

Ark Specialist Healthcare LLP

Advent House

Inspection report

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Stanley
Wakefield
West Yorkshire
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Tel: 01924826868

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10 October 2018

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

The inspection took place on 9 and 10 October 2018 and was unannounced. At the previous inspection we found the provider did not have a robust recruitment process in place and concluded this was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made and the provider was no longer in breach of this regulation.

At the previous inspection we found the provider had not submitted all relevant notifications to the CQC. We found this was a breach of Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents. We found improvements had been made and the provider was no longer in breach of this regulation.

Since the last inspection Advent House no longer provides nursing care and has updated their registration with the CQC to reflect this.

Advent House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Advent House accommodates up to ten people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager in post. '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 were kind and patient. It was clear they knew people well and how to meet their needs. The systems and processes in place to manage medicines were safe. Risks associated with people's care were identified and managed. However, these were not always documented.

People were supported by sufficient numbers of staff to meet their needs. Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny.

The service followed the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

New members of staff did not receive appropriate training and supervision. There was no clear record of

what training staff had undertaken and when it was due to be refreshed. We concluded this was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans contained up to date information regarding people's care and support needs. People enjoyed meaningful activities.

Staff felt supported and had seen improvements in the home. Staff told us they were asked to provide feedback on the service and felt listened to.

The registered manager and deputy manager completed regular audits in areas such as, Deprivation of Liberty Safeguards (DoLs), finance, accident and incidents, medication, infection control and safeguarding. They had begun to complete audit action plans to ensure issues identified were addressed.

The provider's audits were contained within the registered manager's supervision notes. They did not always record the exact information they had checked. Any outstanding actions were recorded so they could be followed up at the next supervision. A monthly operations report was emailed to the provider by the registered manager. However, there was no area within the form for comments or to record any action taken by the operations manager or directors in relation to the information in the report. In addition, the operations reports were not referenced within the registered manager's supervision record.

We found the audits completed did not identify that body maps were not in place for topical medicines and that people did not have risk assessments in place regarding pressure sores.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The systems and processes in place to manage medicines were safe.

Risks associated with people's care were identified and managed. However, these were not always documented.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

New members of staff did not receive appropriate training and supervision.

The service followed the principles of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's independence was promoted and they were involved about matters relating to their care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained up to date information regarding people's care and support needs.

People enjoyed meaningful activities.

There were systems in place to respond to complaints.

Is the service well-led?

The service was not always well-led.

The provider did not operate effective systems and processes to make sure they assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users.

Staff told us they felt supported and listened to.

Requires Improvement 

Advent House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 the 9 and 10 October 2018 and was unannounced. The inspection team consisted of one adult social care inspector, a bank 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. Their area of expertise is learning disabilities.

We reviewed information we held about the service, such as notifications and information from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England. We contacted commissioners, the local authority safeguarding team, the clinical commissioning group, the Fire Service and Police prior to inspection.

The registered provider had been asked to complete a Provider Information Return (PIR) and they returned this to us prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service, four relatives, four members of care staff, the deputy manager and the registered manager.

We looked at a variety of documentation including; care documentation for three people, three staff recruitment files, three staff supervision files, meeting minutes, documents relating to the management of medicines and quality monitoring records.

Is the service safe?

Our findings

At the last inspection we found the provider did not have a robust recruitment process in place. We concluded this was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and concluded the provider was no longer in breach of this regulation.

The provider carried out appropriate checks on the premises and equipment to ensure its safety. Personal Emergency Evacuation Plans (PEEPs) were in place and regularly reviewed. We saw risk assessments were accurate, kept up to date and covered areas such as falls, medicines, mobility and nutrition. However, each risk assessment contained within it numerous assessments of risk and did not provide an overall risk for each area which may lead to confusion. The registered manager told us they would ensure risk assessments clearly recorded an overall level of risk for each area.

We identified there was no risk assessment in place for one person who was at risk of pressure ulcers. We spoke with the registered manager about this who provided a waterlow risk assessment that had previously been in place for the person to assess their risk. This risk assessment was reviewed and immediately reintroduced during the inspection. Staff knew which people were at risk of developing pressure ulcers because they were unable to move without assistance. Staff understood their role in preventing pressure ulcers. Following inspection it was highlighted to the CQC that the potential risk to this person was being managed and recorded appropriately through a Pressure Ulcer Prevention Risk and Action Flow Chart and the person's care support plan.

We observed staff being kind and patient throughout the inspection. It was clear they knew people well and how to meet their needs.

One relative told us, "[My relative] can be challenging but they've mastered that. They use distraction techniques. They order all their meds when [my relative] needs them. There's always plenty of staff. [My relative] has got a care plan." Another relative said, "Staffing levels give me confidence for the health and safety of the people there."

Medicines were managed safely within the home. There were appropriate systems in place to order, receive, store, record, administer and dispose of medicines. When medicines had been prescribed 'as required' or PRN, we saw there were protocols in place for each PRN medicine which included information about when the person might require it, what it was for and how the person communicated. Detailed information was recorded about how each person received their medicines. For example, '[Name] will have a drink with thickened prior to medication. Put medicines on a spoon one at a time. Give a drink between each tablet.' This ensured each person received their medicines in a way that suited them. Each person's MAR included a recent photograph and details of any allergies.

We found body maps were not in use for topical medications. These can be a useful, visual guide for staff to know where to apply lotions and creams. We found PRN 'when required' protocols for these did not include

personalised details of where or when to apply the creams or lotions. However, we later spoke with two staff who knew where, why and when to apply topical preparations prescribed for different people. The registered manager has put these in place following inspection.

Controlled drugs (CDs) are prescribed medicines that are often used to treat severe pain and they have additional safety precautions and requirements. At the time of inspection no one was prescribed a CD. However, the home had appropriate facilities to store and record this medication, if needed.

Staff received medicines training and had their competency checked. Medicines were audited and any issues found were actioned.

The premises were visibly clean and arrangements were in place for staff to follow a cleaning schedule, deep cleaning different areas each day. A policy for infection prevention and control was in place. We saw staff had access to personal protective equipment and used this when required.

We observed and staff told us there were enough staff to meet people's needs. Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Staff explained the signs of abuse and what they would do to make sure people were safeguarded. Staff knew who to report any concerns to both within the organisation and to external agencies, such as the CQC.

Accidents and incidents were recorded and reviewed monthly to look for patterns and trends. The registered manager told us they wanted to improve this analysis by putting in place a system which would electronically produce a report. This would make it easier to identify any patterns and trends over different periods of time.

Is the service effective?

Our findings

People's needs and choices were assessed and care, treatment and support delivered. Support plans were in place for individual care needs including behaviour, mobility, moving and handling, communication, eating and drinking and activities. Care plans were detailed and included laminated photographs to support guidance from physiotherapists to position different people in the way they were most safe and comfortable. When people needed to use a hoist to transfer, staff said they had been assessed by a physiotherapist and the correct size of sling had been documented.

There was no clear system in place to demonstrate that new staff had received mandatory training, supervision and support during their induction. However, the new members of staff told us they worked under the observation and guidance of a senior care worker. The registered manager confirmed following inspection that all new members of staff were completing their mandatory training. They confirmed all new staff had a senior staff member as a mentor.

The registered manager had identified and was aware of the issue of staff not receiving appropriate induction. They had put together a detailed staff training and induction pack to include all the standards of the Care Certificate to ensure new staff were competent and existing staff remained competent. Following inspection they had liaised with the provider who agreed to a dedicated four week induction period for new staff.

Most staff had undertaken a competency assessment in areas such as medication and moving and handling but there was no system in place to ensure people's competencies were assessed on an ongoing basis. The registered manager told us that going forward all competencies would be completed on an annual basis, or more frequently if required and logged on an electronic training matrix. We saw the blank competency forms that would be used within the staff training and induction pack the registered manager had produced.

A supervision matrix was in place but did not schedule staff member's supervisions. The matrix was updated when supervision was completed. This meant people's supervisions may be overlooked. Following inspection the provider scheduled in staff supervisions on the rota to ensure staff received formal support. The provider did not have an electronic training matrix in place. The handwritten training matrix had not been kept up to date so it was not possible to identify without going into each individual training attendance lists what training staff had completed and when it was due to be refreshed.

We concluded the above issues constituted a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Transition between services was managed effectively. One relative told us, "[The manager] was incredible, they know everything. They are on the ball. It was a brilliant transition from the last place to this. [My relative] wasn't settling at night so they brought all his furniture, his bedding guitar and put it all in the same position." Another relative said, "[The manager] keeps me up to date. [My relative] is having an assessment of their dietary needs. Staff know what they're doing." Another relative explained how staff had received

specific training to manage their family member's health condition effectively.

People were supported to eat and drink enough to maintain a balanced diet. A four week menu system was in place with a variety of different meals providing people with five fruit or vegetables each day. One person with limited mobility had experienced unwanted weight gain and support plans were in place to encourage a lower calorie diet. The person enjoyed cooking and we saw recipes for low calorie food and staff said the person had helped make some of them.

People were provided with appropriate assistance and support to eat. There was adapted cutlery, drinking cups with lids and plate guards for safety and to enable people to eat as independently as possible. There were enough staff to supervise and assist everyone in the way they needed. We saw people had breakfast when they choose to and they could chose what they wanted to eat. We saw staff ask people what they wanted and show alternatives people could point to if they had non-verbal communication skills. Staff were patient, caring and attentive to people's needs.

One person required an altered texture diet. Their food needed to be fork-mashable and staff showed us they had access to information about this and other diets. Food and fluid charts were completed appropriately.

People's records included information about referrals to and visits from external health professionals such as GPs, mental health and tissue viability specialist nurses, dieticians, speech and language therapists and physiotherapists.

People's needs were met by the adaptation, design and decoration of the purpose-built premises. There was an adapted and accessible bathroom for people with a range of mobility needs. The home also had wide doorways to allow wheelchair access. There was a large sensory room with lights and music. We saw people had chosen how to decorate their bedrooms and they were individual to each person.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was meeting the requirements of the MCA and DoLS. Care records showed mental capacity assessments were undertaken for specific decisions which were detailed and thorough. For example, one person was making unhealthy food choices. The registered manager had engaged with health professionals regarding this. The person's capacity was reassessed and a decision had been made that they had capacity to make decisions regarding the food they wished to it. Support plans were in place affirming this and directing staff to promote a healthy lifestyle while recognising the person's right to refuse.

Staff were clear what to do if a person refused care. For example, they would talk to the person, give them time and try a different member of care staff. If people could not be persuaded to receive care their decision

would be respected and reported to a senior member of staff.

Staff received training regarding behaviour which may challenge others. They gave clear examples how they redirect a person, following their interests, and use the least restrictive option. Staff were perceptive in watching for a change in a person's mood or behaviours so they could distract a person before their behaviour became heightened.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion, and were given emotional support when needed. Staff we spoke with told us they would be happy for a member of their family to live at Advent House. One relative said, "They do promote [my relative's] independence as much as possible. They say [name] can get washed and dressed and things." Another relative told us, "The care is person centred and individual to him". Another commented, "The care is individualised and person centred. They understand the person they are dealing with. I think they're very caring and the interactions I've had with them are good. [My relative] is in a much better place. The staff are caring, kind and compassionate."

We saw positive interactions between staff and people. It was clear staff knew people well when they anticipated needs or preferences or engaged people in conversation. We asked carers to tell us about different people living in the home and they did so in a way that showed affection and that they knew people well. For example, one person was anxious about visiting a health care professional. The staff member provided excellent reassurance and used appropriate distraction techniques. This resulted in the person choosing to go to their appointment and going out for lunch afterwards.

People's privacy, dignity and independence was respected and promoted. We observed staff being caring and they spoke about people with compassion and kindness. Staff were calm, patient and gentle and used humour appropriately supporting people physically and emotionally when required. Staff gave good examples about how they respected people's privacy and dignity. For example, making sure doors are closed, discreetly placing towels, speaking with the person and being reassuring. Staff gave good examples of how they encouraged people to be independent. For example, encouraging people to be involved in making a drink by selecting their cup, putting a tea bag in and filling up the kettle. People were encouraged to help taking their laundry to the washing machine.

Is the service responsive?

Our findings

Relatives told us people had regular reviews which both they and their relative, as far as possible, were involved in. Relatives told us they knew what to do if they had any concerns. One relative said, "I can always talk to [the manager] with any worries." Another relative said, "[The manager] keeps me updated with everything. I can go to [the manager] with any worries and concerns she will sort them out."

The support plans were personalised and responsive to people's individual needs and preferences. They were positive and detailed what an individual could do for themselves. The registered manager was continuing to work on them to ensure they were as person centred as possible.

Assessments and care plan documentation prompted assessors and reviewers to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability. People's cultural and religious choices were documented as well as their sexuality. People's sexuality was considered in support plans around self-image and directed staff to support people to maintain a positive image in the way they wanted.

People had health passports and annual health and medication reviews. Regular reviews took place with healthcare professionals such as nurses and social workers. People were supported to maintain their relationships with families and other people.

Staff told us people had lots of interests and accessed the community. People had a core team of staff who helped the person choose what activities to do. People went to the local library, social clubs, pubs, cafes, parks and the theatre. Each person had a folder with pictures of activities they have been involved in. They had individualised plans of activities and were involved in a variety of activities such as swimming, hydrotherapy, shopping, cinema, pub lunch, bowling, zoo trips and college.

We observed staff engaging in one to one activities such as basket ball shooting. Staff were aware of people's individual needs and limitations.

We spoke with the registered manager about the accessible information standard. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The registered manager told us they had identified staff required 'Makaton' training to aid communication with people who used the service. Makaton is a language programme using signs and symbols to help people to communicate. The registered manager acknowledged more work was required in this area and had begun to work on this.

No complaints had been received since the last inspection. The provider had a complaints policy and procedure in place. The registered manager had a system in place to keep an overview of complaints in order to identify any patterns and trends.

Is the service well-led?

Our findings

At the previous inspection we found the provider had not submitted all relevant notifications to the CQC. We found this was a breach of Regulation 18 of the CQC (Registration) Regulations 2009 Notification of other incidents. We found improvements had been made and the provider was no longer in breach of this regulation.

There was a registered manager in post. 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.

Relatives were complimentary about the care their relative received. One relative said, "[The manager]' is fantastic she's really on the ball, she's professional, she knows everything. The atmosphere is warm welcoming and friendly." Another relative said, "Overall I'm happy with everything". Another relative said, "Since [the manager] has come it has been far better. Everyone's going out."

Staff felt supported and had seen improvements in the home. Staff told us they were asked to provide feedback on the service and felt listened to. One member of staff said, "I love it here." Another told us, "It's like home here."

The registered manager and deputy manager completed regular audits in areas such as, DoLs, finance, accident and incidents, medication, infection control and safeguarding. They had begun to complete audit action plans to ensure issues identified were addressed.

The provider's audits were contained within the registered manager's supervision notes. They did not always record the exact information they had checked. For example, the recruitment files checked were not recorded. Any outstanding actions were recorded so they could be followed up at the next supervision.

A monthly operations report was emailed to the provider by the registered manager. However, there was no area within the form for comments or to record any action taken by the operations manager or directors as a result of the information provided in the report. The operations reports were not referenced within the registered manager's supervision record.

The provider did not have sufficient systems and processes to mitigate the risks relating to the health, safety and welfare of service users. For example, the audits did not identify that body maps were not in place for topical medicines and that people did not have risk assessments in place regarding pressure sores. There was no clear structure in place to ensure competencies and induction training were regularly completed for all staff. The provider did not ensure consistency with induction training and support for new staff.

The registered manager worked in partnership with other agencies such as the Clinical Commissioning Group. Staff meetings were held and staff were actively involved in developing the service and proposing

new ways of working. For example, staff had been consulted on the induction/staff training workbook. The registered manager sought feedback from healthcare professionals for ways to improve the service. People were asked for their feedback, as far as possible, in the monthly review meetings that were held with people's core teams.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate training and supervision as is necessary to enable them to carry out their role.