or computer learning. They told us this was particularly so in regard to using hoists or slides.

Staff files we looked at contained people’s supervision records and appraisal documents. Supervisions took place every 13 weeks. A member of the management team told us a new senior member of care staff would be commencing employment shortly and they would also be allocated members of staff to a conduct supervisions and appraisals for.

Staff we spoke with had a good understanding of the Mental Capacity Act and how they would assist people with their consent. One member of staff said, “Most people here are able to make their own decisions, they know what they want and how they want things doing.” Another member of staff said if they had any concerns about people’s capacity to make decisions they would speak with the manager or a supervisor.

Good

# Is the service caring?

## Our findings

All the people and relatives we spoke to told us they felt staff were caring. One person said, “Staff are quite friendly, not all alike, some easier to talk to than others but a friendly lot mostly. They treat me well. I have a chat with them. They know me; ask me a lot about my family.” A relative of a person who used the service said, “Staff are patient. If we call staff to take my relative (person’s name) to the toilet and they can’t then go and calls them again in 20 minutes they don’t say oh no, not again they just say don’t worry.” Another person said, “They are very good, they are very, very busy but they never pass you without they say hello and ask how you are and if you want anything.”

People told us they were treated with respect and dignity. One person said, “They are ok with me, polite.” Another person told us, “They are nice; I have a joke with them. They respect me, always ask how I am, before they go they will say is there anything else you want doing.” A visiting relative told us, “From what we’ve seen they are very good and there’s always some family here, they seem good with mum, we haven’t come across them being patronising.” Another person said, “They treat us very well; they don’t talk down to you at all.” Someone else said, “I can’t fault them, I’ve only to ask and they are here. They’re a nice bunch of people to have around. They are very polite and respectful.” They added, “You never hear them falling out or getting impatient. They never grumble, you couldn’t wish for better carers.”

Although all staff had fobs with which to enter people’s apartment’s people we spoke with told us staff still respected their privacy. One person told us, “When I first came in I found it funny that people could just ring the bell and come in but you get used to that, you get used to their voices and I don’t mind it now, most of them ask to come in anyhow.” Another person said, “They ring the bell and then come in.” Someone else said, “I think it’s a good thing, they all ring the bell first and I just shout come in. I need that, it saves me getting up.” We observed two members of staff attend a person in their apartment they asked permission before they went into the apartment and on seeing the person had a visitor they offered to come back later. We saw they spoke to the person in a kind manner.

We saw one member of staff bring a person down to the dining room in a wheelchair. This was an electric chair and was apparently new to the person who was therefore, unfamiliar with the controls. We saw the member of staff allowed that person to operate it as best they could and only intervened when necessary.

People we spoke with told us they were sure staff would not breach their confidentiality. Staff we spoke with said they would never share information about a person unless the person had asked them to do so. One member of staff said, “Induction covered privacy and confidentiality.”

Good

# Is the service responsive?

## Our findings

We were told by the manager there were currently no written compliments. We saw a copy of the complaints policy which was also in people's care files in their homes. There had been two complaints in January 2015 which had been resolved. The manager told us complaints would be discussed in staff meetings to ensure lessons were learnt, however, they would not disclose who had complained to ensure data protection policies were adhered to.

Most people and their relatives we spoke with told us they had no need to make any formal complaints but they would feel able to do so if needed. A visiting relative said, "No, I've no complaints but I could definitely approach them if I had." Another person said, "I've had no need to make any complaints. If I felt unhappy with anything I'd speak with the head carer." One person told us they had complained about their relative having to wait a long time to be assisted to the toilet. They said, "I complained to the office downstairs. They said sorry and they let me explain. I do find I can go to them."

We saw the minutes for the last two staff meetings which had covered for example, changes to processes and systems, staffing structure, staff rota to meet 'service users' needs, staff training, complaints and compliments, new medication systems and a new medication ordering protocol. We saw the agenda for the upcoming staff meeting which included a new rota and system of work, call duration and attendance, medication and the use of mobile phones.

Staff told us they had 'team meetings'. One member of staff said, "We have staff meetings I would say now every month, we have one tomorrow actually. In the past they were erratic." A member of the management told us that off duty staff were encouraged to come in for team meetings and were paid for this if they did.

People told us staff were responsive to their particular requirements and preferences. A relative told us, "They will listen, if you say he wants something doing one way you know they'll do it."

People and relatives we spoke with told us they were aware of care plans and some were involved in writing and reviewing it. A visiting relative said when their family member had an accident the care plan was reviewed and visits were increased to six a day. Another relative said, "The care plan is in order and we are involved." Another relative said, "We are involved with changes to the care plan, they keep us informed." One person said, "I discussed care needs with someone when I came. I think I probably have seen a plan, yes I may have seen it but I'm happy that they are looking after me ok."

We were told activities for people were arranged by a residents' group not the service provider. However, we were told by people and staff that under the new management team time and funding had been made available for care staff to accompany people wishing to go on trips.

We looked at the care plans of four people who used the service. Each care plan contained a full care needs assessment, details of what the person preferred to be called, their GP details and what existing support network they had. There were sections in the care plan for medical conditions and how that affected the person, for example, in one person's care file it said they had early onset dementia which caused them to have a memory impairment. There were sections for mobility, communication and spiritual needs, continence, personal hygiene and social life/interests. We found in most cases care plans had been reviewed and updated as necessary although we saw in one case in the social life/interests section it stated 'none on initial assessment to review once developed a relationship'. This was dated 29 December 2014 and had still not been updated. Care plans contained detailed information about what support people needed, days, times and length of visit people required. For example, in one person's care plan it said, 'assist with bathing twice weekly, prompt and assist with prescribed medication and assist and encourage with personal hygiene tasks'.

Staff told us they knew the support people needed so did not need to look at the care plan every day, however, if there were any changes this would be recorded on the communication sheet which was filled in after every visit.

Care staff we spoke with told us care plans were 'fine'. Some thought there should be more detail about people's life history. They said it would help build relationships with people and give them 'something to talk about'.

Requires Improvement

# Is the service well-led?

## Our findings

At the time of our inspection there was not a registered manager in post. The service was being managed by an acting manager. It is a condition of the provider's registration with us that the service is managed by a registered manager. The last registered manager left the service in August 2014, so the provider has not complied with the condition since then.

People, their relatives and staff told us the management team were approachable and did listen.

A relative said of the managers, "They are absolutely fine, they do listen and you can go to them anytime."

Staff told us they felt well led. They said they felt current changes being made by the management team were for the better, necessary and appreciated. One staff member told us, "The new management team have worked wonders, there's a tangible improvement and it must be making a difference to residents." Another told us, "They are sometimes getting 15 minutes care when they should have 30, now it will be guaranteed that service users will get the time." Someone else said, "It's getting a lot better, you know where you are." Other comments included, "A member of the management team (person's name) knows what she is doing". "Since (person's name) came it's changed, she's looked into everything. They've been here 'til late and really worked." "Management are very approachable" and "They are lovely, approachable." One member of staff said, "You can ring one member of the management team at any time, even at night. They don't just give you advice; they'll ring back and ask if I'm ok."

Some staff said they had been kept informed about the changes the new management team were instigating. One person said, "We have been made aware every step of the way." Another said, "We were told, just told."

We were told by a member of the management how they monitored the quality of the service, they said, they speak with people who used the service daily, quality assurance surveys, by monitoring the complaints and safeguarding referrals and by conducting audits and spot checks.

In the care plans we reviewed we saw evidence of spot checks carried out, these were graded from one to four and covered for example, friendliness, punctuality, if all tasks were carried out, individuality, choice, privacy, dignity and respect.

We asked a member of the management team how they ensured everyone knew the vision and values of the service, they said, "We cover this at the induction; on a day to day basis; coaching one to one with people, for example, respect and dignity, we are asking staff to think about it themselves; we ask staff 'is the service good enough for your Mum and Dad."

We were told the management team the keys areas for improvement were medication, the rota and changing the culture to be more person centred with better leadership.

We saw a copy of the Whinndale action plan which included actions associated with medication new policy and procedure, meetings with GP's and pharmacy, re-training of staff, staffing structure, review and implement new staffing structure, train senior carers, implement new rota system, catering, review meal times/requirements to meet people's needs/choices.

We were told there had not been a staff survey; however, we were told there had been opportunities at recent staff meetings for staff to share their views. We were told a 'resident's survey' had been sent out in April 2015 and the results were due in June 2015 and then they would be published and where necessary an action plan would be developed for any areas of concern.

Quality assurance systems were in place to assess and monitor the quality of service that people received, which included audits of the following, care records and medication. We saw audits were effective and showed evidence of the follow up action taken by staff.

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.

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.