

Arck Living Solutions Ltd

Claremont

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Claremont is a residential care home providing personal care to 4 people at the time of the inspection. The service can support up to 4 people.

People's experience of using this service and what we found

Right Support:

Risks to people were not always managed. There were not always staff trained on duty to administer emergency medications should they be required. Improvements had been made in relation to fire safety. People had developed positive relationships with the staff. People were not supported to have maximum choice and control of their lives and did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We continued to find capacity assessments and best interests not in place.

Right Care:

Improvements had been made to staff practice and staff understood their responsibilities under safeguarding. Some improvements had been made to supporting people with their access to the community and activities, however this needed to be embedded for all.

Right Culture:

There had been an improvement in the culture of the service. We received positive feedback from people and their relatives. Further work was required to ensure all people living at the service were promoted to have good outcomes. Staff felt supported in their roles.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 06 February 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of some regulations. However, sufficient improvement had not been made in all areas and the provider remained in breach of some regulations.

This service has been in Special Measures since 10 February 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This focused inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the key questions of safe, effective and well led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has improved to requires improvement based on the findings of this inspection. Please see the safe, effective and well led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last inspection, by selecting the 'all reports' link for Claremont on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk management, consent and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Claremont

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two inspectors carried out this inspection.

Service and service type

Claremont is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Claremont is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 May 2023 and ended on 31 May 2023. We visited the service on 16 and 18 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited the service and completed visual inspections of the building. We spoke to 3 people who use the service and 2 relatives. We spoke with 4 staff members including the registered manager and support workers. We also spoke to a health professional. We reviewed documentation relating to the care of 3 people and paperwork relating to the health and safety of the service. We looked at recruitment records for 3 members of staff. We reviewed records regarding the management of the service, including audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Risks to people continued not to be fully managed and mitigated. Risk assessments were not always in place when there were risks to people. When risk management systems were in place they were not always monitored for their effectiveness.
- When care plans had measures in place to monitor risks to people's health these had not always been followed. For example, one person's care plan stated they should be weighed weekly, however we saw from records they were weighed monthly.
- There continued to be times when there was not staff on duty suitably trained to administer emergency medication to people in line with their care plans.

This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made in relation to fire safety. Appropriate documentation was now in place to support safe evacuations.

Staffing and recruitment

At our last inspection there was not sufficient staff to ensure people were receiving safe care, and staff were not adequately trained in mandatory training to keep people safe. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Some improvements had been made to staffing levels. There was now sufficient staff on duty to support

an evacuation. One relative told us, "There has been improvements, there is more staff now. It used to be 1 or 2 now there is mostly always 3 staff."

- We observed enough staff to respond to people, however, work was still required to establish people's individual hours and ensure they received these. Further oversight was needed of the rota to ensure there was sufficient staff at all times.
- Work was in progress to update staff training to ensure there was staff who were sufficiently trained on duty; however, further oversight was needed to ensure the correctly trained staff were deployed.

At our last inspection the provider had failed to operate safe recruitment processes. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment checks had been carried out to ensure staff were of suitable character.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to establish safeguarding systems and processes had to ensure people were protected from avoidable harm. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe.
- Staff had received safeguarding training and were confident in reporting any allegations of abuse.
- Systems were now in place to ensure safeguarding referrals were made.

Preventing and controlling infection

At our last inspection the provider had failed to prevent and control infection effectively. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this element of regulation 12.

- Measures were in place for the safe storage of personal protective equipment [PPE]. PPE was stored safely and separate to waste areas.
- Improvements had been made in relation to the disposal of PPE. Clinical waste bins were now in place.
- The home was clean and tidy, although some areas required attention so they could be effectively cleaned such as pull cords and flooring. The registered manager was aware of this and an action plan was in place.

Using medicines safely

- Systems were in place to manage people's medicines. However, we observed on one occasion a person not received medicines in line with the prescriber's instruction and some records had not been completed in line with best practice. The registered manager told us they would address this.
- Medicines were stored safely, and records were in place to support staff to administer medicines in line with people's preferences.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection systems had not been developed or considered to seek people's consent or to follow best practice and legislation. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider has remained in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments and best interest decisions were still not always completed when required.
- DoLS applications had been applied for and granted, however not all conditions had been met. For example, one person required a best interest decision specific to leaving the service. This had not been carried out.

Staff support: induction, training, skills and experience

At the last inspection staff were not adequately trained to ensure people received safe care. This was a

breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they now received supervisions and felt supported in their role. The registered manager had scheduled for staff to receive appraisals.
- Staff had received training in mandatory subjects and had been supported to access training for their development.

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

- People were supported with their nutritional intake. People told us they were happy with the food at the service.
- People were supported to drink enough and where appropriate this was monitored.
- Systems had been put in place to promote choice in relation to mealtimes. Further work was required to ensure these choices were considered on an individual basis.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Improvements were required in the support people received in relation to promoting healthy lifestyles. For example, people did not always have plans in place to support them with their weight when required.
- People were supported to attend health care appointments and reviews.

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

- At the time of our inspection the garden continued to not be well kept. Following the inspection, the registered manager provided evidence work had been carried out which demonstrated the garden was safe and a nice place for people to spend their time.
- People were happy with their rooms which were personalised.

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

- Improvements had been made to people's care plans, such as including people's goals. However, further work was required to ensure people received fully individualised care and their skills were supported.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service, mitigate risks relating to the health and safety of others, maintain accurate, complete and contemporaneous records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Auditing systems were now in place, however they needed to be developed and sustained to make the required improvements and this was the third consecutive inspection that a breach of regulation 17 had been identified. Systems had not always been sufficiently robust enough to identify issues found at this inspection, such as medicine concerns.
- Although improvements had been made in some areas, the provider had not made sufficient improvement in others. We found continued concerns with risk management, person centred care, staffing and MCA and DoLS.
- Further oversight was required from the management team and provider to ensure lessons were fully learnt and embedded. There was a lack of oversight of rotas to ensure sufficiently trained staff were on duty and a lack of monitoring of people's support to access the community.
- The provider had not always kept contemporaneous, up to date, accurate records.

The provider had failed to assess, monitor and improve the quality and safety of the service, mitigate risks relating to the health and safety of others, maintain accurate, complete and contemporaneous records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider failed to carry out care with a view to achieving people's preferences and ensuring their needs were met. This was a breach of regulation 9 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- Although some improvements had been made to some people's access to the community, this was not always individualised, and further work was required to fully support some people to be reengaged in the community.
- People were happy at the service and had good relationships with the staff and management team.
- People and their relatives were complimentary about the registered manager. One person told us, "The registered manager is brilliant, she is very experienced, she is changing things around."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of her responsibilities under duty of candour. They had informed the appropriate people when things went wrong.
- The registered manager was open and honest.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristic; working in partnership with others

- More engagement had been carried out with people who lived at the service. This included a weekly meeting.
- Satisfaction surveys had been carried out to gather the views of people, their relatives, and staff. However, the results of these had not been analysed or used to develop the service.
- The registered manager had been working with the local authority to make improvements to the service.
- Health professionals felt there had been some improvement in communication. Feedback included, "There appears to have been improvement in the communication from the service. There is still work to improve. I feel confident the manager will contact me if there is a problem."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to completed mental capacity assessments and comply with conditions of people's Dols. 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to the health and safety of people had been effectively mitigated. 12 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to keep accurate, up to date and contemporaneous records. 17 (1)(2)(a)(b)(c)(d)

The enforcement action we took:

We have issued a condition on the providers registration