

Requires improvement



Ark House

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-1382063994	Ark House	Ark House	YO11 2LY

This report describes our judgement of the quality of care provided within this core service by . Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Ark House Rehab Ltd and these are brought together to inform our overall judgement of Ark House Rehab Ltd.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated Ark House as **‘requires improvement’** because:

- Training figures for four of the five mandatory training courses were low because access to training was not always available. This meant staff did not have all the necessary training as identified by the organisation.
- There was not a clear quality assurance management framework across all the organisational policies and procedures. Safeguarding and medicines policies did not have review dates and were not regularly reviewed. Lone working practices were not tailored to the needs of the service. Staff could not follow all operational procedures stipulated in policies as policies did not fully reflect the service’s needs.
- Initial risk assessments did not identify all potential risks, specifically, domestic abuse, conflicts or working in the sex industry and early leaving plans did not record harm reduction advice given.
- During the inspection, the service had not completed all of the necessary checks on volunteer staff to keep clients safe. One volunteer that led a group did not have a disclosure and barring service check in place and volunteer staff did not have a formal supervision or training programme in place.
- The service did not have a policy or formal arrangements to monitor adherence to the Mental Capacity Act and there was no process to identify and learn from treatment outcomes.
- Although staff and clients were clear on the expectations surrounding client confidentiality, the service had not sought required consent to share information with the National Drug Treatment Monitoring Service.
- Incidents were investigated, and audits completed on an individual basis however there was no further analysis to prevent incidents from reoccurring in the future or formal feedback process to learn from investigations or audits completed.

However:

- Staff and clients told us that they felt safe and the premises were clean and tidy. Clients and staff understood the expectations around client confidentiality.
- All staff, including volunteers, had an induction to the service. Staff were experienced and had the skills and knowledge to meet the needs of the client group.
- Ongoing individualised risk information was captured twice a day and recorded and effectively shared at handover meetings. Staff clearly described incidents they reported and the process for reporting them.
- Care plans had clear client involvement and clients completed a personalised 12-step workbook to help them reflect on their behaviours and progress their treatment.
- The service had good working relationships with other services or professions. The service supported clients to acquire living skills.
- Staff were kind, approachable, and treated clients with respect. Clients told us they felt supported and that they could relate to most of the staff.
- Ark House had a clear vision and strategy that was fully embedded in the service. Staff and clients knew who the leaders were in the service and they could approach them for help and support. Staff were respected, supported and valued.
- Ark House had a clear pathway and treatment plan from assessment through to aftercare. Clients received assessments and a complete information pack prior to admission. The received ongoing support and treatment during their admission and additional support via the phone and social media for clients after discharge.
- Clients knew how to raise complaints and feedback on the service.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as **requires improvement** because:

- Compliance figures for four of the five mandatory training courses were low because access to training was not always available. This meant staff did not have all the necessary training as identified by the organisation and staff were unable follow medicines management practices as described in the policy.
- Safeguarding and medicines policies did not have review dates and were not regularly reviewed. Lone working practices were not tailored to the needs of the service.
- The service did not complete all of the necessary checks on volunteer staff to keep clients safe. One volunteer that led a group did not have a disclosure and barring service check in place.
- Initial risk assessments did not identify all potential risks, specifically, domestic abuse, conflicts or working in the sex industry.

However;

- Staff and clients told us that they felt safe.
- Ark House was clean and tidy and complied with infection control measures.
- The service did not use bank or agency staff. Planned leave ensured adequate cover and unexpected leave was managed within the team.
- Individual, updated risk information was captured twice a day and recorded and shared at handover meetings.
- Ark House protected clients and staff from harassment and discrimination, including those with protected characteristics under the Equality Act.
- Staff clearly described incidents they reported and the process for reporting them.

Requires improvement



Are services effective?

We rated effective as **good** because:

- Clients received assessments prior to their admission that identified any areas, which may compromise the effectiveness of the treatment provided by Ark House.
- Clients completed a personalised 12-step workbook to help them reflect on their behaviours and progress their treatment and care plans had clear client involvement.

Good



Summary of findings

- The service supported clients to acquire living skills and supported clients to live healthier lives.
- Staff were experienced and had the right skills and knowledge to meet the needs of the client group. Staff and volunteers received a comprehensive induction to the service.
- Staff employed by the service had access to effective and regular supervision and they were able to request and access additional training
- Staff held effective handover meetings at the start of each shift.
- The service had good working relationships with other services or professionals.

However;

- Clients' early leaving plans did not record harm reduction advice given.
- There was no process to identify and learn about treatment outcomes.
- Volunteer staff did not have a formal supervision or training programme in place.
- The service did not have a policy or formal arrangements to monitor adherence to the Mental Capacity Act.

Are services caring?

We rated caring as **good** because:

- Staff were kind, approachable and treated clients with respect. Clients told us they felt supported and that they could relate to most of the staff.
- Staff communicated with clients so that they understood their care and treatment and considered clients' communication needs.
- Staff supported clients to understand and manage their treatment via group lectures, weekly one to one counselling sessions and the completion of 12 step workbooks.
- Clients received an information pack before their admission and were able to offer feedback on the service.
- Families could visit at weekends and the service encouraged visiting families to stay for the in-house community meeting following their visit.
- Clients and staff understood the expectations around confidentiality.

However;

Good



Summary of findings

- There was no evidence provided by Ark House regarding learning or improvement from questionnaires completed by discharged clients, and we were unable to speak with families and carers during and following the inspection as client consent was not provided.

Are services responsive to people's needs?

We rated responsive as **good** because:

- Ark House had a clear pathway from assessment through to aftercare. The manager worked with referrers to accommodate places for suitable clients.
- The service considered the needs of the clients and had good relationships with other support services. Staff helped the clients to identify their needs on discharge and supported clients to make suitable arrangements.
- Staff ensured that clients had access to education and work opportunities.
- The service offered additional support via the phone and social media for clients after discharge even though this was not included in the funding they received.
- The service provided clients with a full structured programme of care, therapy and activities.
- Clients knew how to raise complaints and feedback on the service.

Good



Are services well-led?

We rated well-led as **requires improvement** because:

- The arrangements for governance did not always operate effectively. There was not sufficient systems or processes in place to ensure that staff had access to training, designated as mandatory, in a timely way.
- There was not a clear quality assurance management framework across all the organisational policies and procedures. Policies did not have review dates and were not regularly reviewed. Staff could not follow all operational procedures stipulated in policies as policies did not fully reflect the service's needs.
- The service had not arranged for all employment checks to be in place that it should for volunteer staff and there was no formal approach for supervision or training for volunteers working in the service.

Requires improvement



Summary of findings

- Although staff and clients were clear on the expectations surrounding client confidentiality, the service had not sought specific consent to share information with the National Drug Treatment Monitoring Service.
- Incidents were investigated, and audits completed on an individual basis however there was no further analysis to prevent incidents from reoccurring in the future or formal feedback process in place to learn from investigations or audits completed.
- Staff referred to handover notes, more so than care plans or initial risk assessments, as the primary source of ongoing information for care and risk.

However;

- Ark House had a clear vision and strategy that was fully embedded in the service.
- Staff and clients knew who the leaders were in the service and they could approach them for help and support.
- Staff were respected, supported and valued.

Summary of findings

Information about the service

Ark House is a residential service provided by Ark House Rehab Limited. The service provides treatment to rehabilitate people with drug or alcohol dependency. It is registered with the Care Quality Commission to provide accommodation for persons who require treatment for substance misuse. The service accepted clients that both self-funded, and those funded by an appropriate authority, for example a local authority or clinical commissioning group. Ark House has a registered manager and a nominated individual.

The service is located in a large house in a residential area of Scarborough. It is close to amenities and public transport links. The service can take up to 20 clients at any time and has staff on duty 24 hours. At the time of our inspection, there were 17 clients in treatment. All clients must be free of any substance use before admission, so they often arrive at the service following a detoxification programme. Ark House does not offer clinical or prescription medicine treatments. It delivers psychosocial interventions and provides a therapeutic environment for recovery.

Ark House has been operating for more than 20 years. Clients take part in a therapeutic programme based on the 12-step principles of Alcoholics Anonymous. Staff deliver treatment for people whose main addiction is to

alcohol or drugs. However, due to the model used, staff also consider secondary addictive behaviours, for example, eating disorders or gambling. The 12-step approach is a process to guide a person through the journey of recovery to a new way of life. The programme addresses the physical, mental, emotional and spiritual aspects of recovery. The principles behind this approach give a person the tools to continue to live their life following discharge free of alcohol and drugs. Ark House clients fall into one of four categories:

- Assessment – people who are awaiting an assessment of their suitability for the programme or who are preparing for admission.
- Primary – clients admitted and undertaking steps one to nine of the programme.
- Secondary – these clients are concentrating on daily maintenance and have progressed to step 10 of the programme.
- Aftercare – the service provides ongoing support to clients who have left Ark House.

The CQC have inspected this provider on four occasions. We last completed a comprehensive inspection of this service in November 2015 and follow up inspection in November 2017. We did not rate the provider on these occasions in line with the methodology at that time.

Our inspection team

The team that inspected the service comprised of one CQC inspection lead and two other CQC inspectors with experience of working in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

Summary of findings

- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information, interviewed one member of staff, sought feedback from clients at two focus groups and attended one group session.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with six clients who were using the service;
- spoke with the registered manager for the service;
- spoke with two other staff members including a counsellor and keyworker;
- attended one client group;
- collected feedback from 16 comments cards completed by clients;
- looked at six care and treatment records of clients;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with six clients that used the service during the inspection and held two focus groups, before the inspection, for clients at different stages of their recovery. We also collected 16 comments cards from clients. We were unable to speak with any carers or family members during or following the inspection as client consent was not given.

All clients spoke very highly of the treatment programme. Clients felt that the programme allowed them to understand their illness and gave them the tools to fully recover and apply these in the community following

discharge. Most of the staff were described as helpful, understanding and caring. Clients said staff listened to them, were available whenever they needed them, and were respectful. Clients could relate to staff and felt reassured that staff could understand them and their journey to recovery. All clients felt safe and were able to raise issues and complaints.

We received three negative comments about the quality of the food and the environment. Clients felt there could be healthier options available and that improvements could be made in the environment.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff have timely access to all mandatory training.
- The provider must ensure that all staff follow medicines management practices as specified in organisational policies.
- The provider must ensure that all policies are fit for purpose, reflect current guidance and support staff in their roles. This includes safeguarding, medicines management and lone working policies.
- The service must ensure that governance arrangements are robust and effective and meet the service's needs.

Action the provider **SHOULD** take to improve

- The provider should ensure that formalised training and supervision is provided for all volunteer staff.
- The service must ensure that client consent is sought before sharing information with the National Drug Treatment Monitoring Service.
- The provider must ensure that all necessary checks are completed for staff volunteering in the service.
- The provider should ensure that all clients' early leaving plans include harm reduction advice.
- The provider should update initial risk assessments to identify all potential risks, specifically, domestic abuse, conflicts or working in the sex industry.

Summary of findings

- The service should ensure that formal processes relating to learning from incidents, treatment outcomes and audits are implemented to allow learning and improvements to take place.
- The provider should review the format and purpose of care plans, risk assessments and handover notes so that they are fully aligned.
- The provider should consider implementing processes and formal arrangements to monitor adherence to the Mental Capacity Act.

Ark House

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ark House	Ark House

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood the principles of the Mental Capacity Act and assumed clients had capacity. Staff were able to describe how capacity was assessed in pre-admission and staff were able to give examples of illnesses which affected capacity that may be found in clients with a history of substance misuse.

However, the service did not have a policy or formal arrangements to monitor adherence to the Act and training was not provided for staff.

Deprivation of Liberty Safeguards was not applicable to clients using this service.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

Safety of the facility layout

Staff and clients told us that they felt safe. Staff allocated client bedrooms according to gender. Female clients were on one floor and male clients on another. Clients were able to lock their bedroom and the service did not allow clients to go into others' bedrooms. On occasions, the service had allocated rooms to the opposite gender from the rest of the rooms on that floor. The manager explained that the service reviewed personal histories and the risk to and from the clients before allocating a room. The client was then allocated a room with en-suite bathroom facilities, close to where the night staff worked. If there was any risk to or from the existing clients, Ark House would not accept the referral into the service.

Maintenance, cleanliness and infection control

Ark House was clean and had a homely atmosphere, however the style was dated and the environment needed some maintenance work. The service had an ongoing programme of work to update and improve the environment; they had recently refurbished one of the bathrooms. Staff also completed a monthly environmental check and we saw that actions were identified and implemented. All clients cleaned the interior and grounds of Ark House daily and recorded their completed tasks on a cleaning schedule. Staff checked clients' rooms to ensure they kept them clean and tidy and the service displayed infection control information around the building including hand washing reminders.

Safe staffing

Staffing levels and mix

Ark House employed 11 staff to meet the recovery needs of the clients. The service was staffed by one manager, two counsellors, one outreach worker, four support workers, one therapeutic lead, one cook, and one maintenance worker. A director also delivered lectures on a weekly basis but was not included in the staffing numbers. Staff were a combination of full time and part time workers. The service operated a day and night staffing model. There were no vacancies. Staff turnover rate was 17% between September

2018 and 2019; this equated to two staff leaving in the previous year. Sickness rates were low at 3%. Counsellors held a caseload of six to eight clients that was reviewed weekly with the service director.

The service did not use bank or agency staff. Planned leave ensured adequate cover and unexpected leave was managed on a case by case basis by the team who lived locally. Staff and clients told us that the service rarely cancelled groups or lectures. When this was necessary, clients would watch pre-recorded recovery DVDs and follow and complete the related stage's worksheets. The service had four volunteers. Volunteers supported with maintenance and one led a support group for primary care clients.

Mandatory training

Ark House identified the training below as mandatory for staff however not all staff had received the required training.

- Safe Handling of Medications Level Two – 40%
- Health and Safety – 60%
- First Aid at Work including Basic Life Support – 10%
- Dignity and Safeguarding Level Two – 90%
- Health and Social Care Level Two – 54%

Low mandatory training figures reflected that the service struggled to manage the training programme and arrange training for staff. However, the manager confirmed that all staff were booked onto the next available training sessions. The manager explained that the service sought cost-effective training and that there had been a delay in accessing some training. For example, the first aid training session had been cancelled twice, but all staff were completing the training on 11 October. Following the inspection this was confirmed as completed. We queried what the staff would do in an emergency and they said that they would call for an ambulance in a medical emergency. Additionally, health and social care level two training could not be completed until the safe handling of medications training had been completed. This meant that when training was cancelled, there was sometimes a knock-on effect to other training courses. Where staff were lacking training, the manager summarised the expectations around behaviours, for example the safe handling of medications.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Assessing and managing risk to clients and staff Assessment of service user risk

We reviewed six clients' care records and saw that all had a risk assessment completed as part of pre-admission. The risk assessment tool was created by the manager and included an assessment of mental health, physical health, addiction issues, criminal involvement and finances. In addition, we saw that risks were well assessed, documented and communicated twice a day at staff handover. We reviewed five handover records and saw that risks were being reviewed, there were clear actions to take and these were followed up and outcomes recorded. For example, one client had an issue with their physical health, and we saw that the service had taken steps to support the client. Staff completed sections on health, risks, specific action and other notes on all of the sheets we viewed. The service also identified and managed potential risks between clients when accepting admissions. For example, as the service admitted male and female clients, sexual safety was assessed and because some clients shared bedrooms, the service considered their personalities and personal histories.

However, we did identify that the initial risk assessment did not specifically determine whether clients were at risk of domestic abuse, worked as a sex worker or if there were conflicts with other people that may pose a risk. The service explained that these were completed under the safeguarding heading if issues were identified. Although this meant that some risks may not be explicitly identified, we were assured that the service identified these as part of the ongoing assessment and treatment.

Staff also completed a needs assessment and created a risk management plan. Risk management plans created at the initial assessment didn't always explain how the service planned to reduce the risk and what actions the service would take, however the ongoing review and visible recording of this in the comprehensive handover notes offered this detail.

Management of service user risk

Ark House did not hold a waiting list. The manager worked with the referrers to plan admissions around the anticipated length of stay of the existing clients.

Staff responded promptly to sudden deterioration in a client's health. Clients agreed in writing, prior to admission,

that staff were able to contact their GP or other medical professionals if needed. We saw examples of clients attending hospital appointments and clients with a stay of six weeks or more registered with a local GP.

Clients followed a 12-step programme that had set boundaries and a defined code of conduct. Ark House had devised additional rules to work alongside the initial steps in the 12-step programme that encouraged an outward-looking approach. The 12-step programme ensured clients were made aware of the risks of continued substance misuse and gave them the tools to manage their recovery.

Risks were reviewed with clients and we saw them recorded in handover notes every day. Staff identified risks such as negative client interactions, relationships or violence.

Ark House was a smoke free environment and clients agreed prior to admission to smoke in a designated area in the garden.

There was one member of staff on duty at nights and additional staff available locally if support was needed. The service used a recognised lone working risk assessment tool, however it did not specify the practices that staff should follow to keep themselves safe, particularly at night. However, staff and clients all told us that they all felt safe in the environment.

Safeguarding

Staff were trained in safeguarding adults; 90% had completed this training and staff could give potential abuse examples relevant to the client group. If a client disclosed something in a group setting, then staff would raise it with the client's counsellor and record it in the handover sheet. The manager was covering the role of safeguarding lead and the service had a safeguarding policy. The policy explained types and signs of abuse and how to escalate their concerns however the policy was out of date and had not been updated to reflect current safeguarding guidance. Staff were aware of their responsibilities and described occasions when they had contacted the appropriate local authority or social worker to share their concerns. The service had raised no formal safeguarding alerts in the previous 12 months but had contacted local authorities on two occasions to express concerns.

Children were able to visit the service at weekends and a private room could be provided if the clients wished,

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

however some clients preferred their visits in the communal areas. Safeguarding children training was not provided for staff however staff's ongoing review of risk meant that potential risks were being addressed.

Ark House protected clients and staff from harassment and discrimination, including those with protected characteristics under the Equality Act. The service user guide book and website had a diversity statement that explained that discrimination of any kind was not accepted by the service.

Staff access to essential information

Staff were able to access client's paper records that were secured in a lockable cabinet in the staff room. Care records included the initial assessment including risk assessment, care plans and progress notes. Staff prioritised the use of separate handover notes as these provided additional details and the most current information. Clients completed and kept their workbooks as this formed their personal recovery plan through the 12 steps.

Medicines management

All clients admitted to Ark House were required to free from alcohol for 24 hours and not using any illicit substances. The service did not admit clients prescribed for any detoxification regime, any opiate or benzodiazepine-based medication or high dose antipsychotic medications. The client's own GP prescribed any other medication that a client required. Before admission, clients agreed to Ark House storing this medication and to staff observing them take their medication. All medicines were stored in a locked cupboard in the staff room. The cupboard had a medications logbook, a procedure and list of trained staff.

Staff did not dispense medications to clients. Instead, clients took their medication in front of a staff member in the staff room and signed for this. At the time of inspection, only 40% of staff had completed an accredited safe handling of medications course. This meant that staff were not managing medicines in accordance with the organisational policy. The policy stipulated that staff attending training must be supervised and we saw that this

would not be possible for staff working alone at night as not all staff had completed training. However, the manager said that they discussed the expectation of giving medicines to clients where training was incomplete.

The manager audited to check that medicines sheets were completed correctly. We saw that they had identified when a tablet was missing and recorded when tablets were wasted; which was good practice. However, we did not see this information recorded as an incident on the incident recording system. This meant any patterns could not be learnt from.

Track record on safety

In the 12 months prior to our inspection, the service had no serious incidents or adverse events that required investigation.

Reporting incidents and learning from when things go wrong

Staff clearly described incidents they reported and the process for reporting them. We reviewed the incidents folder and saw a variety of incidents including physical incidents or security breaches. Each incident had a report that detailed the incident and actions taken at the time. Staff discussed and documented incidents in handover meetings, and the service had recently reintroduced team meetings every six weeks to formalise communication with staff. However, we did not see further analysis that identified any incident trends. This was because Ark House was a small service that dealt with incidents on a case by case basis.

Staff were positive about the support offered following serious incidents. Staff provide examples and felt that they had access to as much support as they needed.

Staff understood duty of candour. They were open and transparent, and offered full explanations to clients when something went wrong. The manager explained that being open was also one of the 12 steps in the programme, and that it was inherent to recovery.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

Staff completed an assessment for each person prior to admission. We reviewed six clients' care plans and saw that all considered the clients' needs in relation to mental health, physical health, medication, addiction issues, previous treatment, criminal history, safeguarding and finance or benefits.

The service was not registered to provide clinical care for physical health needs therefore, staff encouraged clients that were to stay for six weeks or longer to register with a nearby GP practice.

All clients were issued with a 12 steps recovery workbook which detailed the client's care and treatment. It led the clients through the 12 steps and clients completed it on a daily basis. The workbook was the basis of a person's care from step one through to step 12 and remained with the person after discharge for their ongoing recovery journey. The workbooks included self-reflection, barriers to recovery, triggers for their behaviours and short and long-term objectives. When a client reached step ten, the focus changed to a more holistic approach that considered their recovery capital and aftercare plans.

Staff had also completed care plans with the clients. We saw clear client involvement, including a section completed by the clients that detailed their expectations and desired outcomes.

Care plans were standardised and had a progress notes section in the back that recorded client sessions with outcomes. The progress notes lacked any detail. For example, five of the six recorded the duration of the session but had no record of the discussion. We raised this with the manager who explained that information was recorded in handover notes for each of the clients. We saw this to be the case. Care plans did not record entry dates which was not best practice and had some redundant information in them however we saw that workbooks and handover notes were updated on a daily basis.

The service completed an early leaving plan in case clients left the service unexpectedly. This included known risks and contact details for mutual aid groups and next of kin. However, we did not see any description of harm reduction advice given. Staff described an occasion where they had

talked with a client and when they still wanted to leave, they took steps to ensure the person was safe. For example, contacting relatives and making sure they had a means to travel to where they wanted to go.

Counsellors had one-to-one sessions weekly with each client where they would go through the steps and discuss the workbooks. The counsellors gave clients assignments relating to their individual recovery journey.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. Ark House followed the 12-step approach, which was originally created as a mutual support group. Mutual aid support is recommended by National Institute for Health and Care Excellence guidance. Clients attended group and individual therapy sessions that followed the British Association for Counselling and Psychotherapy guidelines. The counsellors used their knowledge of cognitive behavioural therapies and person-centred therapy to embed the 12-step approach for the treatment of the person's addiction. Staff supported clients to acquire living skills by supporting them to find homes, manage their finances and obtain work opportunities. The service had good links with a local riding stables and farm where clients could gain work experience. Staff also described links with a local credit union to help clients manage their rent bonds.

The service ensured that clients had access to good physical health checks and care. They had an effective relationship with the local GP and encouraged clients of longer than six weeks to register as clients. Staff supported clients to appointments and referred to specialists when needed. Staff would deal with any medical emergency using the emergency services and the local accident and emergency department. Client's physical health needs were also identified at assessment and all care plans recorded any issues with physical health. We reviewed six care records and saw that one had contradictory physical health information, however this patient was registered with the GP and their physical health needs were being addressed. We also felt that the family history of medical conditions section in the assessment could be misleading, but the close working relationships with the local GPs and daily face to face interactions with the clients lessened any potential risks in this area.

Staff supported clients to live healthier lives. Ark House provided treatment to help a person to remain abstinent

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

from their drug or alcohol use. There was a zero tolerance to drug or alcohol use while at the service. Staff breathalysed clients two to three times per week. If a test resulted in a positive reading, staff would ask the client to leave the service. Staff recorded if clients had been tested for blood borne virus' during their assessment and told us any necessary testing would be completed by the clients' GP.

The service provided balanced meals to build up the strength of the clients following detoxification programmes. Some clients said that these were unhealthy or had a higher calorific value than they would want but understood why this approach was taken.

The service did not have a formal audit programme in place. However, staff audited the cupboard that stored clients' medication on a weekly basis and the manager and counsellors reviewed client files on a weekly basis.

Monitoring and comparing treatment outcomes

Ark House reported into the National Drug Treatment Monitoring Service (NDTMS) however clients had not consented to share their information. This is a requirement when a provider submits data returns to Public Health England. The NDTMS collects, analyses and publishes information from and for those involved in the drug treatment sector. We raised this with the manager who acknowledged that consent had been included on a previous version of the consent to share information form that client's signed, but this had been accidentally removed when updating the form. Following the inspection, the service confirmed that this issue had been resolved. Although Ark House reported into the NDTMS, the service did not access any reports from the NDTMS. These reports are available to providers and give a full picture of residential rehabilitation activity nationally. The service did not use recognised rating scales or other approaches to rate severity and to monitor outcomes or participate in any accreditation schemes, peer review or research to improve the quality of the service. However feedback from the referrers was positive in terms of patient outcomes and successful recovery.

Staff ensured that clients attended daily lectures, completed their workbook assignments and worked through the 12-step programme. Additionally, counsellors met with their clients once a week to review their progress. Clients told us that they were responsible for their recovery and staff supported them to do this.

Skilled staff to deliver care

Staff were experienced and had the right skills and knowledge to meet the needs of the client group. Staff employed at Ark House had their own experience of the effects of addiction and clients told us that this meant staff were able to understand their behaviours and anxieties.

Staff and volunteers received an induction to the service. The induction followed 15 standards that staff and volunteers were expected to follow and included boundaries training, confidentiality and safety.

All staff had either completed or were scheduled to complete a national vocational qualification level 2 certificate in health and social care as part of the mandatory training programme. Staff were also able to request additional training to help with the development of new skills. The manager described how the service supported one member of staff by allowing them time off to attend classes.

All employed staff had disclosure and barring service (DBS) checks in place, however one volunteer that was working with the clients had not. The manager said that this volunteer was never alone with clients. CQC guidance recommends that any volunteers that engage in regulated activities will be required to have this check in place. As one of the volunteers led a session with clients, this meant that the service was not following all the recruitment or safety processes that it should. Following the inspection, the manager confirmed that the DBS checks process had been initiated for the volunteer.

Staff received an annual appraisal after working in the service for one year and all eligible staff were up to date. Staff confirmed that they received formal supervision a minimum of every four to six weeks with the manager or director. Staff also said that the team supported each other, and they would have informal supervision on a weekly basis. One of the counsellors also had an external supervisor to support them in their role. The service did not have a consistent approach regarding supervision or training for volunteers. The manager offered support to volunteers informally following client sessions and planned to introduce first aid training for volunteers.

The manager had recently reintroduced team meetings to ensure that all staff received the same information.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Previously staff had relied on ad hoc conversations and handovers for updates, however the manager felt that a regular meeting would provide greater clarity for the staff team.

Ark House did not have a policy regarding poor performance. The manager told us that supervisions or appraisals would address any performance concerns. We were assured that the close working relationships between the staff and manager would address any performance concerns.

Multidisciplinary and interagency team work

Staff attended effective handover meetings at the start of each shift. They discussed each client in turn to ensure all staff were aware of any incidents or risks and comprehensively recorded the conversation in the handover notes.

The service had good working relationships with other services or professionals. Social workers from external organisations described positive relationships with the organisation, even when placing challenging clients. The manager or counsellors provided updates to the client's referrer at agreed intervals or on request. For some referrers, this would determine the length of someone's stay if not agreed from the initial admission.

The service had good links with a local GP where they encouraged clients to register. This made it easier for them

to support people to appointments and ensure both parties shared information when needed. Staff had also established effective relationships with local mental health services, pharmacies and the local citizens advice bureau.

Good practice in applying the Mental Capacity Act

The Mental Capacity Act was not part of core training for staff however counsellors had received training in the Mental Capacity Act as part of their counselling qualification. Staff were able to describe how capacity was assessed in pre-admission. Staff understood the principles of the act and assumed clients had capacity until proven otherwise. This was particularly relevant as clients may be intoxicated or under the influence of illicit substances when agreeing to the rules of the service. If a client was thought to be temporarily lacking capacity, the service would rearrange the appointment, follow up with a phone call to families and referrers or decline the admission.

Staff gave examples of illnesses which affected capacity that may be found in clients with a history of substance misuse, such as Korsakoff's; a type of dementia associated with alcohol abuse. If they had concerns once admitted, staff would refer back to the GP.

The service did not have a policy or formal arrangements to monitor adherence to the Mental Capacity Act.

Are services caring?

Good 

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, privacy, dignity, respect, compassion and support

We saw positive interactions between the staff and clients. Staff were kind and approachable, and treated clients with respect. Clients told us they felt supported and that they could relate to most of the staff. They said staff were always available to talk with them and that staff offered practical and emotional support. Staff supported clients to understand and manage their treatment via group lectures, weekly one to one counselling sessions and the completion of their workbooks that worked through the 12-step programme.

Staff understood the individual needs of clients, including their personal, cultural and social needs. Staff directed clients to other services when appropriate and, if required, supported them to access those services. For example, the local citizens advice bureau supported clients with housing and financial difficulties. Staff were able to raise concerns with the manager, and with the clients in the service.

The service had a clearly defined approach to the confidentiality of client information and would never disclose to anyone over the phone who was receiving treatment. This was to respect the clients' confidentiality and keep vulnerable clients safe from harm. We saw that clients signed copies of consent to share information forms, for example with local doctors or family members.

Involvement in care

Involvement of clients

Clients received an information pack before their admission. This included a description of the programme, service user rights and expectations, rules, 12-step etiquette, exclusion causes, and how to make a complaint. On admission, staff introduced clients to other people using the service who then showed them around the building. Clients were given a copy of the rules prior to admission and they consented to abide by the rules in the

service user contract. The rules complemented the treatment programme. Clients said they understood the rules and the need for them; they felt the rules kept them safe.

Staff communicated with clients so that they understood their care and treatment and considered clients' communication needs. For example, clients with dyslexia were provided CDs or audiobooks and staff and other clients supported them with reading the information in the workbooks.

Clients' goals and preferences were recorded. Clients also completed a 12-step workbook throughout their stay. This formed a live care plan that clients worked on daily with regular support from staff. Once a client had reached the steps for secondary care, the workbook considered building recovery capital to maintain their ongoing recovery.

Staff involved clients in decisions about the service. For example, clients input suggestions to improving the environment and menu planning.

All clients leaving the service completed a quality questionnaire that gave staff feedback on the service they provided. We requested details of learning and improvements as a result of the questionnaires, but these were not provided.

The service encouraged and supported clients to access the local citizens advice bureau for free, confidential and independent advice.

Involvement of families and carers

Clients told us that families could visit on the weekends and the service encouraged visiting families to stay for the in-house community meeting following the visit. Families were also invited to visit to have a look around the service prior to an admission. Staff described rearranging visits so that clients were able to see their loved ones. However, were unable to speak with families or carers because there were no visits arranged on the day of the inspection. We requested carers contact details, with clients' consent, but these were not provided.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and waiting times

The service had clear criteria for which clients would be offered a service. The service accepted clients that both self-funded, and those funded by an appropriate authority, for example a local authority or clinical commissioning group. Referrals came from other drug and alcohol services or adults social care services, and clients had to be motivated to recover. Ark House had regular referrers that knew their criteria; this meant that the agencies making the referrals had already carried out an initial screen to assess a person's suitability. The service could not accept clients with certain physical disabilities as it was located up a steep hill and bedrooms were upstairs. Additionally, clients had to be able to understand the materials taught and be physically capable to join in activities.

The service did not have a formal waiting list. Clients had to wait approximately three or four weeks between the referral and the admission. Clients had to be alcohol free for a minimum of 24 hours and not experiencing severe withdrawals before starting treatment. The manager worked with the referrers to accommodate places for suitable clients. Ark House's programme ran from six to 24 weeks and the manager had oversight of the beds available as this was linked to the funding provided.

The outreach worker at Ark House would conduct an assessment for all referrals prior to admission. People would mostly attend face-to-face appointments, however, in some cases staff would assess via the telephone, for example, if a person was at a residential detoxification unit.

The service would use the assessment appointment as an opportunity to ensure the person fully understood the treatment approach they used. This included emphasising the rules, exclusion reasons and providing a handbook to explain the service in detail. Potential clients would sign to confirm they agreed with the rules. Staff would consider the present client mix and capacity to consent when considering someone's suitability.

On admission, a client entered the primary stage of treatment. Clients worked with staff at this stage through the first nine steps of the programme. At step 10, a client

would enter into the secondary stage which was referred to as extended care. This is where staff and clients worked together to consider their discharge and maintaining their recovery in the community.

Discharge and transfers of care

The service considered the needs of the clients had good relationships with other support services. The programme helped the clients to identify their needs on discharge, for example housing, and then staff supported clients to make suitable arrangements.

Following discharge, clients entered the aftercare stage. Aftercare varied for each client as aftercare provision was via the referring agency and some services did not offer this. However, Ark House provided telephone support for people who had left the service and also had a regularly monitored Facebook page which provided people with a form of mutual aid support.

The service had regular referrers that meant that clients often came from the same geographical areas. This meant that those leaving Ark House often returned to an area where other discharged clients resided. Staff told us that this had resulted in the development of local community recovery groups and support. Clients who had left Ark House had the opportunity to return for lectures, however, this was often difficult due to distance.

Facilities that promote comfort, dignity and privacy

Ark House was a large house situated close to the beach and town centre. It had three floors with ample rooms including lounge areas, dining area, kitchen, study and lecture rooms, laundry and counselling rooms. There was a tidy outdoor space for clients to use. There were 11

bedrooms, located on the second and third floors; seven of these had en suites. Female bedrooms were located on one floor and males on the other. Same gender clients in primary care shared bedrooms and had privacy screens if they chose to use them. Staff told us this was to offer support to new admissions who they felt were vulnerable when alone. One client commented that they would prefer not to share a room, but they were aware of the room arrangements prior to admission.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

The building was old however, rooms were warm and comfortable. Clients were aware the environment could be improved, but they spoke passionately about the treatment provided and prioritised this over the environment.

Service users' engagement with the wider community

For the first four days of admission, clients were not able to have contact with their families; this was to allow clients to settle in. However, following that, families could visit on the weekends and the service encouraged visiting families to stay for the in-house community meeting. The 12-step programme encouraged clients to reflect and take responsibility for their behaviours, admitting what they had done to those that surrounded them.

Staff ensured that clients had access to education and work opportunities. The service had good links with a local riding stables and farm where clients could gain work experience and staff helped clients with education needs if wished.

Meeting the needs of all people who use the service

Ark House was not able to offer treatment for people requiring disabled access. The building was located on an incline with steep steps leading to the front door. Additional to this, the bedrooms were located on the upper levels. However, the service considered clients' communication needs. Clients with dyslexia or reading difficulties were provided with CDs or large print materials as well as additional support from counsellors and extended care clients.

The course materials and treatment were available in English, so it was necessary for the clients to be able to comprehend and interact in English to receive treatment in

the service. Staff described having previous clients from outside the United Kingdom. Staff could arrange for specific dietary requirements relating to religious or physical health requirements.

Staff demonstrated an understanding of the potential issues facing vulnerable groups such as lesbian, gay, bisexual, and transgender and offered appropriate support. One member of staff described listening to the wishes of the client and making specific arrangements if wanted.

Staff encouraged clients to make use additional local services during and after their stay. For example, extended care clients were encouraged to attend at least three mutual support meetings a week, such as alcoholics anonymous, and staff recommended getting support from the citizens advice bureau for additional information on rights.

Listening to and learning from concerns and complaints

Clients knew how to raise complaints. Complaints information was detailed in the service user packs received at assessment and included how to raise concerns with the Care Quality Commission. The service had a complaints and compliments procedure that detailed how to make a complaint, the timeline for managing the complaint, expected behaviours and an escalation procedure. The service had received one complaint in the 12 months prior to our inspection. We observed staff dealing with and resolving informal complaints at the daily meeting. This meant that the service could respond to concerns before they escalated. Records of discussion and concerns were recorded in the group meeting form and shared at handovers. We did not see any formal learning process relating to complaints, but the small staff team shared information informally and on a case by case basis. The service had received 62 compliments in the previous 12 months.

Are services well-led?

Requires improvement 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Leadership

Staff and clients knew who the leaders were in the service and they could approach them for help and support. The leaders had a good understanding of the services they managed and could describe staff roles, how they worked and what they were responsible for delivering. The organisation has a clear definition of recovery and this was shared and understood by all staff. Staff had personal experience of recovery and the programme that was offered. There were opportunities to develop. For example, one support worker supported the manager with administrative work on top of their regular role.

Vision and strategy

Ark House's vision followed the 12-steps model. They aimed to provide a sustainable abstinence-based recovery for the clients using the service. Staff believed in the model and their actions and behaviours indicated that the vision was fully embedded in the service. Staff were able to approach the manager with suggestions about service improvements. The service made improvements in line with their budget to develop the service to meet future demands. For example, they planned to provide en-suite bathrooms as the expectations of clients had changed since opening the service.

Culture

Staff felt respected, supported and valued and found their work was rewarding. All staff felt positive and proud about working for the provider and their team. They were a close-knit team that supported each other. Staff felt they were able to raise concerns directly with the manager of the service without fear of retribution and input suggestions. Staff had appraisals which helped to reinforce their roles within the service.

Governance

Procedures at Ark House were not regularly reviewed or improved. The service did not meet expectations around client consent for NDTMS data and policies including safeguarding and medicines management had not been regularly reviewed or updated. This meant that policies did not reflect current guidance and legislation or support staff in their actions.

The service had not ensured that volunteers working with clients had all the necessary DBS checks in place prior to

our inspection and there was no formal supervision approach for volunteer staff that worked in the service. Additionally, the service did not have a policy in place for managing poor staff performance, so they relied on supervision to manage any performance issues.

Ark House had low compliance figures for training deemed mandatory by the service. This included the safe handling of medications, first aid at work including basic life support and level two health and social care training. There was not sufficient systems or processes in place to ensure that staff had access to mandatory training in a timely way. Also, appraisals information provided by the service during and following the inspection was contradictory, and we were not assured that there were systems and processes in place to manage compliance effectively.

Clients had personalised risk assessments and care plans. Initial care plans and risk assessments did not capture all possible aspects, for example conflict risks and care plans were not the primary and sole source of information regarding treatment. However, we saw that handover notes and workbooks provided additional context and detail as clients worked through the program.

The small staff team discussed their practice and any issues on a daily basis. Information was shared well at handovers however processes such as team meetings and processes for learning from incidents wasn't fully embedded. Although complaints and incidents were infrequent, and there was a thorough review for both, the service did not analyse themes or trends or determine actions to prevent them from occurring again.

The manager undertook some audits however there was no formal audit programme. The manager audited medicines and care plans weekly, but there was no way to collate findings to learn and improve from these. Medicines incidents were not recorded in the incident file and care plan errors were amended in the individual care plans. The manager told us that any learning requirements would be discussed at individual supervision. This meant that the service could not review patterns and trends at an organisational level.

The 12-step treatment programme was fully embedded in the service and staff ensured that clients were fully supported in their recovery. All clients said that the programme offered real skills and tools that they could use

Are services well-led?

Requires improvement 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

following discharge. The service also offered additional support via the phone and social media to support clients after discharge even though this was not included in the funding they received.

All staff had good relationships with external services and data and notifications were submitted to external bodies as required.

Management of risk, issues and performance

There was not a clear quality assurance management and performance framework integrated across all the organisational policies and procedures. The service had recently allocated a staff member to review and update their policies. The manager met with the director to discuss the service but there was no formal record of these discussions. Staff relied on handovers to share client information and discussions with the manager for organisational updates. The manager had recently re-introduced team meetings to formalise communication.

The manager had monitored sickness and absence rates. These were low at 3% and staff covered for any unplanned absence amongst themselves.

The service had identified 20 risks on the organisation's risk register. Although some of these were pertinent to the organisation such as finance or issues with the environment many were more generic; for example, a client complaining or self-harming. The risk register

detailed actions the service would take concerning these risks but there was no specific owner allocated to complete the actions. The service had a business continuity plan in place, this identified actions to take in emergencies.

The service had an environmental improvement plan in place. The manager explained that the service worked within its budget to improve the environment for clients.

Information management

Staff used predominately paper-based systems to provide treatment. Staff followed the 12-steps lecture book and completed paper-based care records and handovers. Not all information captured in care plans or progress notes was relevant however clients' workbooks were fully

personalised, and handover notes were complete. Staff had access to client files that they kept secured and could access computers and telephones to help perform their daily tasks.

Staff and clients were clear on the expectations surrounding client confidentiality and met these but some of the policies were not up to date with current guidance.

The manager had access to information to support them in their role and was knowledgeable on the performance of the service, staffing and client care, however documentation did not identify areas for improvement.

The service made notifications to external bodies as needed and had developed good working relationships and arrangements with other services where appropriate to do so.

Engagement

Clients were provided with current information about the work of the provider. All clients had personal workbooks that reflected the ethos of the organisation. Clients were able to approach all staff, including the manager and director, to offer feedback on the service. Additionally, the service had a complaints and compliments log and had received 62 compliments in the previous 12 months and only one complaint. Relationships with external stakeholders were positive; one referrer described the positive sustainable outcomes that the service delivered.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements to the service. Staff were able to offer suggestions and implement them. For example, one staff member had suggested adapting client's care plans to make them more personalised.

Ark House used informal approaches to consider continual improvements. The manager had regular conversations with referrers to see their views and feedback and referrers spoke positively about the service.

The service submitted data to Public Health England so that it could be reviewed and analysed for those involved in the drug treatment sector.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 Safe Care and Treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The service did not ensure that persons providing care or treatment to service users had all the required training. <p>This was a breach of regulation 12 (2)(c)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17 Good Governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The service did not assess, monitor and improve the quality and safety of the services. Policies were not fit for purpose, reflective of current guidance or supportive of staff in their roles.• Governance arrangements were not fully established and did not reflect the governance responsibilities of the service. <p>This was a breach of regulation 17(1)(2)(a).</p>