

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Claremont is a residential care home providing accommodation and personal care to people with a learning disability and/or Autism. The service can support up to four people, three people were living at the service at the time of inspection.

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

Governance systems were not robust and failed to improve the quality and safety of the service. Records were not always accessible, accurate or up to date. The provider did not actively engage people and their relatives in decisions about the running of the service.

Medicines were not safely managed. We could not be assured people had received their medicines as prescribed due to missing signatures on medicine administration records and lack of stock checks. Some medicines and topical creams did not have the appropriate medicines administration records in place to ensure people were receiving their medicines as prescribed.

Risk to people's safety were not always mitigated. Fire procedures were not effective which put people at risk of harm. Care plans and risk assessments were not always accessible to staff to guide them in how to deliver care and reduce risks to people.

Infection control procedures were not always followed, clinical waste was not disposed of safely and COVID-19 procedures had not always been followed when professionals visited the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, clear records were not always kept regarding capacity assessments and best interest decisions.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People and their relatives were happy with the care they received.

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

Rating at last inspection

The last rating for this service was good (published 29 October 2019). We carried out an inspection to look at infection control on 17 December 2020, this was a targeted inspection so did not receive a rating.

Why we inspected

We received concerns in relation to the management and leadership of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Claremont on our website at www.cqc.org.uk.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines, risk management, recruitment and governance.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety at the service. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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 or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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 of this information to plan our inspection. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with one person who used the service. We spoke with the registered manager and deputy manager. We made telephone calls to three staff and four relatives. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one health and social care professional.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- People's medicines were not managed safely.
- There were regular missing signatures on medication administration records so we could not be assured people received their medication as prescribed.
- There were no stock checks to ensure the correct amount of medication was in stock.
- Medication administration records (MAR) were not always in place for prescribed medication. For example, one person had topical creams and there was no MAR in place, another person was prescribed as and when required pain relief, but no MAR was in place.
- One person was receiving medication not in line with the prescriber's instructions.
- Protocols were not always in place to guide staff when to administer as and when required medication.

Failure to ensure the proper and safe use of medicines was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager was not aware of STOMP and this was not embedded in the providers policy and procedures. STOMP is a national project working towards stopping the over medication of people with a learning disability, autism or both with psychotropic medicines.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were not always accessible to staff. For example, the two people's care files had no care plans in. The manager told us these were on her computer as they were been updated, staff could not access these so had no records to guide them in how to care for people.
- Management of risk in relation to fire safety was not sufficient. Fire doors were wedged open which posed a risk in the event of a fire and one person's fire alarm was not sounding. The fire evacuation plan and risk assessment were not sufficiently detailed.
- At times there was insufficient staff on to evacuate the service safely.

There was further evidence of a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the manager sent evidence work had been started to rectify the issues with fire safety and assured us there now was always sufficient staff on shift.

Preventing and controlling infection

- Clinical waste was not disposed of safely. There were no clinical waste bins in the service and no yellow clinical waste bags.
- Concerns had been raised by visiting professionals regarding COVID-19 procedures including not asking for lateral flow test results.
- Overall, the service was clean, however a hoist in one person's room was found to be dusty. There was no cleaning schedule for this equipment.

This was further evidence of a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment processes had not been carried out effectively. For example, one person was working prior to their DBS, there was no risk assessment in place and there had only been one-character reference.
- Once staff were recruited there was no further checks or declarations carried out to ensure staff had remained of suitable character.

The failure to operate effective recruitment processes was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When people had 1:1 care they were not always aware who their worker was, and we observed their staff supporting other people.
- Overall there was enough staff to meet people needs. However, for some periods of time the service had been left with insufficient staff the service had been left with one staff for up two hours which was not sufficient. The manager addressed this immediately after the inspection.

We recommended the provider reviews their process for ensuring sufficient staff are deployed safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and felt confident to report safeguarding issues.
- There had been a small amount of accident and incidents. The manager told us these are reviewed for lessons learnt.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Governance systems were not robust. They had failed to identify the areas found at inspection and improve the quality and safety of the service.
- There was no clear auditing schedule and no care plan audits had been carried out.
- When audits had took place and identified areas for improvement, action had not been taken. The same improvements continued to be identified on further audits.
- Some staff training had expired; the provider had failed to address this promptly.
- Records were not always accessible. During the inspection, we were not always able to be supplied with records as the manager was not sure where they were. Staff could not always access important records as these were stored on the managers computer that they did not have access to.
- Records were not always accurate and up to date. For example, capacity assessments and best interest decisions were not always completed. Records in the service such as emergency plans contained people's details as a form of contact, these people no longer worked at the service.

Failure to assess, monitor and improve the quality and safety of the service and was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager recognised improvements were required. However, they spent limited time at the service as they were overseeing the providers other location and setting up a new service.
- The manager was new to the role and needed further support, guidance and training.
- There was no registered manager in post. A manager was in the position and told us they were submitting their application to register.

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

- People and their relatives were not fully engaged in the service.
- Although relatives were updated on their relative's health, they did not feel engaged in the service. Feedback from relatives included; "Management do not communicate" and, "No I am not involved in anything about the service, when I go to visit I always say is there anything I should know or anything you would like me to do and they just say no."

- No satisfaction surveys were carried out to gather people's, staff, relatives and health professionals' views on the service.
- There were no house meetings. People's care plans referred to them having discussions in individual key worker meetings, however these had not been carried out.

Failure to actively seek feedback to drive improvements in the quality and safety of the service was additional evidence of the breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 manager was not fully aware of the requirements to submit notifications. We discussed with the manager one recent notification that had not been submitted, this was submitted during the inspection.

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

- People were happy with the care they received. One person told us, "I am happy here, I am settled." One relative told us, "I cannot fault the staff they are absolutely wonderful; [Name] says she feels like she is in heaven."
- Staff felt supported by the manager. One member of staff told us, "Yes the manager is approachable, "I love my job and they are part of the reason. The management team are really there if you need them personally."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people were mitigated, medicines managed safely, premises managed safely in relation to fire risks and mitigate the risk of the spread of infection.</p> <p>12(2)(a)(b)(d)(f)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>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 and ensure systems were in place to involve people and their relatives in the running of the service.</p> <p>17(2)(a)(b)(c)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure recruitment procedures were operated effectively to ensure safe recruitments practices.</p> <p>19(2)</p>

