# Arck Living Solutions Ltd

# Claremont

## Inspection report

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Date of inspection visit:
28 February 2017

Date of publication:
11 April 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection of Claremont took place on 28 February 2017 and was unannounced. At the last inspection on 15 and 18 December 2015 the service did not meet all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated 'Requires Improvement' because there were four breaches of the regulations. These were in relation to inadequately maintained premises, untrained staff, non-notification of incidents and ineffective quality assurance records.

Claremont House is in a residential area of the town of Goole in East Yorkshire. The property is on three floors and has all single accommodation, some with en-suite bathrooms. The service provides care and support to adults with a learning disability. At the time of our inspection the service was providing support to four people. It offers rehabilitation, learning with living skills and activities that are educational, occupational and recreational. There is on street parking and access to the town via public transport.

The registered provider is required to have a registered manager and on the day of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that the registered provider had made sufficient improvement to the service to meet the requirements of the regulations. We found the overall rating for this service to be 'Good'. The rating is based on an aggregation of the ratings awarded for all 5 key questions.

The registered provider had made sufficient improvements to the property to ensure people that used the service had their own suitable toilet and bath/shower and the staff had a separate toilet and bathroom available to them. The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. The premises were suitable for providing care to people with a learning disability or autistic spectrum disorder.

The registered provider had made sufficient improvements with monitoring and providing staff training up-dates, so that all staff were now better trained with regard to refresher courses in safeguarding adults, medicine management and other courses relevant to their roles. We saw that people were cared for and supported by qualified and competent staff that were regularly supervised and received an appraisal regarding their personal performance.

The registered provider had made sufficient improvements in notifying the Commission of significant events as required by regulations. Notifications were sent to the Commission and so the service fulfilled its responsibility to ensure any required notifications were made.

The registered provider had made sufficient improvements to ensure audits were effectively carried out and people were consulted about their views of the service provision. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys and meetings.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury or harm.

Staffing numbers were sufficient to meet people's need and we saw that rosters accurately cross referenced with the staff that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people. The management of medication was safely carried out.

Communication was effective, people's mental capacity was appropriately assessed and their rights were protected. Employees of the service had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves.

The registered manager explained how they worked with other health and social care professionals and family members to ensure a decision was made in a person's best interests where they lacked capacity to make their own decisions.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing.

People received compassionate care from kind staff who knew about people's needs and preferences. People were involved in all aspects of their care and were always asked for their consent before staff undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff maintained these wherever possible. This ensured people were respected, that they felt satisfied and were enabled to take control of their lives.

People were supported according to their person-centred support plans, which reflected their needs well. People had many opportunities to engage in pastimes, activities and occupation of their choosing. People were supported to maintain family connections and keep in touch with friends.

There was an effective complaints procedure in place and people's complaints were investigated without bias. The service was well-led and people had the benefit of a culture and management style that were positive and inclusive. People were assured that recording systems used in the service protected their privacy and confidentiality, as records were well maintained and held securely in the premises.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were managed well so that people avoided injury or harm.

The premises were safely maintained following some important improvements to bathroom facilities. Staffing numbers were sufficient to meet people's needs and recruitment practices were carefully followed. People's medication was safely managed.

### Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their personal performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain good levels of health and wellbeing. The premises were suitable for providing care to people with a learning disability or autistic spectrum disorder.

### Is the service caring?

Good

The service was caring.

People received compassionate care from kind staff. People were supplied with the information they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected by staff.

### Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. People had the opportunity to engage in many pastimes, activities and occupation of their choosing.

People's complaints were investigated without bias. People were encouraged to maintain relationships with family, friends and partners.

## Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service, where the culture and the management style of the service were positive and inclusive.

Quality assurance and monitoring systems were used to improve the service delivery and records were well maintained and securely held.

# Claremont

**Detailed findings**

## Background to this inspection

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

The inspection of Claremont took place on 28 February 2017 and was unannounced. One adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in learning disability services and autism spectrum disorder.

Information was gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Claremont and reviewed information from people who contacted CQC to make their views known about the service. We also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people that used the service, one relative, the registered manager and five members of the staff team that worked at Claremont. We also spoke with three relatives via the telephone on the same day that we visited the service. We looked at two care files belonging to people that used the service and at recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service, including quality assurance and monitoring, medication management and premises safety systems. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms.

Good

# Is the service safe?

## Our findings

People were unavailable to speak with us at length because they had community based activities and occupation to attend and we were unable to communicate in detail with one person that was available. However, the conversations we had with two people, using direct and closed questions with one of them and chatting to the other just before they left for the day, led us to understand that these people felt safe living at Claremont. One explained they had some reservations about what their future plans held, should they move out of Claremont, which was, they told us, their main aim in life, in order to further develop their potential. The other answered our questions positively by saying 'yes'.

Relatives we spoke with told us that they thought their loved ones were safe and settled. When we asked one relative if they thought their family member was safe and happy at Claremont they said, "Yes I think so. I think [Name] is settled". The person that used the service then answered the question themselves and confirmed, "Yes I'm happy." Other relatives said, "I couldn't have been more pleased with the service. The staff are great and [Name] sees the place as their home now. [Name] has settled really well", "[Name] trusts the staff when they provide help" and "The cameras (around the property) and security make me feel much better about the safety issues."

The service had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse, which we evidenced in documentation and staff training records. Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. The registered manager ensured all queries about safeguarding issues were discussed with the local authority safeguarding team when necessary.

Records were held in respect of handling safeguarding incidents and the referrals that had been made to the local authority. Formal notifications were sent to us regarding incidents, which meant the registered provider was meeting the requirements of the regulations. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Risk assessments were in place to reduce people's risk of harm from, for example, infections, accessing the community, cooking, using electricity, inadequate nutritional intake and several others relating to people's individual activities. People had personal safety documentation for evacuating them individually from the building in an emergency.

At the last inspection the service was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the premises were unsuitable regarding bathroom and shower facilities for people that used the service and toilet facilities for the staff.

At this inspection the registered provider had made sufficient improvements to the property to ensure people that used the service and staff had suitable, separate toilet and washing facilities. Since the last inspection a new bathroom with toilet and shower was created for one person and another person had a toilet designated to them for their use only (staff had used this at the last inspection). A separate toilet and

bath was designated for staff use. This enabled all four people that used the service to have their own bathroom facility and so enhanced people's privacy, dignity and choice with regard to showering any time of the day or night. It also meant that staff no longer used one person's toilet.

Maintenance safety certificates were in place for utilities and equipment used in the service, and these were all up-to-date. The premises were safe for use and although there was a tear in the stairs carpet when we arrived at the service, this was attended to on the day and a new stair carpet was fitted before we left. There were contracts of maintenance in place for ensuring the premises and equipment were safe. These measures helped to ensure the safety of people who used the service.

The registered provider had accident and incident policies and records in place for in the event of an accident. Records showed that these were recorded thoroughly and action was taken to treat any injuries and prevent accidents re-occurring.

Staffing rosters, which were held electronically and complied two weeks in advance, corresponded with the numbers of staff on duty during our inspection. People and their relatives told us they thought there were enough staff to support people with their needs. There was a team approach to the support provided to people. Most of the staff had been with the company a short amount of time, as there had been a recruitment drive in recent months. Staff turnover had been a recent concern to relatives.

One relative said about staff turnover, "I have had concerns about this as there are always different staff every time I visit and I wonder if that is good for [Name], because they don't get chance to get to know staff." This was discussed with the registered manager, who explained that the recruitment of new staff had been a necessity recently. The staff that now worked at Claremont were very clear about their roles, showed professionalism and had changed the culture of the service. Another relative said, "I am glad they (staff) have changed now, as the atmosphere has changed enormously and having new staff has improved the general feel good factor in the house."

There were recruitment procedures in place to ensure staff were suitable for the job. Job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for work with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We saw that recruitment files also contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. Staff had not begun to work in the service until all of their recruitment checks had been completed, which meant people were protected from the risk of receiving support from staff that were unsuitable.

We saw that people's finances were safely managed using accounting sheets and receipts for money held in safe keeping. People's main finances were handled by relatives and/or friends with appointed legal responsibilities to do so. There were funds held for individuals and funds held for the organisation and all of these were safely handled and accurately accounted for.

Medicines were safely managed within the service and a selection of medication administration record (MAR) charts we looked at were accurately completed. Medicines were obtained in a timely way so that people did not run out of them. They were stored safely, administered on time, recorded correctly and disposed of appropriately. There were no controlled drugs in the service (those required to be handled in a

particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) at the time of the inspection.

A monitored dosage system was supplied by a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the administration of measured doses given at specific times. Any unused medicines were safely returned to the dispensing pharmacist and individual records of these were maintained for each person that used the service. Staff carried out two stock control counts per day to ensure any mistakes made would be picked up immediately.

Good

# Is the service effective?

## Our findings

We were unable to communicate well with one person, but they indicated they were comfortable with the staff and the support they received. A second person told us they got on really well with the staff and appreciated the support and advice that staff gave them. This person felt the staff at Claremont understood them well and had the knowledge required to care for them.

At the last inspection the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff training was insufficient to meet the needs of people that used the service.

At this inspection the registered provider and registered manager had made sufficient improvements with monitoring and providing staff training up-dates. This meant all staff now received refresher training in safeguarding adults, medicine management and other courses relevant to their roles.

We found that the registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. Since the last inspection the registered manager had looked at individual staff learning styles and was now checking staff learning more regularly. A staff training record was used to review when training was required and there were certificates held in staff files of the courses they had completed. Copies of staff training workbooks were also held as evidence that courses had been undertaken.

Staff completed an induction programme, received regular one-to-one supervision and took part in a staff appraisal scheme. Induction, supervision and appraisal were all evidenced from documentation in staff files and via discussion with staff. Induction followed the guidelines and format of the Care Certificate, which is a nationally recognised set of standards that social care and health workers follow in their daily work.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and that their competence was assessed. They also said they had the opportunity to study for qualifications in social care. They told us about the training they had completed and this confirmed the information we had seen in their training records.

When asked about communication within the service one relative said, "The staff communicate with me and keep me informed about [Name]. There has been good progression for [Name] in that area too, as they now communicate with me so much more. They even ring me up and speak to me." Another relative thought communication could be improved. They said, "It would be nice if new staff were trained to welcome people at the door, as it's unsettling when strangers answer the door and they don't explain who they are. You have to ask."

We saw that one person that used the service communicated using 'picture exchange communication systems' and Makaton. We were told that staff were learning to use Makaton too. At quieter moments of the day staff worked more closely on communication with this person and family members reported having

seen an improvement in the person's ability to communicate using Makaton, but also in using the spoken word more often.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were assessed as having no capacity to make particular decisions, the registered manager arranged for best interests decisions to be reached. DoLS applications were appropriately submitted and reviews were carried out. This was managed within the requirements of the MCA legislation.

People consented to care and support from staff by either verbally agreeing to it or conforming to staff requests when asked to accompany them and accept support. There were some signed documents in people's files that showed permission had been sought for photographs to be taken, care plans to be implemented or medication to be handled on behalf of people.

People's nutritional needs were met because staff consulted them about their dietary likes and dislikes, allergies and medical conditions. Staff sought the advice of a Speech and Language Therapist (SALT) when needed. Staff reported that they had a relaxed food menu approach, as people often decided on the day what they wanted to eat. They felt a rigid menu would be restricting for people that used the service. Staff said they worked with people who wanted to cook and so they made meals as and when people were ready to eat. Staff also encouraged people to go out to buy food with the view to cooking for themselves. Nutritional risk assessments were in place where people had eating difficulties or where they needed support to eat and drink. People told us they were satisfied with the meals provided.

People's health care needs were met because staff consulted them and their relatives about medical conditions and liaised with healthcare professionals. Information was collated and reviewed whenever there were changes in people's conditions. Staff told us that people could see their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Health care records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's health care and recorded the outcome of consultations. Diary notes recorded when people were assisted with the health care that was suggested for them. Relatives told us, "The medical side (of the care) is faultless, the paper work and appointments are always done. They (staff) are on top of all that."

We found there had been significant improvement with regard to the suitability of the premises since our last inspection. Bedrooms were appropriately decorated and furnished and the kitchen was newly fitted with cupboards and worktops. However, we noted two new areas for attention: there was a torn and worn oilskin tablecloth where germs could gather and at the rear of the property some rubbish and a broken fence made the exterior look unsightly. These were brought to the attention of the staff and we were advised that the tablecloth would be replaced, the rubbish was soon to be removed and the fencing had

blown down and was awaiting repair.  Two relatives said they would like to see more improvements to the physical appearance of the premises.

Good

# Is the service caring?

## Our findings

One person told us they got on very well with staff and each other. They said, "I like all the staff and I get on alright with the other people here". Relatives told us, "The staff made a nice buffet for [Name's] birthday and made such a fuss of them" and "The staff have worked hard on improving [Name's] independence."

The interactions we saw at Claremont between members of staff and one of the people that used the service were comfortable, friendly and caring. The general view from the relatives we spoke with was that the staff were very caring. Staff displayed a caring nature and had a pleasant but professional manner when they approached people. Staff knew people's needs well and were kind when they offered support. The management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives.

At the time of our inspection, the service was providing care and support to people with recognised and diagnosed learning disabilities, which under The Equality Act 2010 meant they were protected from any acts of discrimination against them on the grounds of their disability. We were told that people wanted to work and so people had been supported to obtain voluntary work or a few hours paid work, for example, in a local charity shop or a national animal charity facility. People were also supported to look for and set up relationships of their choosing and to seek religious fulfilment according to their beliefs.

We saw that everyone had opportunities to receive the support they required. People were treated as individuals with specific diverse needs that were met according to people's individual wishes and preferences. Staff understood and knew about people's individual routines and preferences, for example with outings, family relationships and personal care. They recorded, for example, people's differing food preferences and how they wanted to be addressed. Staff knew these details and responded to them accordingly.

People's general well-being was considered and monitored by the staff who knew what could affect people's mental or physical health. People were supported to engage in old and new pastimes, which meant they were able to maintain some aspects of the lifestyle they used to lead when living at home with parents, and they were also supported to learn new skills. Activity and occupation helped people to feel their lives were worthwhile and purposeful, which aided their overall wellbeing. We found that people were experiencing good levels of well-being and were positive about their lives.

While everyone living at Claremont had relatives or friends to represent them, we were told that advocacy services were available if required and one person had an advocate. Their relative told us that they were extremely happy for the advocate to manage various affairs for the person, as it enabled them to enjoy visits and not have any concerns or issues to deal with. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in representing them. Information on advocacy services was provided to people on an individual basis when required and pinned on the notice board in the dining room.

People were addressed as they requested. We saw that the overall interaction with one person was caring and warm, and staff referred to them with a name of endearment, which was what they had asked the staff to do. We asked the person if they wanted us to call them by that name and they said "Yes".

Two relatives told us they would have liked for their family member to be encouraged more regarding their physical appearance: encouraged to take more showers and wear clothes that had been purchased for them. This was discussed with staff who explained that people chose their own clothing to wear and when to shower or take a bath.

People's privacy and dignity were respected. One staff member told us how they ensured people received private and discreet support with their personal care. Another staff member told us how people that used the service made it clear what their wishes were regarding personal care, for example, that staff were too close to them maybe or that support was not required with certain tasks. Staff were very aware of people's individual needs regarding privacy and dignity.

Staff said they tried to offer people opportunities to learn new living skills: everyday tasks like baking, cleaning and bringing down and doing laundry. This was so that people felt they were part of the everyday running of the service. One relative confirmed this was the case. They said, "[Name] is learning about money and improving their skills for independence. They are doing lots that we wouldn't get them to do."

Staff also knew the visions and values of the service and applied them to ensure people received person-centred care.

Good

# Is the service responsive?

## Our findings

People told us their needs were being appropriately met. One talked about going out and staff assisting them with arrangements. They also talked about the way they expected staff to relate to them when first new to the job, so that confidentiality of their information was always maintained. Staff corroborated this when we interviewed them. Staff said we know that with [Name] we have to refrain from discussing anything personal with them, until they have brought this up themselves.

We saw that another person's needs were responded to well in the respect that staff enabled the person to lead in everything they required doing. Staff were always close by and waited for the person to begin doing something in their own time, before offering support and guiding them to effective ways of achieving their aim. All of these arrangements were recorded within people's care plans so that staff understood how to respond to people's needs effectively.

There was information held in people's care files and some on the dining room notice board about people that used the service and the activities they liked to take part in. This was informative, but not personal and so people's privacy was respected. Information told us that people engaged in lots of walking and taking bus journeys. It was clear that being in the community was a large part of people's daily lives, which encouraged travel and exercise. One person attended college and was looking at moving to another college specifically to complete an information technology course.

Support plans for people that used the service reflected the needs that people appeared to present. They were person-centred and contained information about various areas of need and they guided staff on how best to meet people's needs. They contained personal risk assessment forms to show how risk to people was reduced, for example, when out in the community and on activities, while eating and drinking or bathing. We saw that support plans and risk assessments were reviewed six monthly or as people's needs changed.

Activities were held in-house and facilitated by staff, but mostly they were carried out in the community with the support of one-to-one staff. People had individual and personalised activity schedules (plans) in place which were reviewed seasonally. We saw that people joined in with shopping on a regular basis, two people went swimming every week and others took short walks in the local park and full days out walking or seeing sights of interest. One person had a voluntary job working with an animal charity/organisation and two people attended a drama/music group once a week.

We saw items in place for simple pastimes, including board games, television computer games, magazines, newspapers and puzzle books. People had their own electronic equipment as well, on which they played games or communicated with family and friends.

Staff told us it was important to provide people with choice in all things, so that people were able to make decisions for themselves and have control of their lives. We observed staff interacting with one person, who was brought a hot drink and some biscuits. Staff offered them a choice of drink and took it back to add

more sugar and reheat it when they requested the staff to do so. People had a choice of what they ate each day and if they changed their mind staff assisted them to cook the alternative. People chose when they got up and went to bed, what they wore each day, when they showered and whether or not they went out or stayed at home. They chose to join in with entertainment and activities or not. People's needs and choices were therefore respected.

People's were supported by staff to maintain relationships with family and friends. Staff who worked closely and on a one-to-one basis with people got to know family members and kept them informed about people's needs and daily lives, if people wanted them to. Staff encouraged people to receive visitors and spoke with people about family members and friends. People were encouraged to remember family birthdays and anniversaries.

People had one page profiles in their care files which enabled staff to see at a glance the immediate care needs that people required support with.

One page profiles about staff were available on a notice board in the hallway, which gave people and their relatives an idea of the staff that worked at Claremont. However, some of the information held on this notice board, like staff names, was out of date, as some staff had left the employment of Arck Living Solutions Limited.

The registered provider had a complaint policy and procedure in place, a copy of which was on the notice board in the dining room so that it was accessible to people and their relatives. Records showed that complaints and concerns were handled within timescales. Relatives we spoke with about complaints said, "I know how and who to complain to if need be, but I haven't had to for some time" and "I would feel confident in raising issues if I was unhappy, but to be fair we talk a lot and there has never been a situation that I have needed to complain about." Others told us, "I didn't feel listened to in the past but the manager is so much more approachable and acts on your concerns" and "There have been some changes in staffing and this has made a few people unsettled but the regular staffs have pulled together and things seem to be good at the moment."

Evidence of compliments, in the form of letters and cards, were also retained. One person we spoke with told us they knew how to complain and we saw some of the complaints they had made in the complaint record. Generally relatives and people that used the service told us things had changed for the better in the last few months.

Staff were aware of the complaint procedure and had a positive approach to receiving complaints as they understood that these helped them to improve the care they provided. The procedure was in picture format as well as written word, which meant it was accessible to everyone in the service. We saw that the service had handled one complaint in the last year and the complainant had been given written details of explanations and solutions following the investigation of their concern. All of this meant the service was responsive to people's needs.

Good

# Is the service well-led?

## Our findings

We were unable to speak at length with people that used the service as they were busy on the day we visited. However, relatives were consulted and they told us that the culture of the service had improved greatly in the last year. They said, "The place is much improved now" and "Staff have made Claremont a better place to live because they are so much friendlier." Staff we spoke with said the culture of the service was, "Smiley, positive, homely, comfortable, creative and inclusive." Staff told us they liked coming to work as Claremont did not feel like being at work, but more like visiting extended family.

At the last inspection the registered provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the registered provider had not always informed the Care Quality Commission about safeguarding referrals they had made to the local authority safeguarding team or about other significant events that took place at the service.

At this inspection we found the registered provider had made improvements and was fulfilling their responsibility to ensure any required notifications were made. Notifications were sent to the Commission in a timely manner, which enabled the Commission to check that appropriate action was taken in the event of specific incidents.

The registered manager and registered provider were also fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made).

At the last inspection the registered provider was also in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not operated an effective quality assurance and monitoring system, with regard to audits and seeking people's views about satisfaction with the service.

At this inspection the registered provider had made sufficient improvements to ensure audits were effectively carried out and people were consulted about their views of the service provision. Since the last inspection the registered manager had introduced a monthly review sheet which was passed to family members and other stakeholders, such as advocates and people with legal responsibilities. These contained a monthly update on each person that used the service so that family and stakeholders could make comments or ask questions if necessary. It was a regular and informal way of sharing information about people with their families.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. Quality audits were completed and they included checks on information and involvement, personalised care, management of medicines, staff training and support, safeguarding and safety, suitability of staff, health and safety, infection control and quality management. Each audit had a section for planning the action required to meet any shortfalls.

We saw that satisfaction surveys were issued to people that used the service, relatives and health care

professionals since the last inspection. One person said about surveys, "I completed a survey quite recently in which I expressed my satisfaction with the care and support provided to [Name]." Surveys we saw contained positive comments about, for example, cleanliness of the house, staff friendliness and improvement in overall staff work output. Family members made requests in surveys for more information about the people that used the service and any organisations with involvement in their care. The introduction of the monthly review sheets was in response to these requests.

Staff were invited to complete a survey about their working experience with Arck Living Solutions Limited. These also contained positive comments and a small number of frank comments that questioned practice. However, staff surveys were not anonymously completed. Had they been anonymous, staff might have been more freely questioning of the overall service delivery and been more analytical. Staff challenging their own practice anonymously and having this passed to the registered manager, with whom it can be discussed and improved on, is a way of helping the overall improvement of the service delivery.

People took part in service user meetings which were recorded and from which action plans were drawn up to address any issues highlighted. However, while meetings had been regular throughout 2016 the last one recorded was for October 2016. These had lapsed a little, but we were told this was due to there having been changes in the staffing team over the last few months. We were assured these would recommence as soon as possible. Staff meetings were held and the last meeting recorded that there was a real positive feel to the service and that much was being achieved.

The local authority that contracted with Claremont last completed a monitoring visit in March 2016 and found the service was generally compliant with its contractual obligations. Some minor recommendations were made and we saw that the registered manager had addressed all of them.

The registered provider was required to have a registered manager and on the day of the inspection there was a registered manager in post. The management style of the registered manager was friendly, open and inclusive. They were very aware of people's needs and staff dynamics. The registered manager was calm and organised and they had a good connection with all of the staff. Staff described the registered manager as supportive and approachable.

People maintained links with the local community, where possible, through other care organisations, churches and local services and businesses: shops and cafes. Relatives played an important role in helping people to keep in touch with the community by supporting people to attend appointments visit shops, cafes and the theatre or taking walks into town.

The service kept records regarding people that used the service, staff and the running of the service. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.