Arck Living Solutions Ltd

Bailey House

Inspection report

6 Jefferson Street
Goole
North Humberside
DN14 6SH

Tel: 01405766985
Website: www.arklivingsolutions.co.uk

Date of inspection visit:
24 June 2021

Date of publication:
11 August 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bailey House is a residential care home providing accommodation and personal care to people with a learning disability and Autistic people. The service can support up to three people, three people were living at the service at the time of inspection.

People's experience of using this service and what we found
People living at the service did not always receive safe person-centred care. People were exposed to the risk of harm due to a lack of robust measures in place to manage fire safety. The service did not have adequate measures in place to protect people from the risk of infections spreading.

Staffing levels were not consistently maintained to ensure people's safety. We have made a recommendation about this.

People received their medicines as prescribed. People at the service received psychotropic medicines and the manager and staff were unaware of supportive guidance relating to these types of medicines. We have made a recommendation about this.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports Care Quality Commission to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led, the service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. People were not given choices or control to maintain their independence with aspects of daily living. Person- centred care was not always promoted by staff and management were not always present at the service to ensure people's rights were being upheld.

Governance systems were not robust. The oversight of the service was not always effective and had not identified the issues we found at this inspection. People and their relatives gave positive feedback about the service.

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

Rating at last inspection
The last rating for this service was good (published 22 February 2019).

Why we inspected
We received concerns in relation to the management and leadership of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bailey House on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management, person-centred care and management oversight.

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 from the provider to understand what they will do to improve the standards of quality and safety at the service. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Bailey House

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
Two inspectors carried out this inspection.

Service and service type
Bailey House 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 did not have a manager registered with the Care Quality Commission. During the inspection the manager told us they intended to register with CQC. 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. No application had been received by CQC.

Notice of inspection
This inspection was unannounced.

What we did before the 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 all of this information to plan our inspection. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with one person who used the service. We spoke with the manager, team leader and support staff. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 sought additional feedback from staff via email and made telephone calls to two relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 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;
- Environmental risks to people were not appropriately assessed or monitored.
- The management in relation to fire safety was not robust and put people at risk. The fire risk assessment did not contain sufficient details or instructions for staff to follow and weekly checks on fire equipment was not consistently completed.
- Where concerns had been identified during fire drills, no action had been taken to address these.
- At specific times of the day there were not enough staff to support people in the event of a fire or emergency.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the manager sent evidence of work that had been started to rectify the issues with fire safety and assured us there now was always sufficient staff on shift to support people in the event of a fire.

Preventing and controlling infection
- The service did not have adequate measures in place to protect people from the risk of infections spreading.
- Staff were observed wearing unsuitable Personal Protective Equipment (PPE) which did not meet current guidance.
- Clinical waste was not disposed of safely. There were no clinical waste bins in the service and no yellow clinical waste bags.
- The provider's infection prevention and control policy was not up to date or reflective of current Government guidance.

This was further evidence of a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
- Staff recruitment processes were in place. However, details regarding previous employment history were not checked and declarations were not carried out to ensure staff had remained of suitable character.
- When people had 1:1 care they were not always aware who their support worker was. We observed the 1:1

staff supporting other people, which meant people had to wait for their needs to be met.

We recommended the provider reviews their process for ensuring staff are sufficiently recruited and deployed at the service.

● Following the inspection the manager took immediate action and arranged additional staffing.

Using medicines safely
● People received their medicines as prescribed.
● Protocols for 'as and when required' medicines had recently been updated by the manager.
● The manager was not aware of STOMP and this was not embedded in the provider's policy and procedures. STOMP is a national pilot working towards stopping the over medication of people with a learning disability, autistic people or both with psychotropic medicines.

We recommend the provider consider current guidance on giving to people psychotropic medicines alongside their prescribed medication and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse
● Relatives felt the service was safe. One relative told us "I feel the service is safe they look after [Name of relative] well. I have no concerns."
● Staff had received safeguarding training and felt confident to report safeguarding issues.

Learning lessons when things go wrong
● There had been a small amount of accident and incidents. The manager told us these were reviewed for lessons learnt.

Requires Improvement

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 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

- Governance systems were not robust and did not monitor the service for quality. They had failed to identify the breaches found at inspection.
- There was no clear auditing schedule and no care plan audits had been carried out.
- When audits had taken place and identified areas for improvement, action had not been taken. The same improvements continued to be identified on further audits.
- Records were not always accessible. During the inspection, we were not always able to be supplied with records as the manager was not sure where they were. Staff could not always access important records as these were stored on the manager's computer that they did not have access to.
- People did not receive person- centred support. Staff lacked leadership and the manager was not always present at the service.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager took on board the findings from the inspection and took action to address the concerns relating to fire safety.
- The manager was new to management and was seeking support, guidance and training to understand the importance of quality monitoring and the management role.
- The provider was keen to support the manager to develop their knowledge and make the required improvements at the service.

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

- Teamwork was not always effective, and staff did not consistently work in a coordinated and well-led way to meet people's needs.
- Care plan and risk assessments contained information for staff to support people to remain safe. However, people were not being supported by staff in line with their individual care plans and risk assessments.
- People were not supported with daily activities that were socially relevant and appropriate to them. For example, people who were able to make their own meals were not provided the opportunity to do so by staff.

● People's dignity was not maintained when receiving their basic care needs.

The provider failed to provide person-centred care and support to meet people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 manager was not fully aware of the requirements to submit notifications.
● Relatives told us that they were kept informed when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People, staff and relatives felt the service was supportive. A staff member told us, "I recently approached the manager regarding something, they were very happy to help me out." A relative said, "They keep me informed on how my relative is, I have no concerns, they are supported well."
● The provider and manager were engaging with the local authority to implement an improvement plan to make the required improvements at the service.

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 failed to ensure people received person centre care and support from staff. 9 (1), 9(3)(e), 9(3)(I)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to people were mitigated and premises were managed safely in relation to fire risks and mitigate the risk of the spread of infection. 12(2)(a)(b)(d)(f)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service, mitigate risks relating to the health and safety of others, maintain accurate, complete and contemporaneous records 17(2)(a)(b)(c)