

Ark Home Healthcare Limited

Ark Home Healthcare Blackburn

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

This was an announced inspection which took place on 23 and 24 August 2017. This was the first inspection since a new provider had registered to take over the running of the service in April 2017.

Ark Home Healthcare Blackburn (referred to throughout the report as Ark) is registered to provide a domiciliary care and reablement service to adults over the age of 18 living in their own homes in Blackburn with Darwen and East Lancashire. At the time of this inspection there were a total of 468 people using the service although the provider informed us the reablement part of the service which supported 140 people was in the process of being transferred to a new provider.

The service had a manager in post who had registered with the Care Quality Commission in January 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider'), 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. The registered manager was also the provider's Regional Operations Director as well as the registered manager for another location in Preston. They were therefore supported in the day to day running of the Blackburn service by a branch manager who was based at the registered office.

People who used the service told us they had no concerns about their safety when staff were supporting them. They told us staff were kind and caring and would always undertake any tasks requested of them. Staff informed us they always had sufficient time to spend with people and recognised the importance of ensuring people did not feel rushed when they were providing personal care.

People spoken with told us they had no concerns about the support they received from staff to take their medicines. However we saw that not all medication administration record (MAR) charts contained the dosage and administration instructions for each person's prescribed medicines. In addition medicines audits had not always been sufficiently robust to identify when MAR charts had not been fully completed.

Staff had received training in safeguarding adults. They were aware of the procedure to follow should they witness or suspect abuse. They told us they would also be confident to report any poor practice they observed from colleagues and were confident their concerns would be taken seriously by the managers in the service.

Six of the seven staff personnel files we reviewed contained all the required pre-employment checks. One personnel file contained only one reference; this was not in accordance with the provider's own recruitment policy. We noted the provider had made attempts to gain a written reference from the person's previous employer but had not received a response. However, this had not been followed up by a verbal request in order to try and ascertain the person's conduct in that employment.

Risk assessments were in place in relation to each individual's physical and mental health needs as well as any environmental risks; these helped to protect the health and welfare of people who used the service and staff. Arrangements were in place to help ensure the prevention and control of infection.

Staff told us they received the induction, training and supervision they needed to be able to deliver safe and effective care. There was a comprehensive induction programme in place which included training in safeguarding, moving and handling, safe handling of medicines, nutrition and hydration and health and safety. Staff were also required to complete at least 21 hours shadowing more experienced staff before they were allowed to work independently in people's homes.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Staff were able to tell us how they supported people to make their own decisions and choices.

Care records were personalised and provided detailed information for staff to follow in order to maintain people's preferred routines. Staff completed a record of each visit they made which included how they had gained consent from people for the care they had provided.

Where necessary people who used the service received support from staff to ensure their health and nutritional needs were met. Each person's care records contained a hospital emergency transfer form. This included important information about the person's medical condition and the people involved with their care should they require treatment in hospital.

People spoke positively about the kind and caring nature of staff. They told us staff always respected their dignity and privacy and listened to their views. Two care staff in particular were singled out by a number of people for the excellent care they delivered.

People had opportunities to provide feedback on the care they received. We noted that comments made by people during support plan reviews had been very positive. We saw evidence that any complaints received were fully investigated in line with the provider's complaints procedure.

Staff told us they enjoyed working for Ark and that improvements had been made to the way the service was run since the change of provider. They told us the registered manager, branch manager and other senior staff were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

There were systems in place to monitor the quality and safety of the service. The registered manager demonstrated a commitment to continuing to drive forward improvements in the service.

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.

People told us they received their medicines as prescribed. However we found improvements needed to the medication administration records prepared and completed by staff.

People told us they had no concerns regarding their safety when staff provided them with care and support. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse.

There were sufficient staff available to meet people's needs. People told us staff generally had enough time to sit and chat with them after all required tasks had been completed.

Is the service effective?

Good 

People told us staff understood their needs and always provided the care they wanted.

Staff understood the principles of the MCA. They told us how they gained the consent of people who used the service before they provided any care or support.

Staff told us they received the induction, training and supervision necessary to help ensure they were able to deliver effective care. A plan was in place to improve the information recorded on the central database regarding the training and supervision staff had received.

Where required, staff provided effective support to help ensure people's health and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People were very complimentary about the kind and caring nature of staff. They told us staff respected their dignity and privacy and helped them to be as independent as possible.

Care staff demonstrated a commitment to providing high quality, compassionate care. They showed a good understanding of people's diverse needs, backgrounds and personalities, which helped them to provide personalised support.

Is the service responsive?

Good ●

The service was responsive.

People told us they received the care and support they wanted. They told us staff were willing to be flexible to ensure all their needs were met.

Care records were personalised. Staff were aware of the importance of ensuring support plans were reviewed in response to each individual's changing needs.

There were systems in place for people to provide feedback on the quality of care they received. Any complaints received were fully investigated.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in place. They demonstrated a commitment to continued improvements in the service.

Staff told us they enjoyed working in the service. They told us the change to provider had led to improvements in the way the service was run.

Systems were in place to monitor the quality and safety of the support people received.

Ark Home Healthcare Blackburn

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.

In accordance with our guidance we gave the provider 48 hours' notice that we were undertaking this inspection; this was to ensure someone was in the office to meet us. This announced inspection took place on 23 and 24 August 2017 and was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and notifications the provider had made to us. We also contacted the local authority contract monitoring and safeguarding teams and the local Healthwatch service to request information they held about the service.

Prior to visiting the registered office, we used the 48 hour notice period to speak with 12 people who received support from Ark and five relatives to gather their views about the service. On the first day of the inspection we visited the registered office and spoke with a total of 12 staff. These were the registered manager, the branch manager, a deputy manager, two care coordinators, a team leader, six members of care staff and an administrator. On the second day of the inspection, with permission, we visited five people who used the service in their own homes to speak with them about the service. We also spoke with a further five relatives.

We looked at the care records for ten people who used the service. We also reviewed the medicine administration record (MAR) charts for six people. In addition we looked at a range of records relating to how the service was managed; these included recruitment and training records, quality assurance audits, and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe when care staff from Ark visited them. Comments people made to us included, "I always feel safe when they help me to have a shower", "Staff have to hoist me and I feel safe with them" and "I have no worries about anything. The care I get is very good." Relatives we spoke with confirmed they had no concerns about the safety of the care their family member received. One relative told us, "He trusts them and feels safe and secure." Another relative commented, "They monitor her safety which they do very well."

Staff we spoke with told us they had received training in safeguarding adults. Records we looked at confirmed this to be the case. We found there was an appropriate policy and procedure in place. Guidance was also clearly on display in the registered office to remind staff of the possible indicators of abuse. Staff were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they would also feel confident to report any poor practice they observed using the whistleblowing policy and were confident their concerns would be taken seriously by managers in the service.

The registered manager and branch manager were aware of their responsibility to report issues relating to safeguarding adults to the local authority and CQC. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used the service. The branch manager also maintained of all safeguarding alerts submitted to the local authority in order to ensure all appropriate action had been taken.

25 of the 27 people spoken with during the inspection told us staff generally arrived at the agreed time. One person told us, "They [staff] come more or less at the right time. I ask them to come a bit later if there is a TV programme that I want to watch." Another person commented, "Staff usually come at the right time; they inform us if there are any changes." However two people told us they were less satisfied with the timing of visits they or their relative received from care staff. A person who used the service told us staff had not visited them on one occasion the week prior to the inspection with no explanation given. We discussed this with the branch manager who investigated this incident and found it had been due to an oversight by a staff member. A relative also expressed dissatisfaction with the service their family member received from Ark and told us they were in the process of changing to a different care provider. They told us, "Staff are not always there as they should be at 8am to see if [name of family member] has taken their medication." The branch manager told us the care coordinator for the area in which the person lived would contact them to discuss the concerns raised by their relative.

People told us staff generally had time to spend with them after completing all required tasks. Comments people made to us included, "They [staff] always have time to have a bit of a chat to see if there is anything else they can do for me" and "They [staff] do have time to spend with me. They make you feel good." A relative also told us, "The carers are nice. They take their time and talk to [name of person] all the time."

All the staff we spoke with told us they had sufficient time to spend with people. They told us that if a

person's needs or preferences meant their visits took longer they would always request more time to be allocated to the person. A staff member commented, "No service user wants to be rushed. You want to be able to take your time with people. That way you can see if something is not quite right."

We looked at the systems in place to ensure staff were safely recruited. We reviewed the personnel files for seven staff employed in the service. We noted that six of these files included the required information to help ensure staff were suitable to work with vulnerable people; this included a criminal records check called a Disclosure and Barring service check (DBS), employment or character references, an application form where any gaps in employment could be investigated and proof of address and identity. We saw that one personnel file did not contain a reference from the staff member's previous employer. The records showed that the provider had requested a reference in writing on two occasions but had not received a response. However we did not see any evidence to show that the provider had contacted the previous employer by telephone in order to obtain a verbal reference to check the person's conduct in this employment.

We looked at the arrangements in place to provide people with support to take their prescribed medicines. We saw there was a policy and procedure for the administration of medicines which staff were required to follow in order to ensure safe practice. All staff received training in the safe handling of medicines as part of their induction when they started work in the service. In addition to this training, all staff were required to be assessed as competent when administering medicines before they were allowed to carry out this task without supervision.

People who needed support to take their prescribed medicines told us they always received their medicines when they needed them. One person told us, "They [staff] give me my tablets three times a day." A relative also told us, "Staff prompt [name of person] to take her medicines at the right time." We noted there was a medication risk assessment in place which detailed the level of support, if any, each person required to take their prescribed medicines. However we noted there was a discrepancy on one person's record since the risk assessment stated they were able to self-administer although the daily communication log showed staff were administering the person's medicines due to the risk they would otherwise fail to take them. We spoke with the care coordinator for the area in which the person lived. They told us they were in regular contact with the person and their relatives regarding the level of support they received with personal care and the administration of medicines. However they acknowledged that the support plan needed to be updated to ensure it accurately reflected the risks and the support the person was receiving in relation to their prescribed medicines.

We looked at the medicine administration record (MAR) charts for six people. We noted all of the MAR charts were handwritten by care staff. However none of these MAR charts had been signed by the staff member completing the chart and four charts had missing signatures. In addition, three of the MAR charts did not contain the dosage or administration instructions for the prescribed medicines. We noted the medicines audits completed by senior staff had not been sufficiently robust to identify these errors. We discussed this with the registered manager who told us they would remind all staff of their responsibilities to ensure MAR charts were fully completed and properly audited.

We reviewed the care records for 10 people who used the service. We saw that these records included risk assessments which covered nutrition, moving and handling and environmental risks. Support plans included information for staff about the action they should take to mitigate any identified risks.

People told us staff always used personal protective equipment (PPE) such as disposable gloves and aprons to carry out personal care tasks. This should help to prevent the spread of infection.

We were told that arrangements were in place for staff and people who used the service to be able to contact an on call manager in case of an emergency including any accidents, no entry visits, medicine errors or staff sickness. A relative told us they had found the out of hours service to be "brilliant." The service also had a business continuity plan in place to advise staff how to respond if there was an emergency at the service.

Is the service effective?

Our findings

People who used the service told us they considered staff had a good understanding of their needs and always provided them with the care they needed. Comments people made to us included, "Carers look at my records and always ask what I want doing", "Care staff know me well. They will always help me wash and dress if I need it" and "The carers know what I want them to do." Similarly people's relatives spoke positively about the effectiveness of the service. One relative told us, "They [staff] just know [name of person] so well. They have built up an outstanding relationship with her." Another relative also commented, "They got to know [name of person] within two days. They were like an extension to our family."

We looked at the way new staff were trained and supported to work in the service. We saw that the initial induction programme took place over five days and included training in safeguarding, moving and handling, safe handling of medicines, nutrition and hydration, health and safety as well as the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Following successful completion staff were then required to work a minimum of 21 hours shadowing more experienced members of staff. This allowed them to familiarise themselves with the needs of people who used the service by reading care plans and spending time in their company. During this period of shadowing, observations were also completed by senior staff in areas including medicines administration, moving and handling and personal care before the person was 'signed off' as competent. We saw completed induction plans in staff files which confirmed these arrangements.

The registered manager told us they had recently appointed two members of staff to be 'care coaches'. These staff members would work alongside new members of staff to provide support and mentoring as well as undertaking required direct observations. They told us they hoped this would help with the retention rate of new staff.

Two of the care staff we spoke with had been recently recruited. They told us they had found the induction to be comprehensive and considered it had prepared them well for their role. One staff member told us, "The induction was proper training. It made sure we know how to move people safely." We noted all new staff were also required to complete the Care Certificate; this is a nationally recognised qualification which aims to equip health and social care workers with the knowledge and skills which they need to provide safe and compassionate care.

All the staff we spoke with told us they considered they had received sufficient training to help ensure their knowledge and skills were up to date. Staff who had worked at the service for some time told us they felt the quality of the training they received had improved since Ark had taken over as provider.

We were told that staff were required to complete annual refresher training in topics including moving and handling, first aid, safeguarding and the safe handling of medicines. However, when we received the provider's report following the inspection which documented the numbers of staff who had completed required training, we noted the compliance rate varied from a maximum of 79% for safeguarding training to a minimum of 55% in relation to moving and handling. We were told these low figures were due to the fact

that information was still in the process of being transferred to the new compliance database following the change to provider.

We looked at what consideration the provider gave to the MCA. The 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. However, people cared for in their own homes are not usually subject to DoLS. The registered manager told us no one using the service had their care arrangements authorised under DoLS.

All the staff we spoke with told us they had completed training in the MCA and understood the principles of this legislation. They told us how they would always seek consent from people before they provided any care or support. Comments staff made to us included, "I wouldn't go barging in. I always ask if it is alright if I do something", "I let people tell me what they want me to do for them; it works every time" and "I always treat each visit to a person as if it is my first; I give people choice and don't assume anything." One staff member also told us how they had supported a person to make choices about the meal they wanted them to cook, even though the person was unable to leave their bedroom. They told us how they had taken a selection of different foods upstairs to allow the person to make their own choice. We noted that within the communication log they completed, staff were required to record how they had gained consent from people in relation to the care provided.

Staff spoken with told us they received regular supervision and we saw records on the personnel files we reviewed to confirm this. However the provider's own records sent to us after the inspection showed only 31% of staff had received supervision within the previous 12 months. Supervision meetings provide an important opportunity for staff to discuss their progress and any learning and development needs they might have. However, we were told supervision sessions formed only part of the provider's annual process for reviewing staff performance, with direct observations, spot checks and medication competency assessments also included. Compliance rates for these tasks were 27%, 27% and 31% respectively. As with the training figures, we were told the compliance rate was low due to the need for information to be manually added to the new database from staff personnel records. We were told a new administrator had been appointed to support with this task and that the timescale for completion was the end of October 2017. The registered manager told us they were monitoring progress against the targets set on a weekly basis. The branch manager told us they were confident that at the end of the agreed timescale the service would be able to demonstrate their compliance in all areas.

We looked at the care records for the three people who used the service. We noted these were personalised and provided good information about the care and support each person wanted staff to provide. The care records also included details of the outcomes people expected to achieve if the care they received was effective. Staff we spoke with told us they considered they always had sufficient information about people the people they supported. They told us that in addition to the information provided on their handset, they would always read the support plans and risk assessments in place in each person's home.

Staff used the communication log to record any changes in a person's needs. They told us they would also telephone or text each other if there was any important information about a person which needed to be shared. A relative also commented, "Staff do a very good handover with one another. They use the book a

lot so that they know what's going on."

People supported by the service lived in their own homes and could therefore eat what they wanted. Staff told us they had received training in nutrition and hydration and care records included information about any support people who used the service needed to maintain a healthy diet. Staff told us they would always encourage people to make healthy choices about the meals they ate, although they recognised they had to respect the choices people made. We saw that staff included information about the food and fluids a person had consumed during their visit in the communication log. Staff told us that they would always contact the person's GP should they have any concerns regarding their nutritional intake. A relative told us, "They [staff] always monitor how much fluid [name of person] takes and encourage her to drink."

People who used the service told us that staff would always contact health professionals for them such as their GP if they had any concerns about their health. Each person's records included a hospital emergency transfer form; this contained important information about the individual's health condition, allergies and health professionals involved should they require hospital treatment.

Is the service caring?

Our findings

People who used the service told us staff were kind, caring and respectful of their dignity and privacy. Comments people made to us included, "The girls are fantastic; I can't fault them at all. They can't do enough for me", "Everyone is so pleasant and helpful" and "The carers are friendly and caring." Relatives we spoke with were also positive about the attitude displayed by staff. One relative told us, "The carers are absolutely brilliant. They bend over backwards to help. They have built up a relationship with [name of person] which is fantastic." Another relative commented, "Staff were always smiling, polite and humble. Their professionalism was exemplary and they went the extra mile, always staying longer whenever necessary so [name of person] didn't feel rushed."

Two care staff in particular were singled out by a number of people for the excellent care they delivered. We shared this information with the registered manager and branch manager. We were told one of these staff members had been put forward for the award of employee of the month due to the positive feedback received.

We asked the registered manager what consideration was given to the compatibility of staff with the people they were expected to support. We were told this was difficult to achieve due to the rate of referral to the service and the short notice received, particularly when people were being discharged from hospital. However the registered manager told us they were considering whether the use of 'one page profiles' for staff might be helpful in this process. None of the people we spoke with expressed any concerns about being supported by staff they had not previously met.

One care coordinator told us they considered it was very important to try and match staff with the people they supported. They told us they worked regular shifts providing care in order to get to know people better and learn about their backgrounds and interests. They commented, "I know who I can match with whom. It's about what they want, not what we want. I would switch things about to accommodate. I think about what I would want for my own family; I want people to get the best care."

Staff told us that, wherever possible they were allocated to support the same individuals each week; this was confirmed by our review of staff rotas. One staff member told us, "We see the same people every day. This means we have a connection to the people we support." The registered manager told us that the aim of the service was for each person to have a small team of staff supporting them in order to improve the consistency of the service and provide cover for annual leave or sickness.

Staff were caring and respectful in the way they spoke about people who used the service. They were able to tell us what was important to the people they supported, their likes and dislikes and the care they required.

All the staff we spoke with demonstrated a commitment to providing high quality personalised care to meet people's diverse needs. One staff member told us, "We deliver person centred care which is about each person's special needs and requests."

Staff also showed respect for the fact that they were supporting people in their own homes. Staff told us they would always encourage people to be as independent as possible. A staff member commented, "I always go at people's pace and respect their independence. A relative also told us, "Carers assist [name of person] to cook. They don't take over but make sure everything is switched off." We saw a letter from a person who had recently received support from the service in which they praised the quality of staff. They had written, "How they helped me to gain confidence in my ability to manage for myself was without doubt first class. I would not be where I am today without their help. They were all a great asset to your company."

We saw that care records included a personal profile which contained information about each person's life history as well as their interests and social contacts. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office in order to maintain people's confidentiality.

People who used the service told us they had regular conversations with care staff about the support they received. They told us staff were always willing to listen to them and respected their views. Senior staff we spoke with were aware of how to contact advocacy services should people require access to independent support regarding their care needs.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person commented, "I have occasional hospital appointments and staff will always accommodate these in their visits." This person also told us, "I know they are carers but they don't make me feel uncomfortable and will always listen to me when I feel down." Another person told us, "The carers went out of their way to get tablets for me when I had run out."

A staff member told us how they had rearranged their work to respond to a request from a person who used the service to receive a later visit. They told us they recognised the importance of being responsive to the person's wishes, although this had taken extra time as they did not have a car.

Senior staff told us most referrals came from the social work team from the area in which the person lived. The social work assessment was used by the service to determine an initial plan of care. This was supplemented by the assessment undertaken by senior staff from the service at the first visit to the person's home. We were told any requests from individuals for privately funded packages of care were always assessed by a senior member of staff to ascertain whether the service was able to meet the person's needs.

The information gathered during the assessment process was used as a basis for the support plans which were in place on all the care records we reviewed. These support plans were personalised and provided good information for staff to follow about each individual's preferred routine and how they wished their care to be delivered. A staff member responsible for writing support plans told us, "I write support plans with the intricate details of what people want and need; that's the person centred part of it." Referring to support plans, another staff member commented, "Everything is in more depth now. The managers want care plans and support to be tailored around the person."

A relative we spoke with told us, "Everything was so personalised. We really enjoyed seeing the happiness on [name of person's face] when they engaged with the staff." They also told us, "Carers learned how to make chapattis and rice the way he liked it."

Staff we spoke with told us they would always inform the managers in the service if they had any concerns that a person's needs had changed and the support plan would be updated to reflect these changes. A staff member commented, "If you ask for a review, one always takes place." However we found one instance in which a person's care records did not accurately reflect the support being provided. We discussed this with the registered manager who told us this had been an oversight on the part of the member of staff responsible for updating the support plan. Following the inspection they sent us a record of the action they had taken to rectify the situation. From our telephone conversation with the individual concerned, we were aware that they were very happy with the care they were receiving and felt it fully met their needs.

Records we reviewed showed that reviews which took place included a service quality check in which people were asked to provide feedback on the staff that supported them and the general quality of the care they received. All the responses we saw on these reviews were positive.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of other organisations they could contact if they were not happy with how their complaint had been dealt with. This information was also included in the care file which each person who used the service retained in their home.

We looked at the log of complaints received at the service and noted six had been received since the change of provider. Records showed that each complaint had been fully investigated and a response provided to the complainant.

Although not everyone we spoke with was aware of the complaints procedure, all told us they would feel confident to contact a senior member of staff if they had any concerns. Comments people made to us included, "I wouldn't know how to make a complaint but I have none to make", "It's all good. There's nothing I am unhappy with" and "I have the phone number but I have had no reason to contact the office." One person told us that they had previously raised some minor concerns and these had been dealt with to their satisfaction.

Several of the people we spoke with told us they had experienced difficulty in getting through to the office if they wished to discuss or change their care arrangements. A relative told us this was their only problem with the service but they had addressed this by sending e-mails rather than attempting to contact the service by phone. Records showed that staff had also raised concerns about not being able to get through to the office in a number of staff meetings. We discussed this with the registered manager as we had also experienced difficulties when attempting to contact the office to announce the inspection. They told us that they felt the situation would be improved once the reablement contract had been transferred to the new provider as this service generated a large number of phone calls due to the rapid response required. They told us they would continue to monitor the situation and would consider whether alternative arrangements such as a dedicated line for people who used the service might be necessary.

Is the service well-led?

Our findings

With the exception of two people, people spoken with during the inspection told us they would recommend Ark to other people and gave the service a score of at least 9 out of 10. A relative told us, "The professionalism of everyone was fantastic, from the initial telephone enquiry to the assessment and allocation of the carers. I will not hesitate to use the service again for [name of family member]." Another relative commented, "The service runs like clockwork."

The service had a registered manager in place. As they were also the Regional Operations Director and the registered manager for a separate location in Preston, they were supported in the day to day running of the service by a branch manager. There were a number of staff teams which covered the different areas in Lancashire and Blackburn with Darwen in which the service was provided.

Staff spoken with were clear about the management structures within the organisation and told us these worked well. They told us the branch manager was both visible within the offices and supportive. One staff member described the branch manager as, "firm but fair." Staff told us they were aware of the high standards expected by managers and worked hard to achieve these. They told us they were always able to request additional support from managers if they felt this was required. One staff member commented, "It's an open place to work. You can come in and ask questions and people will listen to you." Another staff member told us, "Managers do try to get things right."

Staff told us they enjoyed working in the service and considered the new provider had made positive changes; these included improved training, an 'app' which they could use to access information about the company, staff benefits and the people they were asked to support. The app was also used by the provider to share any compliments received. One staff member told us, "I am proud to work for Ark. I have recommended the agency to friends and family as a good place to work."

The provider had various systems in place to recognise the contributions made by staff; these included 'Employee of the month', 'Pizza and Cookie Friday' which was awarded to the team who had been most successful in recruiting new staff. We were informed the Blackburn branch had received this award for the week of our inspection.

Records we reviewed showed regular staff meetings took place at the registered office and across the different areas in which the service was provided. Staff told us that these meetings were used to share information about service issues. Staff also told us they were encouraged to put forward suggestions for improving the service and that these were considered by the managers. We saw that the branch manager also used the meetings as a forum for providing staff with positive feedback.

A number of 'listening lunches' had also been arranged by the provider. These provided all staff with the opportunity to meet senior executives in the organisation in order to discuss what was working or not working well in their workplace. Staff who had attended these told us they had enjoyed this opportunity to help drive forward improvements in the service.

We looked at the systems in place to monitor the quality and safety of the service. A number of audits were completed by senior staff including those relating the administration of medicines and care records, including communication logs completed by staff. In addition a central database was used to record compliance against areas such as reviews of support plans, staff employment records and staff training. The registered manager told us they received weekly reports which summarised the results from this dashboard for each branch. The branch manager for Ark Blackburn told us they were aware of the targets they needed to meet and that progress against these was regularly monitored and discussed with the registered manager.

The registered manager told us the provider had its own quality monitoring team which were due to undertake an audit at the Blackburn branch. An internal performance improvement plan was also in place for the branch. We noted this was updated as required actions had been completed.

We saw there were policies and procedures in place to guide staff in all aspects of their work. There was also information on display in the registered office regarding safeguarding, and confidentiality as well the statement of purpose for the service. This provided information about the aims and objectives of the service and the care staff were able to provide.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. The managers in the service were able to tell us what events should be notified and how they would do this.