

Ark Nursing & Care Agency

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Inspection report

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Date of inspection visit: 7, 14 and 15 September 2015
Date of publication: 28/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 7, 14 and 15 September 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Ark Nursing and Care Agency provides nursing and personal care to people in hospitals, care homes and to people who need assistance in their own homes.

When we visited there was a registered manager in post. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how

Summary of findings

to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate processes.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

Summary of findings

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 safe.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Good



Is the service responsive?

The service was responsive.

Care files were personalised to reflect people's personal preferences.

The service was responsive to changes in people's needs.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Good



Is the service well-led?

The service was well-led.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

Good



Summary of findings

A number of effective methods were used to assess the quality and safety of the service people received.

Ark Nursing & Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7, 14 and 15 September 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care services.

Before the inspection, we reviewed the information we held about the home and notifications we had received.

Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with nine people receiving a service, including visiting one person in their own home, two relatives and six members of staff, which included the registered manager. We reviewed three people's care files, four staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two care managers.

Is the service safe?

Our findings

People felt safe and supported by staff in their homes. Comments included: "I am so grateful to the agency for the way they cared for my husband until his death. He felt safe and cared for and was able to stay at home with me until the end"; "I certainly don't feel unsafe. If I had issues I would take it up with a manager"; "My carers know me well and that gives me confidence" and "I feel safe with the carers."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management, moving and handling, personal care and skin integrity. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included providing the necessary equipment to increase a person's independence and ability to take informed risks.

People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and them staying the allotted time. Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. The registered manager explained staffing always matched the support commissioned and skill mix was integral to this to suit people's needs. Where a person's needs increased or decreased, staffing was adjusted accordingly and was agreed with health and social care professionals. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would be arranged to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. People commented: "My carer usually arrives on time. If they are running late they will call me. I've never been let down" and "My carers are lovely, they never rush me and usually ensure there is enough time to make me a cup of tea before they go."

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. Staff had received medicine training to ensure they were competent to carry out this task. Staff were confident supporting people with their medicines. The management team checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked these records and found them to be completed appropriately by staff.

Is the service effective?

Our findings

People thought the staff were well trained and competent in their jobs. People commented: "As far as I am concerned the carers training seems perfectly adequate"; "My carer seems fine and knows exactly what she needs to do. We will sometimes have a surprise visit from one of the managers who will watch her undertake her duties, which I think is quite useful" and "I've never had any problems with my carers they are very polite and will always ask me how I like things to be done."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and occupational therapist. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. One staff member commented: "The training is second to none." Staff received training on subjects including, safeguarding

vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling and a range of topics specific to people's individual needs. For example, end of life care and autism awareness. In addition, on an annual basis staff attended an 'imparting of knowledge' training event which covered key subjects. The next event was to cover handwashing, infection control, safeguarding vulnerable adults, moving and handling and palliative care. Duty of candour was also to be covered to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. The requirements being providers needing to be open, honest and transparent with people if something goes wrong.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff files and staff confirmed that supervision sessions and appraisals took place. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff demonstrated an understanding of the MCA and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. Care plans and staff guidance emphasised the importance of

Is the service effective?

people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

Is the service caring?

Our findings

People felt cared for by staff. Comments included: "I would certainly recommend the agency to anybody. They couldn't have been any better looking after my husband before he died. They were so caring and nothing was too much trouble. They now look after me as I am on my own. I am shortly going to be moving to another part of the country and I just wish I could take my carers with me"; "My son's carers have been with us for nine years. It would be fair to say that they are like members of the family now. We could not do without them and I am really grateful for the care and kindness they show to my son" and "I couldn't manage without them now. They are all lovely."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff told us how they maintained people's privacy and dignity when assisting with personal care, for example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. One person commented: "They couldn't be more caring. I certainly don't have to worry about my privacy at all. They always make sure that things are ready for me as soon as I get out of the shower so that I don't get cold."

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Comments included: "They encourage me to be as independent as possible" and "When I first came out of hospital I needed a carer every day to help me. Over the last six months I have had regular monthly reviews and thankfully because my carers have been helping me to regain my independence, at each review, we have been able to reduce the amount of care I

have to the point where now I only have one carer once a week to help with keeping the house clean and tidy. I cannot thank the carers sufficiently for all the help they have given me."

Staff demonstrated empathy in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. They explained that people being involved in their care was important so they received the care and support they most needed.

Staff relationships with people were strong, caring and supportive. One person commented: "The staff have become more like friends, they are very caring and supportive." Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, when a person was feeling sad. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. People felt they were involved with organising their care plan, describing how they had met with the agency at the start in order for the agency to understand their needs. Comments included: "My mother has one particular carer who has taken it upon herself to try and encourage my mother to go out and engage in social activities more. She has worked miracles with my mother to the extent that they now both go out and enjoy spending time exploring local sites and having a drink and refreshments while they are out" and "I can't go out on my own any more but I still enjoy doing lots of things so now my carer comes with me once a week and we will go either to my local gym where I can do some exercises or will go and look at the local estuary and the bird population that lives there. I wouldn't be able to do this without my carer as my sons have their own lives to lead."

There was evidence of people being involved in making decisions about their care and treatment through their discussions with staff. One person was able to give an example of changes to their support plan as their care package had decreased as they managed to get better and become more independent themselves. Another person commented: "Because I have had carers for quite a while I cannot quite remember what happened when I started with the agency but certainly I have regular reviews now with a manager who will also come in occasionally to see how the carers are performing. I like the review meetings because it gives me an opportunity to chat with the manager about anything that I need to discuss with her."

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value. This included encouraging people to be as independent as possible and the encouragement of activities. They included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when

providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. Care plans were very detailed and included the little things which matter to people, such as wearing after shave and certain clothing. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. One comment included: "I've never had to make a complaint but I certainly know who to speak to as all the information is kept in my folder. Knowing how the agency is, I would have confidence that if I had a complaint they would deal with this seriously." Other people knew how to complain and felt their complaints would be acted upon. They said they would have no hesitation in making a complaint if it was necessary. Most said that they had never needed to complain. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. People were also provided with the complaints procedure when they started using the service. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure.

Is the service well-led?

Our findings

Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. On an annual basis, recognition awards of staff excellence were also awarded to those staff who had shown particular outstanding care and progressed well with their own personal and professional development. Staff commented: “We have regular meetings where we can discuss specific issues”; “I feel part of the service. We interact really well”; “We pride ourselves on our standards” and “The management team operates an open door policy and we can always go to them if we need to.” One person commented: “I don’t have to phone the office very often, but when I do the staff are always polite and friendly and if they promise to call me back they always will.”

Staff confirmed they had attended staff meetings and felt their views were taken into account. Meeting minutes showed meetings took place on a formal basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and issues affecting the service. Staff had access to communication books within people’s homes to keep them informed of any key issues affecting people. The service also provided staff with newsletters to keep them up to date on organisational changes, the training available, policies and procedures and professionalism.

People’s views and suggestions were taken into account to improve the service. For example, surveys had been completed by people using the service, relatives and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as reminding staff about their dress code. This demonstrated the organisation recognised the importance of gathering people’s views to improve the quality and safety of the service and the care being provided.

The service’s vision and values centred around the people they supported. The organisation’s statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. Our inspection showed that the organisation’s philosophy was embedded in Ark Nursing and Care Agency through talking to people using the service and staff and looking at records.

The service worked with other health and social care professionals in line with people’s specific needs. People and staff commented that communication between other agencies was good and enabled people’s needs to be met. Care files showed evidence of professionals working together. For example, GP and social worker. Regular reviews took place to ensure people’s current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, additional staff training and risk assessments amended. Actions had been taken in line with the service’s policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people’s plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis by members of the management team. For example, the checks reviewed people’s care plans and risk assessments, medicines and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random basis. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.