

Arck Living Solutions Ltd

Bailey House

Inspection report

6 Jefferson Street
Goole
North Humberside
DN14 6SH

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

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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

About the service: Bailey House is a care home for up to three people with learning disabilities. Two people were living at the service and one person was receiving respite care on a regular basis.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen.

People's experience of using this service: People were happy living at the service. Staff supported people to have a meaningful life and encouraged them to be independent.

Care and support was tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care.

People who lacked capacity were supported to have maximum choice and control of their lives. Policies and systems supported them in the least restrictive way possible.

Detailed risk assessments were in place to support people to take positive risks and remain safe. Staff understood how to safeguard people from abuse. The staff team empowered people to make choices about what they wanted to do.

Appropriate recruitment checks were carried out to ensure staff were suitable to work in the service.

Medicines were managed safely. Records confirmed people received their medications as prescribed. Training records showed staff received training and competency was checked on a regular basis.

The registered manager demonstrated a commitment to providing person centred care for people. Staff felt the registered manager was supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing.

Rating at last inspection: Good (Report published July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Bailey House

Detailed findings

Background to this inspection

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

Inspection team: One inspector visited the service to complete the inspection.

Service and service type: Bailey House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. People in care homes.

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

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, and spoke with other professionals who work with the service. We assessed the information providers send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with two people who used the service and one relative. In addition, we spoke with four members of staff including the registered manager, senior support workers and support workers.

We reviewed a range of records. This included three people's care records and medication records. We also looked at two staff files and records relating to the management of the home. We did identify, two radiators without covers on and a shower base that needed replacing. Following the inspection, the registered

manager sent us an action plan which detailed actions required and timescales for improvements needed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included , "Yes, I am safe, I like it here," "It's very nice and safe" and "My relative is much safer here."
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.
- The service had a safeguarding policy in place and the registered manager followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments covered all relevant aspects of people's lives whilst reflecting their preferences and encouraging their opportunities to make decisions.
- Positive behaviour plans provided staff with information to identify any potential triggers; strategies to manage behaviour and when to access additional support at times of people's distress were in place.
- Staff had clear understandings of risks to people and provided support in a pro-active way to reduce these risks.
- Maintenance and safety certificates for utilities and equipment were up to date.
- The registered manager provided written assurances on some radiator and shower room upgrading works

Staffing and recruitment

- There were enough staff available to meet people's needs.
- Safe recruitment procedures which ensured people were supported by staff that were of a suitable character.

Using medicines safely

- Medications were managed safely. Records confirmed people had received their medicines as prescribed.

Preventing and controlling infection

- The home was clean throughout our visit. Staff understood their responsibilities and worked with people, to maintain their hygiene to ensure infection control within the home.
- Personal protective equipment (PPE) was available for staff, such as disposable gloves to use to help prevent the spread of infection.□

Learning lessons when things go wrong

- Incidents were monitored and used as learning opportunities.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.

Staff support: induction, training, skills and experience

- Staff had completed a comprehensive induction.
- Staff received regular supervision and told us they felt supported and received training relevant to their role. One staff member told us, "I recently became a team leader, which I had training for."
- Staff told us training was provided which ensured they had sufficient knowledge to support people and fulfil their role effectively.

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

- People were involved in meal choices and supported to maintain a balanced diet.
- People told us they were involved in cooking meals and meal planning. One person told us, "I like cooking."
- Care plans contained information on people's food preferences and dietary requirements,

Staff working with other agencies to provide consistent, effective, timely care

- People had a 'hospital passport' which included details of people's medical history and support needs. This was used to ensure that people received a consistent level of support that met their needs if they needed to visit the hospital.
- The registered manager worked closely with health care professionals and arranged support for people when it was required.

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

- At our previous inspection in May 2016 we recommended a review of the premises to check they were suitable for use. At this inspection improvements had been made. The layout of the service enabled people to move around the service freely. People had access to communal rooms where people could socialise.

Supporting people to live healthier lives, access healthcare services and support

- People had access to community healthcare professionals when required. Advice given by health professionals was followed, documented and communicated across the whole staff team.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they were happy living at the service. One person said, "I like it here, the staff are nice."
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed.
- A relative told us, "My relative has been in a few places, this is the only one they have settled in. My relative is always dressed nicely and looks happy. All staff have been lovely."
- People were cared for by staff that enjoyed their job.

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

- People's diverse needs, their personalities and what was important to them were well known by the staff
- People could make choices in the way they received their care and these were respected. They told us they could to live their life as they preferred.
- People were involved in planning all areas of care delivery. Weekly contact with people's relatives kept them informed of their relative's wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and accessed the local community. One person told us, "I go out in a morning and then again in the afternoon."
- People could spend time the way they wanted. They had formed relationships with each other. Staff supported these relationships by using specific communication methods.
- People were treated with dignity and respect. Staff spoke in a polite and caring way and showed patience when people asked them for support.
- Staff respected people's rights to privacy and confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs and information on how best to meet their preferences were identified, met and reviewed.
- Staff spent time with people finding out what they wanted to do. People were supported to go on holidays, attend services and groups within the local community. Staff understood the importance of supporting people to be socially included and prevented from social isolation. A relative told us, "My relative is now in their home town and that is important to them. My relative has come on leaps and bounds, they never use to do anything before. They had no interest in anything before coming to Bailey house."
- Staff understood what was important to people and supported them to maintain relationships with their family and friends.
- People in the service were actively encouraged by staff to support them in their daily tasks such as cleaning and cooking.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure which was displayed in the service in an accessible format.
- Where complaints had been made, they were responded to in line with company policy.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately. One relative told us, "I would contact the registered manager if I had any problems, I am confident they would sort it straight away."

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- People's end of life care preferences were recorded in their care plan. This provided staff with information to ensure their wishes would be respected at this time in their lives.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives spoke positively about the registered manager. Comments included, "They are lovely, they help me to do what I want." And "The manager is great, they keep me informed about everything."
- The registered manager demonstrated a positive culture and promoted a high standard of person centred care and support for people.
- Staff told us they felt listened to and the registered manager was approachable to discuss any concerns or issue. One staff member told us "The registered manager is very open minded about people's care needs and support. She always listens."
- Staff were happy in their work. They demonstrated the same passion for delivering person centred care to people and were clear about the provider's vision and values.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal responsibilities.
- Where internal audits identified any concerns or trends, detailed action plans were put in place and communicated to the staff team.
- Effective communication between the registered manager and staff team supported a well organised service for people.

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

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people.

Continuous learning and improving care

- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.
- Staff were focused in developing their skills. Supervisions contained clear objectives to support staff with their continuous learning.