Ark House

Quality Report

15 Valley Road
Scarborough
North Yorkshire
YO11 2LY
Tel :01723 371869
Website: www.arkhouserehab.co.uk

Date of inspection visit: 15 March 2017
Date of publication: 12/05/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

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

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

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

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

Overall summary

We do not currently rate independent standalone, substance misuse services.

- Following our inspection in November 2015 and September 2016, we found areas of good practice for effective, caring, responsive and well led. Since these inspections, we have received no information that would cause us to re-inspect these key questions.
- During this most recent inspection, we found that the service had addressed most of the issues needed to improve safe following the November 2015 and September 2016 inspections.

Ark House was now meeting Regulations 13, 15 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

However:

- The service needed to improve their records relating to identified risks to give assurances that all staff knew how to manage or minimise individual client risks. This meant they were not compliant with regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 in respect of risk management.

Summary of findings

Contents

Ark House

Services we looked at
Substance misuse services

Summary of this inspection

Background to Ark House

Ark House is a residential service provided by Ark House Rehab Limited. The service provides treatment to rehabilitate people with drug or alcohol dependency. It is registered with the Care Quality Commission to provide accommodation for persons who require treatment for substance misuse. Ark House has a registered manager and a nominated individual.

The service is located in a large house in a residential area of Scarborough. It is close to all amenities and public transport. The service is able to take up to 20 clients at any time and has staff on duty 24 hours. At the time of our inspection, there were 19 clients in treatment. All clients have to be free of any substance use before admission, so they often arrive at the service following a detoxification programme. Ark House does not offer clinical or prescription medicine treatments. It delivers psychosocial interventions and provides a therapeutic environment for recovery.

Ark House has been operating for more than 20 years. Clients take part in a therapeutic programme based on the 12-step principles of Alcoholics Anonymous. Staff deliver treatment for people whose main addiction is to alcohol or drugs. However, due to the model used, staff also consider secondary addictive behaviours, for example, eating disorders or gambling. The 12-step approach works sequentially as a process to guide a person through the journey of recovery to a new way of life. The programme addresses the physical, mental, emotional and spiritual aspects of recovery. The principles behind this approach give a person a starting point for a lifelong process. All aspects of Ark House follow the ethos of the 12-step approach.

Ark House clients fall into one of four categories:

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

When the CQC inspected the service in November 2015, we found that the provider had breached regulations. We issued the provider with three requirement notices relating to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- regulation 12: safe care and treatment
- regulation 13: safeguarding clients from abuse and improper treatment
- regulation 17: good governance.

When the CQC inspected the service in September 2016 in response to a whistle blowing, we found that the provider had breached regulations. We issued the provider with a requirement notice. This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- regulation 15: premises and equipment.

Our inspection team

Our inspection team was led by:

Team Leader: Jacqui Holmes, inspector (mental health), Care Quality Commission.

The team that inspected these services comprised two CQC inspectors.

Summary of this inspection

Why we carried out this inspection

We undertook this focused, unannounced inspection to find out whether Ark House had made improvements to their service since our last comprehensive inspection in November 2015 and the focused inspection in September 2016.

Following the November 2015 inspection, we told the provider it must make the following actions to improve their service:

- The provider must ensure all clients have a comprehensive risk assessment in place with a risk management plan that staff review and update as necessary.
- The provider must ensure that all staff attend safeguarding training as mandatory and that they put in place systems to support staff to identify and raise safeguarding alerts when required.
- The provider must ensure that systems are in place to record all incidents within the service. Processes must ensure incidents are effectively investigated, trends identified and staff learn from these.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- regulation 12: safe care and treatment
- regulation 13: safeguarding clients from abuse and improper treatment
- regulation 17: good governance.

Following the November 2015 inspection, we told the provider it must make the following actions to improve their service:

- The registered provider must ensure they replace soiled and stained soft furnishings and furniture in a timely manner.

This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- regulation 15: premises and equipment.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location. This information suggested that the findings for effective, caring, responsive and well led following the November 2015 inspection, were still valid. Therefore, during this inspection, we focused on those concerns, which led us to issue the service with requirement notices for safe. We also made some recommendations following the November 2015 inspection, which will be followed up at the next comprehensive inspection.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients
- spoke with the registered manager
- spoke with four other staff members employed by the service provider, including care workers, one counsellor and one housekeeper
- looked at seven care and treatment records, including medicines records, for clients
- observed medicines administration throughout the day
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with four clients about their experience of the service. They spoke positively about it and described staff as supportive. Clients told us they felt safe at Ark House and personally involved and responsible for their recovery. One client commented that it was the nicest place they had been in a long time and they felt safe and secure.

Clients said they kept to a daily routine and had to contribute to the domestic chores, as this was their home during their stay. We specifically asked about the cleanliness of their rooms. Clients told us they were personally responsible for keeping their rooms clean and had dedicated time to do their laundry, which included bedding. One client commented that this was what reality felt like. They said staff listened to them, were available when they needed them and were respectful.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone, substance misuse services.

We found the following areas of good practice:

The service had addressed most of the issues that had needed improvement following the November 2015 and September 2016 inspections.

- In November 2015, we found that staff managed safeguarding within the service. Staff had not attended any safeguarding training and the provider had not made any alerts to local safeguarding teams or had any understanding of this requirement. When we visited in March 2017, we found that all staff had undertaken training in safeguarding. Staff we spoke with were clear about what constituted a safeguarding concern and knew what process to follow. The safeguarding policy clearly detailed what action staff should take.
- In November 2015, staff did not fully understand what constituted an incident. The service had no formal processes in place to record incidents. When we visited in March 2017, the service had an incident log that staff used to record all incidents. Staff we spoke with were able to describe different categories of incidents and knew what action they should take to report incidents.
- In September 2016, we found the service had a renewal plan for the fabric of the building and the soft furnishings, such as bedding. The plan needed updating and action taken to replace soiled furnishings and improve the environment. When we visited in March 2017, we found that the service had a stock of new soft furnishings and mattresses available. There was evidence that maintenance work was undertaken regularly.

However, we also found the following issues that the service provider needs to improve:

- In November 2015, staff did not manage risk effectively. Not all clients had risk assessments or risk management plans. Staff communicated risks verbally and recorded very limited detail in handover notes. When we visited in March 2017, records showed all clients had a risk assessment. Staff still communicated risks verbally and recorded very limited detail in handover notes. This meant there was no assurance that all staff knew how to manage or minimise individual client risks.

Summary of this inspection

Are services effective?

We do not currently rate standalone, substance misuse services.

At the last inspection in November 2015, we found areas of good practice**.** Since that inspection we have received no information that would cause us to re-inspect this key question.

However:

- At the last inspection, we recommended that the provider should ensure that staff record one-to-one sessions with the detail necessary for other staff to provide appropriate care. This will be followed up through our engagement with the provider and at our next comprehensive inspection.

.

Are services caring?

We do not currently rate standalone, substance misuse services.

At the last inspection in November 2015, we found areas of good practice**.** Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are services responsive?

We do not currently rate standalone, substance misuse services.

At the last inspection in November 2015, we found areas of good practice**.** Since that inspection, we have received no information that would cause us to re-inspect this key question.

However:

- At the last inspection, we recommended that the provider should record informal complaints as a way to learn and improve the service. This will be followed up through our engagement with the provider and at our next comprehensive inspection.

Are services well-led?

We do not currently rate standalone, substance misuse services.

At the last inspection in November 2015, we found areas of good practice**.** Since that inspection, we have received no information that would cause us to re-inspect this key question.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Ark House was a large three-storey house situated close to the beach and town centre. There were ample rooms including lounge areas, dining area, kitchen, study rooms, lecture rooms and laundry. There was a mixture of shared and single bedrooms located on the second and third floors. Female bedrooms were located on the first floor and male bedrooms on the second floor. Seven of the rooms had ensuite facilities. Clients who did not have access to ensuite facilities shared the bathrooms available on their floor.

Clients agreed to a clear set of rules before their admission, which staff reiterated regularly throughout their stay. These rules were in place to ensure that Ark House was an environment where clients were safe from their addictions. The rules set boundaries, defined a code of conduct and stated an expectation for each client to be involved in the daily tasks for running the house. Management devised the rules alongside the 12-step programme, which encouraged an outward-looking approach as opposed to clients' previous self-centred behaviours.

As agreed in the rules, staff assigned all clients to a daily task to contribute to the cleanliness of Ark House. Staff checked bedrooms on a daily basis to ensure they were clean and tidy. Clients were responsible for their own laundry and allocated a weekly slot to use the washing machine and dryer. They were required to clean their bedding weekly. Clients and staff participated in a more thorough deep clean of the whole building every four to six weeks.

We carried out a focused inspection in September 2016. This was in response to information received about the cleanliness of the service. Following this, we recommended the provider implement their renewal programme for the fabric of the building and soft furnishings in a timely manner.

Since our inspection in September 2016, Ark House had undergone a renewal programme for the soft furnishings of the building. This included the purchase of 16 new pillows, the replacement of five mattresses, 14 mattress protectors, 10 new duvets, new carpeting for the lounge area and the replacement of lounge chairs.

A member of staff was responsible for ensuring beds and bedding met hygiene standards and that new clients had a clean mattress and bedding on admission to the service. They also supervised clients who carried out cleaning duties. Due to the building being old, the service employed a full time maintenance person to keep the premises adequately maintained.

On this inspection, we saw rooms were generally warm and comfortable. We looked at six bedrooms, three on each floor. The bedrooms were mostly clean and tidy with clean bedding and mattresses. In room 10, one of the beds had a stained mattress and dirty bedding. It was clear this mattress was new and recently stained. We brought this to the manager's attention. Staff changed the mattress on the day of inspection and addressed the dirty bedding with the client. We noted a mouldy bathroom ceiling in room one. However, the manager was aware of this; we observed an incident report with on-going actions to remedy the problem.

The service displayed infection control reminders around the building. There were fire blankets and fire extinguishing equipment throughout. The cook informed us that she tested fridge temperatures daily. The service did not keep records of these tests. However, the cook demonstrated testing procedures and described the actions she would take if the temperatures were not within agreed ranges. As

clients mostly carried out cleaning duties, staff did not maintain cleaning records other than the rotas used for duties. The service had a food hygiene rating of five, which is the highest rating the Food Standards Agency awards.

With the exception of one counsellor, all staff had received training in first aid, the training included life support. This enabled the service to have a first aider on site at all times.

Clients and staff told us they felt safe at Ark House. The building had closed-circuit television cameras on entrances and exits. Staff monitored this from the office during the day. Staff locked external doors at night.

Safe staffing

The staffing establishment comprised:

- one director who delivered lectures on a weekly basis
- one manager
- two counsellors (one of whom was also a director)
- six part time care assistants, who covered a range of duties such as group work, night shifts, weekend shifts or administrative duties
- one housekeeper
- one maintenance worker.

Staff and clients we spoke with said the staffing levels were good and there was always someone available to speak with and support them. There were no vacancies. In the event of unexpected staff absence, the service called on their existing staff to cover shifts. Staff and clients told us that the service never cancelled groups or lectures. However, a few group sessions consisted of a backup plan of watching recovery DVDs and completing worksheets.

The minimum day cover was one counsellor, and three care assistants alongside the maintenance worker and housekeeper. On the day of our visit, both counsellors were on duty, as well as the manager. One care assistant provided night cover. The manager or a counsellor was available on call to support them if the need arose.

The clients who were in secondary care had reached step 10 in their treatment. This is the maintenance stage in the 12-step programme where people consider their own personal accountability on a daily basis, and this includes helping others. With this in mind, Ark House used clients in secondary care to carry out roles in the service to support staff. For example, preparing lunch and escorting those in primary care to appointments.

All staff completed mandatory training as part of their induction. Thereafter, the manager reviewed staff training needs yearly. We saw evidence that staff training included health and safety at work, first aid, infection control and food hygiene if considered appropriate. Staff received training in safeguarding level 2 and the safe handling of medications level 2 provided by a recognised educational facility. Care assistants were encouraged to undertake health and social care level two/three qualifications and counsellors had appropriate specialist training and qualifications.

Assessing and managing risk to clients and staff

On our inspection in November 2015, we were concerned that staff did not manage risk effectively. On this inspection, we found although staff completed an initial risk assessment with the client they mainly identified and managed client risks through verbal communication. The service did not record details relating to risks sufficiently.

Staff assessed patients on their arrival to the service. The assessment included a risk assessment tool that prompted staff to consider risks including self-harm, overdose, violence, criminal history, conflict, parental responsibilities and housing. It did not include domestic violence. We looked at the records for seven clients. All records included a completed risk assessment tool. However, the form only required the completion of a yes or no tick box and for staff to indicate whether the risks were high, medium or low. There were no details relating to any identified risks. This meant staff would be unable to assess or review risks effectively based on the recorded information alone.

The service did not record information relating to how they would manage identified risks. Assessments reviewed showed some clients had risks. These included previous injecting behaviours, depression, self-harm, debts and children's safeguarding. There were no recorded plans detailing how staff would manage or minimise these risks. The manager and staff (including night staff), told us that risks were verbally discussed in detail at each handover meeting. These meetings, attended by all staff, occurred twice daily and lasted between 30 to 40 minutes. The service kept a handover record. However, the handover form was one side of A4 paper to cover all clients for two handovers each day. We looked at the handover records from 1 February 2017 to our inspection date of 15 March

2017. The majority of entries noted only the words 'seems ok'. The few entries that did not state this included 'under weather' and 'unsettled'. There were no entries detailing specific risks.

Staff did not periodically review risks for each client in a formal manner. Clients did see their individual counsellor at least weekly. Staff told us, that the counsellors reviewed risks informally as part of these sessions. However, this was not evident in the records.

Clients told us that staff addressed their risks whilst at Ark House and staff were confident that the service identified and managed risks effectively. For example, they described interventions, which they had agreed following a recent altercation that aimed to minimise future occurrences. However, this was mainly through verbal discussions and not recorded. The manager informed us that they aimed to keep any records to an absolute minimal. This meant that the service had no effective recording system in place to provide assurances regarding risk management.

Staff planned for unexpected treatment exits. This included informing the referring body and the client's funder. They would also contact any other individuals or organisations if the client had agreed to this in advance.

On admission, staff searched clients' bags in their presence to ensure they brought in no banned items, such as alcohol and drugs, that might compromise their own, or other client's safety and recovery. Staff carried out random searches for clients returning from outside excursions where they had suspicions or concerns. Clients agreed to these searches in the rules prior to their admission.

In November 2015, we found staff had a limited understanding about what constituted safeguarding or how to report a concern. During this inspection, we found all staff were required to attend safeguarding level two training. Staff we spoke to on this inspection had a good understanding of what constituted a safeguarding concern and how they would report this. The manager discussed the two safeguarding concerns the service had referred to the required authorities. These related to historic abuse and domestic violence.

Staff had either completed training in the safe handling of medications or were in the process of completing this training. Clients admitted to Ark House were required to be sober and not using any illicit substances. The service did not admit any person prescribed

- a detoxification regime
- an opiate based or benzodiazepine medication
- high dose antipsychotic medications.

A client's own GP prescribed any other medication that a client required prior to admission. Some clients registered with a GP practice local to Ark House for their prescriptions; this was dependant on their length of stay. Before admission, clients agreed to Ark House storing their allowed medications and agreed to staff observing them take it. These medications were stored in a locked cabinet in the staff office. Clients took their medication in front of a staff member and signed for this. The manager carried out an audit of the contents of the medicine cabinet at least weekly.

During our inspection in November 2015, we found improvements were required for the medications log. On this inspection, we found staff had improved their records. Audit sheets showed that clients signed when they took their medication and medications were reconciled correctly. There was a lack of consistency when staff made recording mistakes. We saw examples of good practice were staff had neatly crossed through a mistake, initialled it, and recorded it as an error and examples where the mistake was just crossed out.

The service allowed relatives and friends to visit clients including their children. The service requested visitors to visit on Saturday afternoon so not to interfere with the client's therapeutic programme. Most visitors spent this time with the clients away from the premises. However, private rooms where available on the ground floor. Ark House did not permit visitors access to clients' bedrooms.

Track record on safety

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

Reporting incidents and learning from when things go wrong

In September 2015, the service did not record all incidents that occurred at Ark House. Staff were not able to describe what constituted an incident. They told us they would report incidents verbally to the manager and discuss client specific incidents at handover meetings.

During this inspection, we found the service had implemented an incident logbook, which contained brief records. Staff we spoke with were able to identify what

constituted an incident. They discussed incidents with the manager who subsequently recorded minimal details of incidents and actions taken. In February 2017, there was more than one record per month whereas previously there had been a sequential log maintained. However, the service did categorise the nature of the incident. This meant that the service was able to identify themes if they arose but not in any detail.

There was no formal process in place to investigate and share any learning with staff. Any learning arose through discussing the incident with the manager.

Duty of candour

Duty of candour is a statutory requirement to ensure that providers are open and transparent with people who use services in relation to their care and treatment. The provider should have policies and procedures to support a culture of openness and transparency. There are specific requirements that providers must follow when things go wrong with care and treatment. However, the service relied solely on the values of the 12- steps to meet this requirement and did not have policies and processes in place. There were no recorded incidents relating to duty of candour.

Are substance misuse services effective?
(for example, treatment is effective)

At the last inspection in November 2015, we found areas of good practice**.** Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are substance misuse services caring?

At the last inspection in November 2015, we found areas of good practice**.** Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are substance misuse services responsive to people's needs?
(for example, to feedback?)

At the last inspection in November 2015, we found areas of good practice**.** Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are substance misuse services well-led?

At the last inspection in November 2015, we found areas of good practice**.** Since that inspection, we have received no information that would cause us to re-inspect this key question.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff record and update client risk assessments and risk management plans in sufficient detail so that all staff know how to manage or minimise individual client risks.

Action the provider SHOULD take to improve

- The provider should ensure incident logs contain sufficient detail to provide a meaningful account of the incident, the actions taken and any improvements made. There should be a formal process in place to investigate and share any learning with staff.
- The provider should ensure staff always follow best practice when amending entries in the medications administration records.
- The provider should have policies and procedures in place to support a culture of openness and transparency. They should ensure all staff follow the specific requirements, which support duty of candour.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff communicated risks verbally and recorded very limited detail in handover notes. They did not update risk assessment records and there was no evidence of risk management plans. This meant there was no assurance that all staff knew how to manage or minimise individual client risks. This was a breach of regulation 12 (2)(b)