Ark House Rehab Ltd

Ark House

Inspection report

15 Valley Road
Scarborough
YO11 2LY
Tel: 01723371869
www.arkhouserehab.com

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Summary of findings

Overall summary

We have asked the provider to make urgent improvements and are placing Ark House in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The provider is being supported to make the required improvements by the wider system, including the local authority and clinical commissioning group. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Our rating of this service went down. We rated it as inadequate because:

- The service did not provide safe care. The premises where clients were seen were not safe and clean. The service did not have enough counselling staff. Staff did not assess and manage risk well.
- Staff did not develop holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff did not engage in clinical audit to evaluate the quality of care they provided. The team did not include or access the full range of specialists required to meet the needs of clients under their care.
- Managers did not ensure that staff received training, supervision and appraisal.
- Staff did not always treat clients with compassion and kindness. They did not actively involve clients in decisions and care planning.
- The service was not well led, and the governance processes did not ensure that its procedures ran smoothly.

However:

- The service was easy to access, and staff planned and managed discharge well.
- They provided 12-step treatment suitable to the needs of the clients.
- Staff worked well together as a team and with referring agencies.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Inadequate 	

Summary of findings

Contents

Summary of this inspection

Background to Ark House

Ark House is a residential substance misuse service provided by Ark House Rehab Limited. The service provides treatment to rehabilitate people with drug or alcohol dependency. Ark House is registered with the Care Quality Commission to provide accommodation for persons who require treatment for substance misuse. Ark House has a registered manager and a nominated individual. (A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have the legal responsibility for the service meeting the requirements of the Health and Social Care Act 2008 and associated regulations.)

The service can accommodate up to 20 clients. Ark House accepts self-funded clients or clients funded by an appropriate authority, for example a local authority. At the time of our inspection, there were 19 clients in treatment. All clients must be free of any substance use before admission. Ark House does not offer detoxification or clinical or prescription medicine treatments. It delivers psychosocial interventions based on the 12-step principles of Alcoholics Anonymous.

There have been five previous inspections carried out at Ark House. We last completed a comprehensive inspection in October 2018. We rated the provider overall as Requires Improvement. We rated the Safe and Well-led domains as requires improvement. We rated the provider Good in the Effective, Caring and Responsive domains. We identified issues with staff training and medicines management practices. We also determined that organisational policies lacked quality and suitable content and governance arrangements were not robust or effective so did not meet the service's, or clients' needs. The service had not made significant improvements in these areas at this inspection.

What people who use the service say

We spoke with nine of 20 clients using the service and five family members. We received eight comments cards from clients.

All clients spoke highly about the quality of the 12-step programme offered at the service and five clients described staff as caring.

Two family members said they had seen an improvement in their relatives understanding of their addiction and an improvement in their behaviours since attending the service.

However, all clients we spoke with shared concerns about the environment, the food provided and the house rules. Clients said that the environment was dirty, and the food quality was poor with limited choice. Some clients described urine and blood stains on mattresses and being bitten by insects. All clients we spoke with said that staff did not apply the house rules consistently and that staff could not justify many of the restrictions in the service.

Three clients said that staff were unsupportive and unapproachable.

Two family members we spoke with echoed these concerns. They said that menus did not meet the nutritional needs and preferences of their relatives and that the environment was unsuitable or basic.

Comments cards and client exit surveys reflected the same feedback as above.

Summary of this inspection

How we carried out this inspection

We inspected this service because we had concerns about the quality and safety of the service.

The team that inspected the service comprised of two CQC inspectors and a substance misuse nurse specialist advisor.

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for feedback or information about the service.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with nine clients who were using the service;
- spoke with five families or carers of clients who were using the service;
- spoke with the registered manager;
- spoke with nine other staff members; including counsellors, support worker, lecturers, outreach director, volunteer, cook and maintenance staff;
- received feedback about the service from two referring organisations;
- attended and observed one handover meeting, one group session and one risk meeting;
- collected feedback from eight clients using comment cards;
- looked at five 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.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

We told the service that it must take action to bring services into line with 7 legal requirements. This action related to one service.

- The service must ensure that they improve medicines policies, procedures and training so that medicines are dispensed and managed in a safe way for clients using the service. (Regulation 12(2)(g) and Regulation 17(1)(2)(b)).
- The service must ensure that they provide safe and effective risk assessments and management plans for each client. The service must implement a recognised risk assessment tool that staff are fully trained in, complete audits of risk documentation and client care plans and create a single record for each client that identifies all risks and care. (Regulation 12(2)(a)(b) and Regulation 17(1)(2)(b)(c)).

Summary of this inspection

- The service must ensure that incidents that affect the health, safety and welfare of people using the service are reported internally and to relevant external authorities/bodies. Incidents must be reviewed and investigated by competent staff and monitored to make sure that action is taken to remedy the situation and prevent further occurrences. Information about incidents should be shared with others to promote learning and result in improvements. (Regulation 12(2)(b) and Regulation 17(1)(2)(a)(b)(e)(f).
- The service must ensure that training systems and processes identify all staff and courses to be completed for all staff roles including volunteers working at Ark House. Competency checks for all staff must be completed and recorded. (Regulation 12(2(c) and Regulation 17(1)(2)(f)).
- The service must ensure there is a system to effectively assess and manage environmental risks and the premises. This must include environmental and health and safety risks such as; ligature risks, food/stock rotation, fire safety, legionella and hot water testing, maintenance and cleanliness, environmental upgrades and improvement works, storage of cleaning materials and infection, prevention and control measures including those for Covid 19. (Regulation 15(1)(a)(c)(e)(2) and Regulation 12(a)(b)(d)(h)) and Regulation 17(1)(2)(e)(f)).
- The service must ensure that appropriate recruitment checks and processes are implemented and followed for all staff including volunteers and directors. The service must audit compliance for all employment checks. (Regulation 19(2)(a) and Regulation 17(2)(b)).
- The service must ensure that menus meet the dietary needs of all the clients. They must implement a structured client feedback programme to address any personal preferences, health needs or concerns that the clients may have. (Regulation 14(1)(4)(a)(c) and Regulation 17(2)(e)).
- The service must ensure that house rules are reviewed and that any that are in place are individually assessed, justifiable and not unnecessarily restrictive (Regulation 9(1)(3) (b)(d)(e)(f) and Regulation 17(1)(2)(a)(e)(f)).
- The service must establish and effectively operate an accessible system for identifying, receiving, recording, handling and responding to complaints by clients and other persons in relation to the carrying on of the regulated activity. (Regulation 16(1)(2) and Regulation 17(1)(2)(a)(e)(f)).
- The service must ensure that all policies, procedures and organisational documentation is audited to ensure they are accurate, relevant and reflect Ark House. (Regulation 17 (1)(2)(a)(b)(c)(e)(f)).

Action the service SHOULD take to improve:

- The service should ensure that there are enough counselling staff to meet the individual needs of clients. (Regulation 18(1))
- The service should ensure that staff know who to contact, and how to raise, safeguarding concerns at the local authority. (Regulation 13 (2)(3))

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Inadequate

Inadequate

Substance misuse services

Safe	Inadequate
Effective	Requires Improvement
Caring	Requires Improvement
Responsive	Requires Improvement
Well-led	Inadequate

Are Substance misuse services safe?

Inadequate

Our rating of this service went down. We rated it as inadequate. See overall summary for more information.

Safe and clean care environments

The environment was not safe, clean, well equipped, well furnished, well maintained or fit for purpose.

Safety of the premise's layout

Staff did not complete and regularly update thorough risk assessments of the premises. The service had no ligature assessments or audits to identify potential ligature anchor points in the service. Staff did not mitigate the risks to keep clients safe. Staff felt that risks for clients with a history of attempted suicide were mitigated by sobriety.

The ward complied with guidance and there was no mixed sex accommodation. Male and female bedrooms were located on different floors and there were separate bathrooms available in shared spaces.

Staff did not have easy access to alarms and clients did not have easy access to nurse call systems. Staff did not carry alarms and clients were not offered call bells. Some clients described an occasion when they had gone to the night staff's bedroom in a medical emergency, but others were not sure where staff slept.

Maintenance, cleanliness and infection control

Ward areas were not clean, well maintained, well-furnished and fit for purpose. Except for basic room checks, the service had no cleaning programme that was completed or recorded by staff. Staff had not identified that mattresses had blood stains and urine stains prior to client use. There was visible dirt on windowpanes in the main lounge and lecture room. This had been reported by clients but had not been suitably resolved. The furnishing and fittings had not been maintained. There were ripped chairs in the lecture room, trip hazards due to ill-fitting carpets in the halls and tape covering rips in the hallways and main lounge.

The service did not have a schedule of works to identify improvements that needed to be made. There was no formal process to log, manage and action maintenance requests raised by clients at the morning community meeting. Staff had not identified that a fridge needed to be replaced in the extended care kitchen. The fridge was visibly dirty, had rust and a broken plastic seal. Staff had not identified and rectified exposed wires in the women's communal bathroom and lecture room skirting board.

Substance misuse services

Staff had not ensured that all fire safety measures had been properly implemented. The fire audit and fire risk assessments were last completed in 2016, fire extinguisher labels indicated that they were last serviced in 2019 and the laundry room was cluttered and posed a fire risk; this was located by an emergency exit.

The service did not store cleaning materials appropriately. Cleaning materials were stored next to mugs in the extended care kitchen, under the laundry stairs, on top of the medicine's fridge in the main office and in the main kitchen.

The service did not have legionella or hot water testing in place.

Staff did not follow infection control policy, including handwashing. Staff and clients were not adhering to Covid 19 guidance. The service did not have a donning and doffing area. Staff did not wear masks and clients and staff did not socially distance. We observed one lecture with 18 clients and staff in attendance. Clients could not socially distance due to the size and layout of the room. The Covid 19 signage on the door indicated that a maximum of five occupants were allowed at any time. This was removed by a member of staff during the inspection.

There were no paper towels for clients to dry their hands in any of the bathrooms. Clients raised this with staff on 31 May 2021 and 4 June 2021. On 10 June 2021 there were still no paper towels or alternatives provided to clients. When this was raised with the manager, they confirmed that they had been ordered and were chasing the supplier.

Clinic room and equipment

The service did not have a clinic room, accessible resuscitation equipment or emergency drugs. There was no risk assessment to justify the lack of these. Staff said they would call emergency services and that all healthcare out with the 12-step programme was completed by the local GP. 83% of staff had in date first aid training. However, one staff member who worked alone at night had not completed this training.

Safe staffing

The service had enough staff who knew the clients but there was limited availability of counsellors. Most staff received basic training to keep people safe from avoidable harm. Training information was inaccurate and handover documentation lacked detail.

Staffing

The service had low vacancy, turnover and sickness rates. There were two counsellor vacancies, but the service used contracted bank staff that were known to the service to cover these vacancies. Managers made sure all bank staff had a full induction and understood the service before starting their shift.

Managers did not accurately calculate and review the number and skills of staff for each shift.

Although the service had enough lecturers and support staff, there were not enough counsellors to support clients' needs. We reviewed four weeks of rotas. Both counsellors worked two days a week. There were no counsellors on Mondays, Wednesdays, Saturdays or Sundays. Clients said that they didn't always get the counselling support they needed or their full allocated time.

Managers supported staff who needed time off for ill health. The service furloughed vulnerable staff during the pandemic and supported them to return to work when appropriate.

Staff shared basic information when handing over their care to others. We observed one handover from nightshift and reviewed handover and night notes. The handover reviewed all clients but was mainly task focused. For example, confirming clients were 'ok' or 'good' and arranging medicines and covid tests for a new admission. Team night notes included more detailed information about individual client needs. Staff used these notes to manage client care. Team night notes did not follow a set format and address all risks for all clients.

Medical and nursing staff

The service did not employ qualified nursing or medical staff. Access to medical care was via a local GP and emergency services.

Mandatory training

Staff had not completed and kept up-to-date with their mandatory training.

At the last inspection in 2018, CQC issued the provider with a Regulation 12 Safe Care and Treatment requirement notice. CQC told the provider that they must ensure that staff had timely access to all mandatory training. The service had improved access to training and training compliance however there continued to be issues with how training was identified, recorded and managed. Two staff members listed on the rotas were not identified on the service's training matrix but had worked shifts in the service; the managing director and one volunteer. Training compliance including these staff was 73% in seven of the ten mandatory training courses. The provider had not met its own 75% compliance target. The registered manager confirmed they had not realised any training was required for the managing director who delivered group counselling sessions.

The mandatory training programme was not comprehensive and did not meet all the needs of clients and staff. Job descriptions listed additional training needs. Behaviours that challenge training was not identified as mandatory training for all staff including counselling staff and one-night staff worker who had lone worked before receiving this training. One staff member who prepared food when the catering staff were absent, had not completed their food hygiene training and clients who prepared food on weekends for other clients told us they had no formal food hygiene training. The registered manager said that staff went through food hygiene expectations with clients when they prepared food. There was no suitably qualified staff member identified to take on the safeguarding responsibilities when the registered manager was absent from the service. Of six staff who lone worked at night, one had not completed first aid training, three had not completed risk assessment training and one had not completed lone working training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training was discussed in team meetings and supervision. However, because there were omissions in record keeping and role specific training, this meant that compliance figures had fallen below the expected standard.

Assessing and managing risk to clients and staff

Staff did not assess and manage risks to clients and themselves well. They did not achieve the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate clients' recovery. Staff did not follow best practice in managing challenging behaviour.

Assessment of client risk

Staff did not complete thorough risk assessments for each client before arrival using a recognised tool. They did not review risks effectively once admitted.

Inadequate

Substance misuse services

We looked at the risk documentation for five clients. Risk assessments, risk protocols and risk management plans did not ensure client safety and minimise risk. Risk assessments were completed prior to admission. Staff said that clients did not always disclose all their risks until they had settled into the service. Only one of the five records we viewed had a further risk assessment after the initial assessment. Not all staff who assessed risk had completed risk assessment training.

Management of client risk

Staff had not identified and responded to risks to, or posed by, clients. Staff had not acted to prevent or reduce risks.

We reviewed the risk management plans of five clients. Actions to minimise risks were ineffective and lacked detail. One plan asked staff to 'alert correct medical people' and 'alert the relevant people' without providing any contact details. Physical health risks were not mitigated by proposed actions. Actions identified that one client should have access to monitoring equipment and that medicines should be ordered in a timely manner. The risk plan directed staff to a leaflet and indicated that 'staff should be aware'. One risk management plan identified an action to ensure the client was aware of healthy food choices and to take part in walks. However, staff and clients told us that exercise and food choices were limited in the service. Staff had not engaged with mental health professionals to identify and minimise potential risks caused by mental health needs.

We observed the weekly risk meeting. When client risks were increasing or changing staff planned to 'keep an eye out' and described risks being mitigated by client's sobriety. No plan was created to manage the risk if the client was using substances.

Use of restrictive interventions

The service had many unnecessary restrictions that were not justifiable for all clients.

The service had 150 rules listed in the clients' guidebook. Clients signed a contract on admission to abide by the rules. Any breach of these rules could result in client privileges being suspended or discharge from treatment. Although some rules were appropriate for the therapeutic programme such as no alcohol or illicit substances; many were not. For example, clients were not allowed to visit tanning salons or wear shorts, short skirts, dresses or slippers downstairs day or night. All medication had to be held in the staff office. Extended care clients could only use their phones between 5.30 pm and 10.30 pm but only off the premises. Rules had not been individually assessed for each client. Staff could not justify why all the rules were in place. Staff described historic events that had resulted in the introduction of rules and said that some, such as mobile phone access, were to minimise conflict between clients. When asked about medication, staff explained that some clients might be at risk of self-harm or suicide, so they kept all medications as a preventative measure. Eight of nine clients we spoke with questioned the need for all the rules. The staff induction booklet advised staff to say no if in doubt. Staff had reviewed the rules with clients to identify what rules were unnecessary, but clients had not been informed of any changes.

The service did not seclude or restrain clients. Staff would contact the police if there was an incident that required support.

The service did not mitigate potential risks for clients with challenging behaviour. They did not provide behaviours that challenge training to all staff so that staff could deescalate clients and keep themselves and others safe. The aggression and violence towards staff and the unacceptable behaviour policies did not reflect best practice or support staff to

safely manage risky situations. For example, the aggression and violence towards staff policy stated that there are no set formulae for managing violent or potentially violent situations, when recognised approaches are available. The unacceptable behaviour policy was based on another organisation; it referenced teams and processes that Ark House did not have.

Staff received training in the Mental Capacity Act including its definition of restraint.

Safeguarding

Staff understood how to protect clients from abuse and the service worked with other agencies when required. Staff had training on how to recognise abuse. However, staff were not empowered to report abuse externally. Instead, all staff would speak to the manager.

Staff received training on how to recognise and report abuse, appropriate for their role. Safeguarding training was in date.

Staff knew how to recognise adults and children at risk of suffering harm and worked with other agencies to protect them. Staff described working with a client's social worker when they had been informed of a potential safeguarding issue.

Staff understood their responsibilities to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service had a zero-tolerance policy that was detailed in the client guide.

Staff followed clear procedures to keep children visiting the service safe. Children were allowed in the main lounge and garden and were always accompanied.

Staff did not know how to make a safeguarding referral and who to inform if they had concerns. All staff said they would discuss their concerns with the registered manager. However, there was no suitably qualified staff member identified to take on the safeguarding responsibilities when the registered manager was absent from the service. The safeguarding adults and children's policies did not empower staff to raise safeguarding for themselves with external organisations.

Staff access to essential information

Staff had easy access to client information but did not maintain high quality clinical records.

Essential information was available, but staff did not fully understand what information was to be recorded to deliver care. For example, morning handover notes had limited content under risks and health and behaviour. Evening handover notes were not recorded. Updates included no concerns, nothing new and no issues. Where one health concern was noted, the action was to 'keep an eye on health' or 'monitor and support'. No detail or framework for how to complete the actions were recorded. Instead all staff used the night notes to deliver care. These followed no specific format but had more detailed information about individual client needs. Team night notes between 31 May 2021 and 9 June 2021 indicated issues with medicines running out, unreported incidents, maintenance issues that were not recorded on a maintenance list, a judgemental attitude from staff towards a client requesting medication and recurrent physical pain as a consequence of completing therapeutic cleaning duties.

Client notes contained basic information relating to client care. Care records consisted of the initial assessment including risk assessment and management plans, care plans and progress notes.

Records were stored securely. Staff could easily access client's paper records that were secured in a lockable cabinet in the staff room. Night notes, risk assessments and handover notes were kept in folders in the staff office.

Clients completed and kept their workbooks as this formed their personal recovery plan through the 12 steps.

Medicines management

The service did not use systems and processes to safely administer, record and store medicines. The provider's policy did not meet clients' needs and the service did not audit medicines practice.

The service did not prescribe medication and no controlled drugs were allowed on the premises. Clients were asked to bring a two-week supply of medicines when they arrived. Clients were registered with a local GP who would continue any prescribing.

Staff did not follow systems and processes to safely administer, record and store client medicines. The medication cupboard and fridge were in the main staff office. During the inspection, the medicines cabinet was unlocked including when no staff were in the office. The registered manager said that this was because the lock was broken.

One client's medication was stored in a named jam jar which contained loose tablets and a blister pack of medicines. The medicines fridge had no lock or recorded temperatures. During the inspection there were no refrigerated medicines in use. Food items belonging to staff were stored in the fridge. Two sharps bins were stored on top of the medicine's fridge next to cleaning items and opened condiments. The sharps bins did not identify when they were opened.

Clients told us that staff dispensed medicines into their hands and we observed that staff did not ensure that client's followed good medicines practice. For example, one client dropped their tablets on the floor and proceeded to take them. Another put their medicines on top of the medicine's cupboard, but staff did not intervene.

Clients were not assessed to see if they could safely store their medication in their rooms. All medicines including home remedies were held in the staff office by Ark House. The medicines policy lacked specific instruction on when paracetamol or home remedies could be given to clients. The policy did not identify that staff were dispensing medication when staff took named items from the medicines cabinet and gave clients their medicines. The service had no medicines audit programme and medicines errors were not recorded as incidents. Balances were not recorded correctly on client medicines records.

There was no risk assessment completed to justify the lack of emergency medicines.

Reporting incidents and learning from when things go wrong

The service did not manage client safety incidents well.Staff did not always recognise incidents and report them appropriately. Managers did not always investigate incidents. When things went wrong, staff apologised and gave clients honest information and suitable support.

Recording and management of incidents was poor. The service had incident forms and an incident summary sheet. We reviewed the incidents between 27 September 2020 and 9 June 2021. There were 19 incidents recorded on the incident summary sheet. Of these, there were 11 incidents referenced on the incident summary sheet that had no corresponding incident form, and three incident forms were not listed on the incident summary sheet.

Inadequate

Substance misuse services

Staff did not know what incidents to report or how to report them. Staff mainly recorded health and safety incidents, when clients self-discharged or when their treatment was terminated. We identified 7 incidents recorded in the night notes that had not been reported between 31 May 2021 and 9 June 2021. These included a client admitted to hospital, abuse towards staff, and unidentified medicines found in the lounge.

Managers did not investigate incidents thoroughly. One allegation regarding racist language noted 'to be investigated further' but there was no evidence of who this related to, what had been followed up or the outcome of the investigation.

The provider had not raised statutory notifications to the CQC on two occasions; one when a client was admitted in an emergency to the local hospital, and another when two clients had been involved in a sexual relationship. The policy did not support staff to recognise and raise incidents. The policy was unclear and difficult to follow. It focussed on reporting accidents and did not provide examples of other incidents to support staff understanding.

Staff met to feedback and look at improvements to client care. Team meeting minutes evidenced staff making suggestions and a reminder from the manager to log all incidents.

Staff understood duty of candour. They were open and transparent with 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.

The service had no never events.

We did not see any evidence that staff received feedback from investigation of incidents, both internal and external to the service.

Are Substance misuse services effective?

Requires Improvement

Our rating of this service went down. We rated it as requires improvement. See overall summary for more information.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all clients on admission. The assessment did not translate into individualised, personalised, holistic and recovery-oriented care plans.

Staff completed an assessment of each client prior to admission. We reviewed five initial assessments and saw that staff reviewed mental health, physical health, medication, addiction issues, previous treatment, criminal history, safeguarding and finance or benefits. However, information from the initial assessment did not translate into personalised, holistic and recovery-orientated care plans.

Staff had not developed a comprehensive care plan for each client that met their mental and physical health needs. The service was not registered to provide clinical care for physical health needs. We reviewed five care records and saw that

two client records had been updated when clients had attended the local hospital for physical health. One of these clients attended hospital with a recurrent health issue that had not been identified in their physical health care plan. Most clients had physical and mental health needs, but staff did not engage with other healthcare providers to ensure that all the clients' care needs were being met.

Staff did not regularly review and update care plans when clients' needs changed. Only one of the five care plans we viewed had been updated. The others followed the set template and lacked detail and personalisation.

Best practice in treatment and care

Staff provided care and treatment based on the 12-step recovery model. This included access to a counsellor, support for self-care and the development of everyday living skills and meaningful occupation. Staff did not use recognised rating scales to assess and record severity and outcomes but did assess client progress through the 12-steps. Staff did not participate in clinical audit, benchmarking and quality improvement initiatives. The service did not meet all clients' dietary needs.

The service delivered a 12-step recovery programme. All clients were issued with a 12 steps recovery workbook which they completed. 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. Although care plans did not have outcomes measures identified, clients rated how they felt each day at morning meeting and progressed through the 12-step programme workbook objectives.

In contrast, clients' care plans were poor. Four of the five care plans we reviewed were basic. Only two had a personalised view of the clients and none of them were strength focussed or had individual goals. Two care plans had brief notes from the one to one counselling sessions and none of the care plans were formulated around outcome measures. Only one of the care plans was signed by a client.

The service did not meet all clients' dietary needs. The service provided a high carbohydrate menu that did not meet the dietary requirements of all clients including those with diabetes or who were obese. We reviewed the four-week menu rotation. There were no details of the alternative options offered. Staff and clients said the alternative healthy option was always salad.

Catering staff had no specialist nutritional qualifications. The nutritional assessment of the menu did not reflect accurate nutritional values or indicate portion sizes. For example, the service stated that sweet and sour chicken with rice and lasagne, salad and garlic bread had zero grams of sugar.

The service had not ensured that all staff and clients preparing food had formal food hygiene training. One staff member, who prepared food when the catering staff were absent, had not completed food hygiene training. Clients who prepared food on weekends for other clients told us they had not had food hygiene training. There was out of date food items in the kitchen pantry that had not been destroyed in line with food standards.

Staff did not always help clients to live healthier lives. There were limited healthy food choices and access to exercise was restricted due to the house rules. For example, primary care clients could go for a walk only four days a week and permission had to be sought from the client's counsellor to complete additional exercise.

Staff supported clients to take part in programs and gave advice. Prior to covid 19 clients volunteered in the local community. The manager explained that the 12-step programme encouraged clients to give back. We saw former clients volunteering at the service.

Staff used technology to support clients. Clients used the service's tablet to attend GP appointments and speak with families. During the Covid-19 pandemic, staff supported clients to attend mutual aid meetings using videoconferencing.

Staff did not take part in clinical audits, benchmarking or quality improvement initiatives. Managers did not complete audits to identify any failings or to make improvements.

Skilled staff to deliver care

The staff team did not fully meet the needs of clients in the service. There were not enough counsellors to give the clients the support they required. Managers did not ensure that staff had the right skills, qualifications and experience, including bank staff and volunteers. Managers provided an induction programme for new staff.

The service employed support staff, lecturers and counsellors. Clients said that they didn't always get the counselling support they needed or their full allocated time. There were no counsellors in the service on Mondays, Wednesdays, Saturdays or Sundays.

Managers did not ensure that staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank staff and volunteers. We reviewed six staff files. The service had not established or operated effective recruitment procedures to ensure staff and volunteers working in the service met all employment requirements. Four of six records had no evidence of identity checks. Four of six records lacked suitable current enhanced DBS checks. DBS clearance is an employment check that lists any criminal behaviours. There was no evidence to confirm that the DBS Barred checklist had been checked. One record of six had not been requested. Three staff files showed no evidence of DBS Barred checklist checks and another was from a previous employer. Satisfactory evidence of references from previous employment had not been completed. Two staff had no references, another two staff had one reference each and one staff had a reference from the Ark House registered manager. There was no evidence of qualifications being checked in the counsellors file.

The service only employed staff that had lived experience of addiction and the 12-steps programme. Managers gave each new member of staff a basic induction to the service before they started work. The service had an induction booklet and checklist for staff to complete. The induction booklet shared essential staff information and the checklist confirmed staff understanding. However, there was no guidance to staff on how to apply the house rules.

Staff told us that managers supported them through regular, constructive supervision of their work. However, when we asked for supervision dates from the previous six months, the service provided only two.

Managers did not support staff through regular, constructive appraisals of their work. We requested appraisal rates for the service, but these were not provided.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Minutes were taken and shared with those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The manager discussed training needs at team meetings and supervision. However, management of training data was poor.

Managers recruited, trained and supported volunteers to work with clients in the service. The service employed four volunteers. One of the previous volunteers had progressed to a permanent role within the service.

Multi-disciplinary and interagency teamwork

Staff worked together as a team to support clients. Staff had effective working relationships with staff from referring services but did not seek input from other external services or health professionals.

Ark House staff met regularly to discuss clients and improve their care. The counsellors attended a weekly incident review with the registered manager and there were team meetings and morning handover meetings with night staff.

Ark House staff had effective working relationships with staff from referring agencies including local authorities and detoxification services. One social worker and one service manager said that the 12-step care and treatment offered by Ark House was a last chance for some of their clients. They also said that staff updated them regularly and that their clients were happy with the service.

However, the service did not have a multidisciplinary team and did not seek external advice from health professions into client care. The service solely focussed on the 12-step recovery programme.

Good practice in applying the Mental Capacity Act

Staff assumed clients had capacity. They could access the provider policy on the Mental Capacity Act 2005 and would arrange capacity assessments via GPs if needed.

Staff received and kept up to date with training in the Mental Capacity Act. The service had a policy on Mental Capacity Act which staff knew how to access.

Capacity was discussed with clients at the initial assessment but was not reviewed when clients were admitted. Two of the five care records we reviewed had no signature to confirm that the clients understood the service rules.

Staff said they assumed capacity and that they would arrange a capacity assessment for any clients via their GP if needed.

The provider policy was detailed and provided information on the Act and staff responsibilities but did not fully reflect the service. For example, the service did not deprive people of their liberties or carry out best interest assessments, but this was included in their policy.

Are Substance misuse services caring?

Requires Improvement

Our rating of this service went down. We rated it as requires improvement. See overall summary for more information.

Kindness, privacy, dignity, respect, compassion and support

Staff did not always treat clients with compassion and kindness. They did not always act respectfully or treat clients with dignity. They understood the individual needs of clients and supported them to understand and manage their own condition.

Inadequate

Substance misuse services

Staff were not always discreet, respectful, and responsive when caring for clients. Three clients said that staff were grumpy, unapproachable and too busy to give clients help, emotional support and advice when they needed it. We saw one judgmental comment about a client in the night notes and heard staff referring to some clients as 'lace curtain drinkers.' Clients also said that all staff did not behave consistently. However, five clients also spoke positively about staff and described them as knowledgeable and helpful.

Staff supported clients to understand and manage their own care, treatment or condition. All clients and families spoke positively about the quality of the 12-step programme to help clients manage their condition.

Staff directed clients to other substance misuse services and supported them to access those services if they needed help. Staff helped clients relocate to the area and establish contact with 12-step programmes in the community.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients. The service had a zero-tolerance policy towards discriminatory behaviour detailed in their client guides.

Staff understood the individual needs of each client. Staff had lived experience of addiction and the 12-step programme.

Staff kept client information confidential.

Involvement in care

Staff did not involve clients in care planning and risk assessment and did not actively seek their feedback on the quality of care provided. They did not ensure that clients had easy access to independent advocates.

Involvement of clients

Staff introduced clients to the service as part of their admission. Clients were given a handbook before admission that provided information about the service. New clients were shown around the premises by a peer on arrival. However, four clients said they didn't feel fully prepared for their admission to the service. One client described their first days as bewildering, and another said they weren't shown what to do.

Staff did not always involve clients and give them access to their care planning and risk assessments. Although all clients had their own folder that they completed for the 12-step programme, clients did not access their care plans or risk assessments. One of the five care records we reviewed had been signed by a client and we observed no client involvement in risk assessments or management plans.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties). Clients said that they understood the programme provided. Staff described printing materials on coloured paper, accessing large print books and using audio books and videos to deliver the 12-step programme.

Clients were not always able to give feedback on the service and their treatment and staff did not always support them to do this. Clients described raising concerns with staff about the rules in the service. They told us that staff were not able to justify all rules and that staff reiterated the 12-step approach in response. Staff told us that rules were in place because something had happened in the past that had warranted them. Clients could feedback at the morning meeting, but some felt there was no point.

Staff did not ensure that clients could access advocacy services.

Inadequate

Substance misuse services

Involvement of families and carers

Staff did not actively seek feedback from families and carers. However, families spoke positively about the contact they had with staff.

Staff responded to families or carers. We spoke with five families or carers. Although the service did not actively provide updates to families or carers, all families and carers spoke positively about their contact with staff when they phoned the service. The service had arranged video calls for clients with children throughout the pandemic and helped clients reach out to families that they had previously lost contact with.

Staff did not help families to give feedback on the service. The service did not seek feedback from families or carers.

Are Substance misuse services responsive?

Requires Improvement

Our rating of this service went down. We rated it as requires improvement. See overall summary for more information.

Access and discharge

Staff planned and managed discharge well. They liaised with services that would provide aftercare and supported clients to find appropriate housing and contact mutual aid groups in their locality.

Bed management

Clients came from a wide geographical area. Approximately 75 to 80% of clients were privately funded.

The service planned new admissions well and ensured that clients returned to the same room following home visits. The service had a dedicated member of staff who liaised with referring organisations and potential admissions.

Managers reviewed length of stay for clients to ensure they did not stay longer than they needed to. Clients booked in for an initial six to 12-week period but could extend up to 24 weeks if necessary. The service had helped some clients to enter the service by sourcing charitable funding.

Discharge and transfers of care

The only reasons for delaying discharge from the service was client choice. Staff helped clients to identify their needs on discharge, for example housing, and staff supported clients to make suitable arrangements. Clients often relocated to Scarborough following treatment. Staff supported clients to make contact with mutual support groups in their localities.

Staff did not discharge clients at night or very early in the morning. When clients chose to leave the service, staff ensured that the clients had money to buy a ticket home and contacted family members, social workers or care coordinators. One social worker described how the service had booked a local hotel until they could source an alternative placement for their client's unplanned exit.

Following discharge, staff at Ark House provided telephone support for people who had left the service. They also had a regularly monitored Facebook page which provided an additional form of support.

Referring agencies spoke positively of discharge planning but said that discharge summaries could be more detailed.

Inadequate

Substance misuse services

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the service did not support clients' treatment, privacy and dignity. Most clients had shared bedrooms and shared bathrooms. There were no dedicated quiet areas for privacy. The food was notof good quality and clients were not supported to self-cater. Clients could access hot drinks and snacks but there were restrictions in what equipment could be used, what food clients could bring on to the premises and when this could be eaten.

The service did not have a full range of rooms and equipment to support treatment and care. The service had a large open plan living space, which included a lounge area, pool table, dining room and a kitchenette. The lecture room where group counselling sessions were held was crowded with desks and difficult to move around when all clients were in the session.

The service did not have a quiet area that clients could use, and they were not allowed access to their bedrooms during the day. The dining area did not have enough chairs to accommodate all clients at mealtimes. Clients moved chairs from other rooms at mealtimes.

The service had nine double bedrooms and two single bedrooms that clients could personalise. Eight of the rooms had en-suite bathroom facilities. There were shared bathrooms for other clients on the male and female floor.

Clients could keep personal possessions of value in the safe in the staff office.

Clients could make phone calls from the payphone in the corridor beside the front door, but this lacked privacy and client conversations could be overheard. Clients were restricted to 20-minute phone calls.

The service had an outside space that clients could access easily. There was a large decking area at the back of the premises.

The service did not offer a variety of good quality food. We spoke with nine clients; eight clients described the food as poor, basic or high carbohydrate based. Clients described canned vegetables and frozen fast food. Two families shared concerns over the suitability of the food for their relatives. We reviewed the four-week menu rotation. There were no details of the alternative options offered. The client guidebook specified that clients were expected to eat the meal provided or the alternative given; it specified that clients were not given a choice of the alternative. Staff and clients said the alternative healthy option was always salad.

Clients could make their own hot drinks and snacks and were not dependent on staff. However, clients weren't allowed to use the microwave without permission and there were restrictions as to what food clients could bring on to the premises and when this could be eaten.

Clients' engagement with the wider community

Staff supported clients with activities outside the service, such as work, education and family relationships.

Staff made sure clients had access to opportunities for education and work. They encouraged clients to develop and maintain relationships both in the service and the wider community.

Clients in extended care were encouraged to look for voluntary or permanent positions in preparation for discharge. The service had links with groups in the community that recruited volunteers and helped clients to gain new skills and build confidence.

Staff helped clients to stay in contact with families and carers. Staff encouraged clients to continue and re-establish relationships with families. Families and carers visited the service and the service had a tablet that clients used to videocall their loved ones when visits were restricted. Families were invited to attend the family group meeting.

Meeting the needs of all people who use the service

The service did not meet the needs of all clients. The service could not accept wheelchair users and had limited food choices for clients with specific dietary health needs. Staff helped clients with communication needs and offered spiritual support.

The service could support and make adjustments for clients with communication needs or other specific needs. Clients with dyslexia or reading difficulties were provided with CDs or large print materials as well as additional support from counsellors and other clients.

However, the service could not accommodate clients that required wheelchair access. The building was located on a steep incline with bedrooms located on the upper levels.

The programme materials and treatment were only delivered in English, so it was necessary for the clients to be able to comprehend and interact in English to receive treatment. The service had successfully treated clients that spoke English as a second language.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. The service had created a client guidebook that described the therapeutic programme, service rules, complaints and client rights; it was shared with clients prior to admission. The service's website also had information about the 12-step programme and daily routines.

Staff said they could provide food to meet the dietary and cultural needs of individual clients on request. Vegetarian diets and cultural needs were catered for on an individual basis. There were no vegetarian clients or clients with religious dietary needs during the inspection. Clients with specific dietary needs due to health said that the service had tried to incorporate their needs, but choices were limited. We saw that the service provided seeded bread for sandwiches or that clients had less carbohydrate at meals, but this was challenging due to the high carbohydrate menu offered. The only healthy alternative meal provided was salad.

Clients had access to spiritual and religious support. The service had links with local organisations and step three of the programme was to hand your life and will over to a higher power. However, it was not necessary to be religious to participate in the programme. Staff focussed on spirituality to ensure that all clients could get the most from the programme.

Listening to and learning from concerns and complaints

The service did not treat concerns and complaints seriously, investigate them or learn lessons from trends.

The complaints procedure was unclear, and staff did not follow the complaints procedure when complaints were raised. Clients had raised concerns about the service, but staff did not log these as complaints.

Inadequate

Substance misuse services

Staff did not understand the policy on complaints or know how to handle them. The service's complaints procedure explained that a complaint was an expression of dissatisfaction and that verbal complaints should be recorded. Staff said that complaints normally related to the rules and they would manage them informally by explaining the need for the rules and the 12 steps. One staff described assessing if the complaint was 'legitimate enough' before going to the manager.

The service had not recorded any complaints in the previous 12 months. The manager said that clients could be reluctant to speak up and that some clients voice concerns on behalf of others. Clients could feedback at morning meeting and feedback would be returned via the house leader. Some clients felt that there was no point in speaking up.

The manager confirmed there was no formal process to review trends, but clients normally complained about wash slots, use of the telephone and food. We saw no action to address these concerns.

Relatives and carers said that if they needed to complain or raise concerns, they would contact the manager.

The service did not clearly display information about how to raise a concern in client areas, but information was available in the client handbook.

The service used compliments to learn and celebrate success. Compliments were shared at team meetings and client testimonials were visible on the service's website.

Are Substance misuse services well-led?

Inadequate

Our rating of this service went down. We rated it as inadequate. See overall summary for more information.

Leadership

Leaders did not have the skills, knowledge and experience to perform their role. At the last inspection in 2018 we identified issues with staff training and medicines management practices. We saw that organisational policies lacked quality and suitable content and that governance arrangements were not robust or effective. These issues had not been resolved at this inspection.

The service provided a recognised model for substance misuse care. The manager had experience and a good understanding of the 12-step programme but lacked the skills, knowledge and experience to make the necessary improvements.

Leaders were visible in the service and approachable for staff.

Clients knew who managers were. Most clients could approach them with any concerns.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team. All staff had experience of the 12-step programme and lived by the ethos.

Inadequate

Substance misuse services

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. Staff could raise any concerns without fear. All staff described a supportive environment. One volunteer had progressed into a lecturer role and one of the support workers helped with administrative duties.

Governance

Our findings from the other key questions demonstrated that governance processes did not operate effectively, and that performance and risk were not managed well.

The service did not have systems or processes to assess, monitor and improve the quality and safety of the service or mitigate the risks relating to the health, safety and welfare of clients and others who may be at risk.

Medicines management procedures and training did not ensure that staff were safely storing, managing and dispensing medication to clients. The medicines policy did not meet the needs of the service, there was no medicines audit programme and medicines errors were not recorded as incidents.

Risk procedures relating to risk assessments, risk protocols and risk management plans did not ensure client safety and minimise risk. The registered manager confirmed that there was no record keeping audit completed for client risk or care records and documentation.

The service had limited controls to safely manage clients with an increased risk of violence or challenging behaviour. The service did not have systems and processes to identify and mitigate environmental risks; there was no ligature risk assessment of the premises or policy to ensure the safety of clients.

The service did not follow government Covid 19 guidance or their own Covid 19 risk assessment. Staff did not wear personal protective equipment and there were no social distancing measures followed.

The service did not meet infection, prevention and control guidance. The service had no cleaning programme or checks; they had not defined staff and client responsibilities.

The service had not identified that fire safety measures had not been properly followed and cleaning materials were not stored appropriately in accordance with guidance.

The service did not have a schedule of works to identify improvements that needed to be made to the environment. The service did not maintain and replace all equipment used by clients or operate all necessary health and safety checks for legionella and water safety.

The service had not established or operated effective recruitment procedures to ensure staff and volunteers working in the service met all employment conditions in line with legal requirements or the service's policy.

The service did not meet the nutritional and hydration needs of all clients. Nutritional values and alternative choices were not displayed on the menu to enable clients to make informed choices. There was no formalised system to review menus and gather feedback from clients.

Inadequate

Substance misuse services

The service had not implemented robust training procedures and ensured that all staff were appropriately trained in risk assessments, lone working and managing challenging behaviour. There was no suitably qualified staff member identified to take on the safeguarding responsibilities when the registered manager was absent. Training data did not identify all staff that required mandatory training.

The recording and management of incidents was poor. There were 11 incidents referenced on the incident summary sheet that had no corresponding incident form, and three incidents forms were not listed on the incident summary sheet. The policy did not support staff to understand how to record and manage incidents.

The services policies and procedures were not fit for purpose and wholly applicable to the service. Four documents, including three policies, referenced other organisations or teams where the policy originated. Policies included procedures that the provider had not implemented, and the provider's policy list did not include all the service's policies. Ten processes identified in six policies were not implemented in practice. This included risk assessments and planning for lone working, quality audits or internal inspections relating to safeguarding adults, employment and recruitment checks, mental capacity tests and an unacceptable behaviour template.

Systems and processes did not enable the registered person to seek and act on feedback for the purposes of continual evaluation and improvement. The complaints and safeguarding procedures did not empower staff to act on information received. Staff were encouraged to raise any safeguarding or complaints via the registered manager and there were no contact details for the local authority's safeguarding team. The complaints process was unclear, and staff did not follow the complaints process when complaints were raised. The service had logged no complaints from clients or families and carers when complaints had been raised. The manager reviewed client exit questionnaires but had no process to identify themes or trends.

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 employed a consultant in January 2021 to improve training and governance. Although improvements had been made in mandatory training completion, all staff were not identified on the service's training log and the service had not identified all training staff required. The consultant had also helped to implement set formats in team meetings, but meeting minutes indicated that actions were not completed or updated.

Staff had easy access to client information but did not maintain high quality clinical records. Teams did not access and maintain the information they needed to provide safe and effective care or use that information to good effect. Staff had not developed a comprehensive care plan for each client that met their mental and physical health needs or regularly review and update care plans when clients' needs changed. Staff relied on night notes to handover client information. These followed no set format and did not address all the areas of client care.

The service had identified 21 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 provider had added one new risk pertaining to the pandemic since the last inspection. The action for covid had been copied from the safeguarding risk and was not applicable. Risk controls to manage the risk listed the provider's policies and procedures. However, policies were poor, not applicable to the service and staff didn't follow them. Control measures and actions were ineffective.

Information management

Staff did not collect and analyse data about outcomes and performance or engage actively in local and national quality improvement activities.

Inadequate

Substance misuse services

Managers did not engage actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Managers did not actively engage other local health and social care providers to ensure that people with substance misuse problems experienced seamless care. The service did not work with local community substance misuse services, only mutual aid groups.

The provider had not raised statutory notifications to the CQC on two occasions and did not manage information to drive improvement.