

The Ark Care Lodge Limited

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Inspection report

94-96 Evington Lane
Leicester
Leicestershire
LE5 5PP

Tel: 01162736950

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

About the service

The Ark Care Lodge is a residential care home which was providing personal care to 15 adults with learning disabilities at the time of inspection. The service can support up to 18 people in two adapted buildings.

The service did not always provide care and support in line with the principles and values that underpin Registering the Right Support and other best practice guidance. These values ensure that people who use services can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not always receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service is laid out over two domestic properties with a shared garden but no internal access between them. The buildings each accommodated nine people which is larger than current best practice guidelines. However the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were no identifying signs, intercom, cameras or anything else outside to indicate it was a care home.

People's experience of using this service and what we found

Records relating to staff recruitment, discipline and training were disorganised. They did not clearly show safe recruitment practices had been followed. It was not clear what training staff had completed. Staff were happy working for the service and felt supported by the registered manager and colleagues.

There were limited systems in place to monitor and improve the quality of the service. The registered manager had not identified the issues we found during inspection.

Checks to ensure the environment was safe were not always completed. Equipment and processes in place in relation to fire safety were not up to date.

Care records contained information which covered people's individualised care and support needs. However, risk assessments and care plans didn't always contain up to date, clear information about people's current risks.

People and their relatives were involved in the planning and delivery of their care, however, the registered manager did not seek opportunities to obtain feedback to monitor and improve the service.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; lack of choice and control and limited independence. People did not always have choice in the type of food they ate. Menus were developed by staff with limited input from people who lived at the service. Activities were limited and people were not supported to identify and pursue goals, hobbies

or dreams.

People's care and support needs were met by staff who knew them well and enjoyed working with them. Staff at the service worked with health and social care professionals to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating

Enforcement

We have identified breaches in relation to safe care, staffing and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Ark Care Lodge Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

The Ark Care Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service. We spent time in shared areas with a number of people who were unable to speak with us. We spoke with four members of staff including the registered manager,

deputy manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives about their experience of the care provided. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management. Preventing and controlling infection

- Fire safety equipment did not have up to date safety certificates. Records relating to checks of fire alarms were unclear. Personal Emergency Evacuation Plans which enable information to be quickly and easily shared with the emergency services were inaccurate and outdated. This meant people were at risk if there was a fire at the home.
- Checks to ensure water temperature at the service was safe were not up to date. This meant people were at risk of scalding from water that was too hot.
- There was no hot water in the staff toilet. This meant staff were unable to wash their hands thoroughly, putting people at risk of infection.
- People's risks were assessed at regular intervals or as their needs changed. However, care plans didn't always inform staff how to provide care that mitigated these known risks because information wasn't clear or up to date.

Systems were insufficient to ensure people were protected from the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded after the inspection. They told us fire equipment safety checks were up to date.

- Staff were kept up to date with changes in people's care during handovers and team meetings.
- All areas of the home appeared clean and were free of odour.

Using medicines safely. Learning lessons when things go wrong

- Staff received training in the safe management of medicines however records showed some staff had not received refresher training for a long time. Senior staff did not carry out spot checks to ensure staff were competent. This meant the registered manager could not be sure that staff were administering medicine in line with current guidelines and best practice. Opportunities to identify and learn from mistakes were missed.
- Systems to ensure the safe management of medicine were unclear. For example, one person whose medicine was prescribed 'as required' had no medicines administration record in place. Staff were unclear where they would record giving the person this medicine.
- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, they received these as prescribed.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- There was information on display in the staff room which guided staff on how to raise referrals to the local authority safeguarding team.

Staffing and recruitment

- Records relating to staff recruitment were disorganised and it was unclear whether safe recruitment practices were followed. For example, whether employees' Disclosure and Barring Service (DBS) status had been checked before they started working at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People received care from a regular group of staff who knew them and their needs well.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training records were disorganised. It was not clear when staff were due to complete refresher training. This meant the registered manager could not be sure staff were up to date with current best practice.
- Staff did not receive regular supervision or appraisals to identify areas of strength or concern. Appraisals had not taken place, even when they were a recommendation of disciplinary processes.

Staff did not receive appropriate support to allow them to carry out their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff received an induction which provided them with a foundation of knowledge and understanding of the organisation and their roles. New staff shadowed experienced staff to get to know people they would be caring for.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they commenced using the service to ensure staff understood their needs and preferences. However, care plans were not always updated to show people's current choices. For example, one person's sleeping arrangements were not clearly reflected in their care plan.
- People's care plans included a personal profile which guided staff on their individual preferences and how they wanted to be cared for. One professional told us, "They've worked really hard to ensure they meet [Person's] needs."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act such as people's religious and cultural needs.

Supporting people to eat and drink enough to maintain a balanced diet

- The service provided food and drink that was based around a vegetarian diet. This meant that people who needed support with meal preparation did not always have the choice to have meat products in the home.
- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified as at risk. Staff followed health professionals' advice in providing meals that met people's dietary needs.
- Staff provided meals that helped maintain people's health and well-being. One relative told us their loved one's health had improved due to the food available. They said, "[Person] has lost a lot of weight, it's done [them] good."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Although staff sought the support of other professionals, care plans did not always clearly reflect advice received. This meant there was a risk people's needs would not be met.
- Staff supported people to attend health appointments and referred people promptly to their GP when they showed signs of illness. One relative told us, "If [Person] is not well and needs a doctor, they sort it and call me."
- A professional who regularly visits the service told us, "[Staff] are welcoming of other professionals, they are keen to develop their skills."

Adapting service, design, decoration to meet people's needs

- People from both buildings spent most daytimes together in the shared lounge/diner of one of the houses. This was where the television and radio were and we saw that it was a noisy and busy environment. When asked what the provision was for people who wanted to return to the other house for some quiet time, staff told us people had never asked for this.
- The building was well-maintained and work was in progress to make improvements including installing a wetroom and replacing flooring. People's bedrooms were personalised with items and pictures they had chosen.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- Applications for DoLS had been completed and submitted appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider had not followed best practice guidelines in relation to the use of CCTV within the service to ensure people's privacy and dignity were maintained.
- People's independence was not always promoted. People were not always supported to identify and achieve goals, for example, daily living skills within the home or vocational placements outside the service.
- People's information was stored securely within the office, and staff were aware of keeping people's personal information secure.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans detailed their communication abilities. People's behaviour as communication and the different ways people expressed pain and discomfort were clearly described in care plans. The provider told us they had explored ways to support people who were unable to communicate verbally, such as the use of Picture Exchange Communication (PECs) cards.
- People's relatives, where appropriate, were involved in the planning of their care. One relative told us, "I'm involved in care plan reviews - they always ask me [to go to review meetings]."

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who knew them well. Relatives were familiar with staff and told us people had formed good relationships with staff.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them. Meeting people's communication needs

- Care plans contained a lot of information about people's care and support needs. Staff completed regular reviews. However, information was included in updated care plans when it was no longer current. This meant there was a risk relevant information could be missed due to the volume of material recorded.
- Although staff knew about changes to people's needs, these changes were not always clearly recorded. This meant people may not receive the care they needed.
- People attended a local day centre which relatives told us they enjoyed. There were no other regular activities outside the home. People were not supported to pursue hobbies or specific interests. There were no opportunities for learning or work placements. The registered manager told us this was due to a lack of funding.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service, for example menus, was not available in other formats such as easy read or large print. This meant the service was not complying with the AIS.

Care and treatment did not reflect people's needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People's care plans reflected their cultural requirements. Staff used this information to ensure people received their care in the way they preferred. For example, when people's religious beliefs affected their dietary needs, or when they wanted to attend religious services.
- We saw people taking part independently in activities within the home, including puzzles and crafting.
- Visitors were welcomed. We were told by relatives and professionals that staff encouraged visitors at any time. This meant people were able to maintain relationships with people who were important to them.

Improving care quality in response to complaints or concerns

- Complaints records were not available during the inspection. Relatives told us they knew who to speak to if they had any concerns. We were told when people had complained, the registered manager had taken the appropriate action. One relative told us, "[Person] has complained and [staff] have sorted it out."

End of life care and support

- At the time of inspection, the service was not supporting anyone in end of life care. However, care plans contained information about the wishes of people and their relatives regarding end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider had failed to implement effective governance systems or processes to effectively assess, monitor or drive improvement in the quality and safety of the care being provided. Systems to monitor quality assurance and audits were limited. Records relating to checks that were being completed were disorganised and unclear. The registered manager had not identified the issues we found during inspection.
- The systems in place to monitor the environment and infection control had not resulted in a safe environment where fire and infection control risks were adequately managed.
- Records and audits of medicine administration were not thorough. This meant there was a risk that issues would not be identified or rectified.
- Policies had not been reviewed or updated for a long time. This meant the registered manager could not be sure they were in line with current best practice.
- Records relating to staff recruitment and training were disorganised. Systems and records relating to staff issues and disciplinarys were ineffective. This meant the provider could not effectively monitor training needs and performance.
- The provider did not have their most recent rating on display as required. This had been identified at our previous inspection in 2017 after which the provider had given assurance it would be displayed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a policy in place to send questionnaires to people and relatives every six months however the registered manager told us they did not seek feedback in this way.
- The registered manager told us residents' meetings were held to gather people's views but the last one had been some months prior to the inspection. Records relating to these meetings were not made available to us during inspection.
- The registered manager told us they did not seek feedback from professionals. This meant opportunities for improvement and recognition of good work were missed.
- Regular staff meetings were held and a comments box was available in the service for staff to give feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager did not promote person centred care in all aspects of the service. They had not developed the service in line with Registering the Right Support. They had not taken the time to identify and implement improvements for the benefit of the people using the service.
- Relatives told us they were unhappy with the lack of activities available for people. They told us more varied activities used to be arranged. One said, "I feel like they could do more – it's very limited, very expensive, very patchy. [Staff] could do a lot more with people - especially in the summer," and "People all enjoyed [the activities they used to do] - I don't know why they don't go out any more - we aren't told. [Person's] outdoor activities are nil."

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance

- Staff told us they were happy working at the service and felt supported by the management team. However, staff discipline records did not reflect a consistent management style.
- Staff told us they understood their roles and responsibilities. They felt confident to whistle blow and report poor practice should they need to.

Working in partnership with others

- The registered manager and staff worked with other health and social care professionals including social workers, specialist nurses and physiotherapists. However care plans did not always instruct staff how to follow the recommendations of professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people's needs and preferences were met
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure systems to monitor safety equipment and emergency processes were adequate.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have adequate systems in place to monitor and improve the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received adequate support, training and supervision.