

Ark Home Healthcare Limited

Ark Home Healthcare Whinndale

Inspection report

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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 ●

Summary of findings

Overall summary

Whinndale is an extra care housing scheme for people who live independently within their own self-contained homes which is managed by South Yorkshire Housing Association. Ark Home Healthcare, provides domiciliary care services for people living in the extra care housing scheme at Whinndale. There were 29 people being supported at the time of the inspection.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Individual risks to people's safety were known by staff. Staff were confident in supporting people with medicines and the manager was considering how call times impacted upon the way people were supported with their medicines.

Staff had regular opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were motivated and worked well as a team, with effective support from one another and from managers in the organisation.

Care records contained clear information covering all aspects of people's individualised care and support and staff had a caring approach to working with the people who used the service.

There was a clear management structure so that all staff knew their roles and responsibilities. There was an open and transparent culture in which staff felt valued and able to approach managers.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

At our last inspection we rated this key question 'Requires Improvement'. At this inspection we saw required actions had been taken, and we were able to improve the rating to Good.

Ark Home Healthcare Whinndale

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 checked 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 was a comprehensive inspection.

This inspection took place on 23 October 2017 and was unannounced. There was one adult social care inspector who visited the office and an expert by experience who spoke with people and relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 27 October 2017 the inspector spoke with six staff over the telephone.

We gathered information before the inspection from notifications and liaising with other stakeholders. We spoke with the manager and two senior care staff. We spoke by telephone with four people who used the service, two people's relatives and six staff. We viewed three staff files, three people's care records and documentation to show how the service was run.



Our findings

People said they felt safe. Comments included: "I'm very safe." "No problems at all", "If I need a carer if I fall, for example, I ring my pendant that is round my neck. They come quickly", "If I was in dire straits I would press the buzzer round my neck and they would come running", "My wrist alarm – I press the button and then they come to me" and "I have a box on the wall which staff can speak to me through and any outside visitors ring and I buzz them in through the box."

Systems and processes were in place to ensure people's safety. Recruitment procedures were robust and staffing levels were managed to meet people's needs safely. One member of staff we spoke with said, "Staffing levels are the best they've ever been". Staff understood safeguarding procedures and individual risks to people, in order to support their safe care. Care records had clear information for staff to understand people's individual safety needs.

People were supported with their medicines in line with their call times and there were methodical procedures for managing medicines safely. We noticed where people needed medicines to be specifically timed, such as around food, call times were not always compatible. The manager told us they would consider how this could be addressed.

Staff were confident to explain their responsibilities in managing medicines safely and staff competence was checked to ensure safe practice. People said they were appropriately supported and comments included: "Oh yes, no problems there [with support for medicines]." "Yes, and they are very strict. They tell me how many I have to take, then check and double check so there are no mistakes."



Our findings

People and relatives said the staff were knowledgeable. Comments included: "I'm very satisfied and my family are", "I'm well looked after and that saves my family worrying", "They [staff] are very good" and "The carers are like good friends."

Staff told us they had appropriate support for their work, including regular training and supervision and records confirmed this. One member of staff said, "We have supervision, but we don't need to wait for that. We can speak with managers at any time". Another member of staff said, "Without a doubt, we are supported. It's absolutely fab, any problems they [managers] are there straight away". Another member of staff said their training was up to date and they told us they received a text reminder if training was due. The manager told us they had an overview of the training and we saw the training matrix which was colour coded to highlight staff training needs. There were in-house trainers dedicated to ensuring staff skills were up to date. Induction of new staff was thorough with supervised shifts until staff felt confident to support people.

People's consent to care and treatment was always sought, in line with the law and guidance. Staff emphasised the need to enable people to make their own decisions and the manager confirmed there was no one living at the service who lacked capacity to make decisions. Staff said people were supported to make choices with visual prompts, such as choosing what to wear.

We heard staff communicated well with one another and with office staff, in order to meet people's needs effectively. Staff used walkie talkies to summon support from one another when working in the flats and their conversations were heard through a speaker in the office. Staff were discreet and professional in their communications.



Our findings

People said staff were kind and caring. Comments included, "They are a lovely bunch of [staff]", "They are just wonderful", "They don't take anything for granted and always check I am OK", "The [staff] are very sensible. If I need anything they come to me", "I have no problems with the [staff]" "I can't commend them enough" and "They are like angels without wings."

Relatives' comments included: "One member of staff [name] is phenomenal. [My family member] has really taken to [them]."

Staff we spoke with clearly knew each person they supported and they described people's different personalities and preferences. All staff said the service would be good enough for their own relatives and one member of staff said, "That's how I like to see it, I think if that was my [relative] would the care be ok? It always would here." Other staff members we spoke with said the service was 'like a big family'.

Daily notes showed evidence of staff caring for people's well-being as well as supporting personal care. For example, one person's daily notes showed staff had found the person very upset and they had called for senior staff to support. The entry stated 'we all sat and had a chat'.

Staff told us they respected people's wishes and their dignity, and people confirmed this. For example, if a person preferred a female carer this was always ensured. One member of staff said, "We respect the service users and we are respected by the service users". Staff told us they supported people's individual needs and their human rights. One member of staff said, "Just because people might need help from us, that doesn't mean they don't deserve the best, in the way that's right for them as a person." Another member of staff said, "We are cared about in this place, so that means we can care for others."



Our findings

People told us the service was responsive to their needs. Comments included: "I have visits 4-5 times a day", "If I can't manage to have a wash the [staff] help me. They've offered to help with bathing as well if I want", "They offer to use my wheelchair if I'm not able to manage my scooter", "They are very reliable", "They have a booklet and when they've been they write in it. They write the details of what they have done down", "I get different people every day but they are very reliable people", "They come in a morning, at lunchtime to take me to lunch in my wheelchair and come in again at night", "I have to have help [with personal care]. They are good" and "The [staff] write down what they're doing."

Care records showed people had been consulted and involved in their care planning and daily notes showed people's choices had been promoted. Information in care records was clear and easy to find, with evidence of each person's individual preferences and identity.

We heard people summon the office for additional support outside their care times and staff responded promptly to any requests made, by offering reassurance or by going to see the person. The manager told us people had a 'care link' alarm system and where they were at high risk of falling, an additional falls alarm, to alert staff immediately if they needed help.

People and relatives said they had no cause for complaint but would alert the staff and the manager if they needed to raise any issues. People's comments included: "The place is absolutely fantastic", "They alert me if needed to any problem", "I can't commend them enough" and "I have no complaints at all, the service is excellent." Details of the complaints procedures were accessible to people in their individual folders. The manager had an overview of complaints and compliments and feedback was sought from people about the quality of the care. Where positive feedback was received from people and relatives, the manager ensured all staff were aware of this. For example, 'compliment of the day' was shared with staff through the organisation's 'app' technology.



Our findings

At the previous inspection the service did not have a manager. At this inspection, there was a manager in the service who was in the process of registering with the Care Quality Commission and who had previously been the registered manager for the service. 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 and relatives did not all know who the manager was but they all said they thought the service was well run and they knew where the manager's office was located. Relatives' comments included: "[My family member] settled in really well due to the carers. They have been fabulous", "Everybody has been wonderful", "[My family member] has been made to feel it is their home with a little help and encouragement to maintain their independence", "I'm really pleased [my family member] has that support when they need it" and "When I go in there is always someone about and often they come out of their way to keep me informed of anything."

Staff we spoke with said they thought the service was well run and they reported good morale and teamwork. Staff told us the management of the service had improved significantly since the previously registered manager returned and they were confident the manager ran the service well. There were clear lines of responsibility and staff understood their roles and responsibilities.

There were clear audits and the manager had an overview of the quality of the service. Policies and procedures were accessible to staff and staff were using an 'app' on their phones to access information from the organisation. The manager told us they had appropriate support from the organisation to manage the service.