Arck Living Solutions Ltd

Claremont

Inspection report

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Goole
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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection of Claremont took place on 15 and 18 December 2015 and was unannounced. At the last inspection on14 May 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Claremont is a residential care home that provides accommodation and support to a maximum of four people who have a learning disability. People that may exhibit behaviour that reflects their complex needs are also supported there. The service 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 offers people rehabilitation, learning with living skills and activities that are educational, occupational and recreational. There is on street parking and access in and out of the town via public transport.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

We found that not all of the people that used the service were cared for in an environment that was suitable to meet their needs. This was because one person had inadequately maintained bathroom facilities and the staff had no separate toilet facility outside of people's personal bedrooms to use.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the registered provider to take at the end of the full version of this report.

People were not always cared for and supported by staff that were appropriately trained and skilled to carry out their roles. This was because although staff had completed some of the training necessary to ensure they were skilled in their roles, they had not all completed all of the training. The evidence we were presented with did not corroborate, in some cases, with what staff told us.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the registered provider to take at the end of the full version of this report.

We found that the registered manager had not always notified us of safeguarding referrals that had been made to the local authority safeguarding adults team and investigated by them. They had failed to notify us of other significant events.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. You can see the action we have told the registered provider to take at the end of the full version of this report.

We found that people did not benefit from a well-led service because quality assurance systems were not as effective as they should have been. Audits on staff training systems were not effective and there were no methods of consulting people about their views. We were not certain of the accuracy of information we had been given at the inspection in respect of staff training, staff files and some records.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the end of the full version of this report.

People experienced a service where the culture was unsettled and staff morale was low. Staff told us they thought morale was low and that they didn't feel motivated. The registered manager had a lot of responsibility managing three service locations and told us this was difficult to keep on top of. We were told by staff and the registered manager that support in most matters from the registered provider was sometimes absent.

We found that people that used the service were protected from the risk of harm and abuse because the registered provider had systems in place to monitor the risk of safeguarding issues arising. The registered provider had systems in place to refer any suspected or actual safeguarding concern to the local authority safeguarding team. However they were not making relevant notifications to the CQC as is required in regulation. Staff that worked in the service were trained in safeguarding adults' awareness and knew the types and signs and symptoms of abuse.

We saw that people lived in a safely maintained property because the registered provider had valid certificates of safety for utilities, equipment and facilities in the property. Although the premises were safe they were not entirely suitable to meet people's needs. We saw there were sufficient numbers of staff employed in the service that had been vetted as suitable to care for vulnerable people.

People's medication was safely managed because there were systems in place to order, handle, store, administer, record and dispose of all medication that came into the service. People told us their medicines were well managed.

Summary of findings

We saw that when necessary people were protected by the correct use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation that were in place to ensure people's rights were upheld and safeguarded.

We found that people were fully involved in their care because they were included in making choices and decisions about their daily lives. People experienced good communication between themselves and staff and people were supported by staff in communicating with the general community and professionals with an interest in their care.

We saw that people were supported to eat adequate amounts of nutritional food and to drink adequate amounts of fluid to maintain their wellbeing. People's health care needs were assessed, monitored and recorded and any issues regarding health were referred to the appropriate health care professionals or service.

We found that people were cared for by staff that had a young approach and outlook in their own daily lives and so this was reflected in the care that staff gave to people that used the service. We found that people were given individual support by staff that was in line with their individual care needs as recorded in their care and support plans. People had person-centred care plans that staff followed to ensure people's needs were met. We saw, and this was confirmed by what people told us, that their privacy and dignity was upheld and staff encouraged them to remain as independent as possible.

We saw that people made their own decisions about the activities and pastimes they engaged in and there were systems in place to enable people to complain about the service if they wished or needed to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People were protected from the risk of harm and abuse because the registered provider had systems in place to monitor the risk of safeguarding issues arising. Staff knew their responsibilities regarding the handling of safeguarding concerns. Safeguarding notifications were not always submitted to the CQC.

People lived in a safely maintained property. However, timeframes for renewing safety certificates had not always been followed, which meant people could have been at risk.

There were sufficient numbers of staff that were 'fit' to care for vulnerable people employed in the service.

People's medication was safely managed.

Is the service effective?

Requires improvement

The service was not effective.

People were not cared for in an environment that was suitable to meet their needs. They were not always cared for and supported by staff that were appropriately trained and skilled to carry out their roles.

People were protected by the correct use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation to uphold their rights.

People were fully involved in their care, experienced good communication and ate adequate amounts of nutritional food. People's health care needs were assessed and monitored.

Is the service caring?

Good

The service was caring.

People were cared for by staff that had a young approach and outlook and although staff motivation was low, their youthful attitude was reflected in the care people received.

People were given individual support by staff that was in line with their individual needs. People's privacy and dignity was upheld and staff encouraged them to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had person-centred care plans that staff followed to ensure their needs were met.

Summary of findings

People made their own decisions about the activities and pastimes they engaged in and people had systems in place to enable them to complain if they wished.

Is the service well-led?

Requires improvement

The service was not well led.

People experienced a service where the culture was unsettled and staff morale was low. The registered manager had a lot of responsibility that was difficult to keep on top of, because they managed three service locations. The registered provider's support in this was sometimes absent.

The registered provider was not submitting notifications to the CQC as was required of their registration.

People did not benefit from a well-led service because quality assurance systems were not as effective as they should have been. We were not certain of the accuracy of information we had been given at the inspection in respect of staff training, staff files and some records. Records were not always accurately maintained.

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 15 and 18 December 2015 and was unannounced. The inspection was carried out by two Adult Social Care inspectors. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the local authorities that contracted services with Ark Living Solutions Limited, and from people who had contacted CQC, since the last inspection, to make their views known about the service.

We spoke with three people that used the service, one relative and the registered manager. We spoke with nine staff that worked at Claremont, all but one of them via telephone conversations in January 2016. One staff spoke with us at the service. We looked at care files belonging to three people that used the service, at recruitment files for six staff and training records belonging to all of the staff employed. We obtained information about staff training from the training company that Arck Living Solutions Limited used to train its staff. We looked at records and documentation relating to the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas and we observed the interactions between people that used the service and staff. We looked around the premises and looked at communal areas as well as people's bedrooms, after asking their permission to do so.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Claremont. They explained to us that they found staff to be "There for us when we need them." People had mixed views about some of the relationships they had with staff and one person told us there were some staff they preferred supporting them than others. They explained that this was because of personality differences. When we asked the registered manager about this they told us that sometimes people that lived at Claremont did not always want to hear the messages that staff gave them when staff supported people with behaviour that reflected their complex needs. A relative we spoke with said, "I know [Name] is safe here and more so than if I were caring for them, as I am unable to look after them now."

We saw that the service had a safeguarding policy in place. Staff we spoke with told us they had completed safeguarding training either in previous employment or while working for Arck Living Solutions limited and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals to the local authority safeguarding team. Fourteen staff had signed a document in October and November 2015 to say they had read and understood the policy on safeguarding adults from abuse. We saw that five staff had also signed in April 2015 to say they had read and understood the safeguarding adult's manual held in the service. We saw a copy of the local authority's Safeguarding Adult's Team (SAT) risk tool in place for use, should any incident need to be referred to them.

When we looked at the information we already held on our data base about safeguarding incidents at the service, we saw that none had been referred to us since 2013. The registered manager told us they were aware of the need to use the SAT risk tool for determining if a safeguarding referral needed to be made to them, and that certain information had to be notified to us at the Care Quality Commission (CQC). The safeguarding records we saw showed that incidents were recorded properly and investigated, but the outcomes or conversations with the SAT were not always recorded.

Systems that were in place to prevent and address safeguarding incidents, and staff having completed appropriate training to manage these issues, meant that people were protected from the risk of abuse.

People had appropriate risk assessment documentation in their care files, which they had signed if capable, to reduce the risks to them when providing specialist care and support or from engaging in activities and pastimes. Risks of harm to people from themselves or others were managed in this way. We saw that one person had mood charts and hourly recorded observations in place, which meant they were being monitored for changes in their needs and behaviour so that staff could reduce their anxiety quickly.

The registered manager showed us evidence that the premises were safe with regard to gas maintenance, fire safety systems and equipment, portable appliance testing, fire risk assessment and evacuation plans and hot water storage.

The registered manager and registered provider were unable to locate the electrical safety certificate, but sent us a copy after the inspection. However, this was due to expire in February 2016 and so the registered provider undertook to have the safety checks carried out in December 2015 a few days after our inspection. A copy of the safety certificate was sent to us the day following the electrical inspection.

However, there had been a two month gap in 2015 when the servicing of fire safety systems and fire safety equipment had been out of date, which showed that systems may not have been suitable to ensure people and staff were safe in the event of a fire. While this was remedied in May 2015 the registered provider is reminded that safety against the risk of harm from fire should always be maintained and checks kept up-to-date.

We recommend the registered provider ensures all safety checks on the premises and safety systems are carried out within their specific recommended timeframes, so that people are not at risk of harm.

Information we received from the registered manager shortly after our visits and certificates of maintenance we saw during our visits evidenced that the service was safe in respect of the premises maintenance and its utilities. This meant people that used the service were protected from the risk of harm from unsafe premises.

Requires improvement

Is the service safe?

We saw that the service had a written accident policy and procedure in place and details on how and when to refer an accident to the local authority or Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). Therefore the registered provider and registered manager knew their responsibilities.

Accidents and incidents were managed appropriately with details of any issues recorded and information available to staff on how best to prevent these happening again, particularly for individual people that used the service. Where there had been an incident which resulted in people being harmed, these were recorded in people's files and they were used by staff to learn how best to deal with similar issues again so that there was less impact on people and others they may have harmed. Any incidents were cross referenced and recorded in people's daily diary notes so that staff were aware they had happened and were then able to read the actual incident record if necessary.

While accidents to people that used the service were always recorded in an accident book and details of any injuries sustained were recorded on a body map, accidents to staff were only recorded if staff wished for them to be recorded. We informed the registered manager that we understood accidents to staff in the service had not always been recorded, which may not have been in accordance with RIDDOR requirements. They undertook to ensure these would be recorded in future and referred to the appropriate body if required.

When we inspected the service we saw there were sufficient staff on duty to meet people's needs. There were two support workers in the early morning from 7:00 am and then a deputy manager and the registered manager joined them on duty throughout the day. We saw that another support worker came on duty at 9:30 am as they supported a person that came for day care, and they walked to the service together. It was planned for them to go 'carting' together for the day.

We were told there were two support workers in the evening up until 9:00 pm, then one support worker until 11:00 pm. One waking night support worker then worked through the night from 11:00 pm to 7:00 am the next morning. One person that used the service who we spoke with told us there had been a period of time when only one staff had been on duty in the day, but this had changed recently because people had not been able to go out much, as they all needed to be accompanied.

We discussed with the registered manager the use of 'lone workers' in the service and particularly at night and they understood that any period of 'lone working' was to be fully risk assessed and people's needs were to be fully assessed and evidenced as not requiring more than one staff at night, for this to take place. We discussed this with the registered manager who explained that lone working at night was kept under review. They told us that there was an on-call system for night support, which they, the deputy manager and senior staff covered on a roster. The rosters we saw showed who was on duty each day and night and who the on-call staff member was. However, they also showed when staff had been allocated to another service at short notice and it was difficult to follow exactly who was working where in some instances. The roster for Claremont was not maintained separately to other registered services belonging to Arck Living Solutions Limited.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone over the age of 16 applying for a job or to work voluntarily with children or vulnerable adults, which 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 therefore prevent unsuitable people from working with vulnerable groups. We saw this was the case in all six staff recruitment files we looked at.

Staff recruitment files contained evidence of application forms, DBS checks, references and people's identities and there were interview documents, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed, which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable to work with vulnerable people.

We were told by the registered manager that there were two staffing vacancies in the company and these were in the process of being recruited to.

Requires improvement

Is the service safe?

People we spoke with told us that staff usually handled medication. One person said, “Staff look after the meds. I would like to look after my own but I don’t think I would know how to. So I am not really bothered.”

We saw that the service had a medication administration policy in place but it referred to the regulations in operation in Wales and not England. We brought this to the attention of the registered manager so that it could be amended.

There were systems in place to manage medicines safely. Only senior staff trained to give people their medicines did so. We assessed the medication management systems used by the service and saw that medication was appropriately requested, received, stored, recorded, administered and returned when not used.

The service used a monitored dosage system. 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 simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when.

We saw that people had their own medication file details, which showed what medication they took, when and how and there were leaflets in place to show the side effects of each tablet or liquid taken. People also had their medication stored in their bedrooms or bathroom, in locked facilities. Storage was sufficiently cool and where a bathroom was used there was suitable extraction. Where people were prescribed ‘as required’ medication there was a protocol in place to tell staff when, why and how much of it should be taken if required. We saw that medication administration record (MAR) charts contained clear details of when and how medicines were to be given and they had been completed accurately by staff.

Requires improvement

Is the service effective?

Our findings

While there were had been no people living at Claremont that required specialist adaptations for physical needs when the service was registered, the premises were now unsuitable for meeting one person's physical need for all ground floor accommodation because the bathroom that had once been a staff facility was unsuitable for the person's sensory needs. It was cold, damp and without proper extraction, had an inadequate shower and it had exposed and rusting radiator pipes. The bathroom led off the end of a spare and no longer used utility room to the very rear of the property.

The facilities in the premises were also unsuitable for ensuring other people had absolute privacy in their own bathrooms, because there was no separate staff toilet and so staff used the en-suite bathrooms in people's bedrooms. Both of these situations had arisen since our last inspection and we judged that they were now unacceptable.

This was a breach of regulation 15 (1)(c)(e) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received email correspondence from the registered manager on 22 January 2016 after they had discussed the premises suitability with the registered provider and the correspondence stated, "The utility room is being renovated into a shower room and the work is to start end of January 2016. The existing bathroom is being rectified for staff toilet and wash facility." This related to the unused utility room between one person's bedroom and their en-suite bathroom.

We looked at the training records for six of the 19 staff that were employed by Arck Living Solutions Limited and that could have been assigned to work at Claremont. We looked at the training record (matrix) for all 19 care staff and at certificates of training for ten staff. We were told by the registered manager that all staff training was undertaken with a national independent training company, which included either a 'face-to-face' instruction from a tutor or the reading of training workbooks and the handing in of 'knowledge papers' to the company which were then assessed. Staff received a pass or fail and certificates were then issued by the company.

We saw from the staff training record (matrix) and individual training certificates that care staff had completed safeguarding training, moving and handling theory, first aid, food hygiene, health and safety, fire safety, infection control and management of medicines. However, the dates on the record (matrix) and on staff certificates indicated that staff had completed workbooks and had all of their 'knowledge papers' assessed on the same day as they were issued certificates that were all dated with the same two expiry dates: expiry 06/01/18 for nine staff and expiry 01/07/16 for four staff.

We asked the registered manager why the dates were all the same and reflected that staff had completed eight training workbooks in one day. They told us that this had not been the case, but that staff worked through their workbooks over a matter of several weeks and 'knowledge papers' were then sent to the training company for assessment in batches. They explained that this was probably why completion training dates appeared to be all on the same two days, because that was probably the dates that the training company verified the assessments of staff in each course and issued the certificates.

The training record (matrix) also showed all staff had completed autism awareness training which expired on 27/07/15 and fifteen staff were awaiting certificates for Mental Capacity and Deprivation of Liberty Safeguards training and everyone was awaiting certificates for managing challenging behaviour and risk assessment training. It showed that six staff were awaiting certificates for all of the training courses on the record. However, there was no information available to show that these courses had been completed.

We were told by staff that their training at Arck Living Solutions was usually refreshed in batches. One staff member told us and confirmed that they were usually presented with training workbooks to read and 'knowledge papers' to complete across a twelve week period, but could not remember when the last workbook had been given to them. They also told us they had completed special medication administration training (buccal midazolam) in October 2015. The registered manager informed us that other staff were to complete this special medication training on 16 December 2015, which was the day after our first inspection visit.

While we understood that people at Claremont did not require special medication and therefore staff did not

require training in administering this type of medicine, staff were sometimes asked to cover shifts at Ark Living Solutions Limited domiciliary care agency (DCA – also registered with CQC) and so they were required to know how to administer 'as required' vital medication for when a person had a seizure, for example.

Another staff member told us they had been presented with a whole batch of training workbooks in October 2015 and asked to complete the 'knowledge papers' within two weeks. They felt this had not been possible to achieve since they had also been working on shift full time.

An ex-staff member had contacted us shortly before they left their position to say they had seen the service training record (matrix), which showed they had completed several training courses, via the workbook and 'knowledge paper' system, and that they had been trained in administration of special medication. The person told us they had not completed any of this training and were puzzled about dates on the training record claiming they had completed it.

One staff member we spoke with also said that training workbooks had been issued around August 2015 and that while they had endeavoured to read and complete the 'knowledge papers' in the timescales given by the registered manager, they had not been able to complete all of them. They were unable to say if or when the 'knowledge papers' they had completed were sent to the training company for assessment. They stated that they had not seen any certificates as evidence their work had been assessed.

In January 2016 we asked the training company to verify which staff had completed what training in 2014 and 2015. They told us that under the Data Protection Act 1998, they could not confirm names of staff that had completed training with them. However, they told us that fifteen staff had completed practical moving and handling and fourteen staff had completed Basic Emergency First Aid via face-to-face sessions on 6 May 2014. They told us that in 2014 certificates were valid for three years and a recommendation was made to undertake some form of refresher training annually. The training company stated that as of 2016 all moving and handling certificates would be valid for one year.

The training company also informed us that in 2015 they received two batches of 'knowledge papers' to assess and certify. These included papers for nineteen staff on 17 January 2015 and included the courses 'theory of moving and handling, basic emergency aid, health and safety, safeguarding adults, principles of food hygiene, fire safety awareness and care and administration of medicines.' The second batch of papers were for five staff on 02 July 2015 and included the same seven courses listed above, plus courses on 'epilepsy and the Mental Capacity Act'.

The information we received from the training company and the details maintained on the service's training record (matrix) showed that while the majority of staff had received training in the courses listed, there were six staff for whom the record stated they were awaiting certificates for 10 courses and all staff were awaiting certificates for two courses. We had no other evidence to show that staff had completed any courses where the record (matrix) said, 'Awaiting cert'. We had no evidence to show that the staff awaiting certificates were the staff currently working for Arck Living Solutions Limited, which may have supported the information on the training record (matrix).

We were told by the registered manager they and a senior support worker had completed hoist training as qualified 'train the trainers' in moving and handling, so they now delivered in-house hoist training to staff that required it. They told us that although no one used lifting equipment at Claremont sometimes staff worked across the organisation and covered for staff in the domiciliary care agency, where hoist training was essential. One staff we spoke with confirmed the moving and handling training they completed with Ark Living Solutions Limited had been in-house.

We saw that the training audit completed 13 July 2015 proposed that all Arck Living Solutions Limited staff should complete the mandatory training by November 2015. The audit completed 30 November 2015 stated all training was up-to-date and some certificates had yet to be received.

The staff training record (matrix), the individual staff training records and the copy certificates we looked at did not assist the service to demonstrate the training staff had completed. For one senior support worker their individual training record showed they had completed no training since June 2015. For one support worker their individual training record showed they had completed the Care

Requires improvement

Is the service effective?

Certificate Induction course in August 2015 only, yet the service training record (matrix) showed they had completed all of their mandatory training and was awaiting delivery of certificates.

When we checked this with the staff member concerned they told us they had completed all of their mandatory training on first taking up employment with Arck Living Solutions Limited, but had not completed any workbooks or 'knowledge papers' since then. Another staff member, for whom the training record stated certificates were awaited, told us they had left employment with the organisation shortly after our inspection, but that they had not completed any training while employed there. They explained they had 'shadowed' other staff for two months during their induction, which they had not completed before they left for another position.

Two other staff that contacted us to express their views, shortly after the inspection, stated that their training opportunities were inadequate all of the time they worked for Arck Living Solutions Limited, and that the service's training record (matrix) was incorrect.

This was a breach of regulation 12 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff received formal supervision in one-to-one meetings and were part of an appraisal system, which also operated an employee of the month scheme.

We were told by staff that people used Makaton for communication, but that sometimes they developed their own versions. Generally staff understood what people communicated to them and so their needs were known.

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.

We saw that one person's care file contained a decision making agreement which stated, 'I am fully involved in decisions and my capacity is assessed with every decision I make.' Other people were also given the opportunity to make decisions within the capacity assessment framework. One person was fully capable of deciding almost everything for themselves, but still needed guidance from staff, options making clear and consequences pointing out, before they were ready to make a decision.

We saw and heard people giving or refusing to give consent to staff to assist them and staff respected people's wishes each time. If a refusal was made staff judged whether the person's choice was detrimental to their well-being by checking it against the person's care plan. If not detrimental then staff left the person alone, but if a choice proved to be potentially harmful to the person's well-being then staff waited a while and asked them again later. Attempts were made to ensure people received the care and support they required to maintain their health, comfort and well-being. Staff told us they were aware of the importance in seeking consent and knew that usually people were forthcoming with giving their consent, either verbal or physically by cooperating with their suggestions or requests.

We saw that people's nutrition and hydration needs were clearly recorded in their care and support plans. This included details of where and when people went shopping for their own groceries to enable them to prepare and cook their own meals where possible to ensure a healthy lifestyle.

People's files contained information about their health care needs, weight (if willing to be weighed), any hospital admissions and discharges and the medical conditions they may have been diagnosed with. One person had details of a Community Team Learning Disability review in their file which stated they had experienced a very settled year, with minimal use of 'as required' medication. There was information on when and where the person attended the dentist, optician and chiropodist or saw their GP.

Good

Is the service caring?

Our findings

We saw that the staff approach was different for each of the people that used the service, depending on their personal needs, their age and on the care plans in place to support them. One person was treated with kindness and respect and spoken with on a level that enabled them to understand the information they were given or being asked for. This person being in their middle age meant that staff, who were younger, recognised that their physical ability was diminishing and they were unable to engage in lively activities or pastimes, so staff provided support that was sedate, calming and in keeping with the person's needs.

We saw staff speaking respectfully to the person and fully respecting their wishes and decisions, with choice of food, activity and the company they kept.

Other people were much younger, had young people's expectations of life and therefore responded to a more youthful and inquisitive approach from staff. Other people's outlook was matched by that of the staff, which meant that people and staff were suited to each other in terms of likes and preferences. Staff were 'in touch' with people's views and trends and assisted people to lead lives that reflected their age and ability.

We heard staff speaking to these people in young people's terminology and styles, which gave the impression that everyone considered each other as having the same rights and being worthy of the same chances and opportunities in life.

Staff spent a lot of time advising people on best options for their future development and attainment and assisted people to understand the consequences of all of their decisions and actions. Staff told us they found working with people at Claremont to be rewarding and challenging. They told us they understood the need to maintain consistency in their approach to supporting people and that it was important to enable people rather than do for them.

Everyone was involved in planning and acting out their daily lives and activities and where possible all of this was recorded so that changes in people's moods, preferences or views were fully considered and accommodated.

We saw that some people had particular instructions in their care plans about their well-being and monitoring this. One person had an instruction to check on them hourly to ensure their general well-being was positive and their health was satisfactory. These hourly checks were documented.

The service was aware of the need to assist people with using advocacy services if they had no family to represent them or if they wished to remain independent and there was information available for people to use.

We saw in one person's care file that they had an appointed advocate who assisted the person with making more difficult decisions with, for example, their finances. The file stated that, 'I am capable of making simple choices, but need you to outline all the options for me. I need support and guidance with the bigger more important things in my life, so I have an advocate, [Name], who helps me…with such as finances.' The advocate visited regularly to maintain a good relationship with the person and to understand their needs well, so they could help them make decisions that truly reflected their wishes and aspirations.

The staff endeavoured to ensure people's privacy was maintained and we saw staff asking people to use their bedrooms for all personal care support given to them.

Confidentiality of people's information was maintained within the service and staff and healthcare professionals were only given access to details about people's situations on a 'need to know' basis.

The staff were caring and compassionate, but not in an empathetic way, rather in a way that encouraged and willed people to experience what it was like to lead their own lives. Staff supported people to experience an independent life and to have their rights respected.

Staff followed principles of care that were current in learning disability services and spoke about enabling people, respecting their rights and providing opportunities for people to develop, grow and succeed in their daily lives.

Good

Is the service responsive?

Our findings

We saw that people had individual support files in place in which there was a photograph of them and a section for holding private and confidential information. There was evidence to show that 15 staff had read and signed one person's file to indicate they had read and understood the support plans they were to deliver. There was evidence to show that people, their relatives, friends and health care professionals had been involved in the gathering of information about them. We saw that people's care plans were written with detailed information, which provided staff with 'step-by-step' guidance on how to support people. These were reviewed regularly so that people's current needs were known.

Other documents seen in care files included needs assessment forms, one page profiles (for quick reference), 'what is important to me', 'how to support me' and 'how I communicate 'forms and a life history or chronology. There was information on people's health care, personal care, their medication, their life skills, activities, wishes on critical illness or their death, and on aspirations, choices and advocacy.

People we spoke with told us they generally had plenty to do although one person said they found it difficult to do age appropriate activities. They said, "I like to go shopping, walk around Goole centre, visit the pub occasionally, attend the local university 'Reds' disco and visit my family. I sometimes go to Howden, York or to Leeds with family shopping."

One person we spoke with said, "I choose what I want to buy in food and clothes, I cook and clean up for myself and do my own washing too, with support. And I keep my bedroom tidy. This is all part of my learning to be independent." We were told by staff that people exercised plenty of choice regarding their daily lives. Plans for their personal development in life skills, for example, were recorded in care plans and any choices they had made about daily activities were also recorded in care plans.

However, we saw that these did not have to be followed rigidly if people changed their mind. We heard one person say they did not wish to go shopping on one of the days of our visit, when staff asked if they were going to get dressed and get ready to go out. This was respected. The person also stated they were no longer attending the dentist later that day either, as their relative accompanying them felt it would be too much of a rush for them, having an organised evening social event to attend as well. The person had discussed with their relative and together they had decided an alternative dental appointment could be arranged, so that they were relaxed and ready to go out in the evening. All of this was respected by the service staff.

We saw that people had details in their care files about the relationships they had with other people in their lives. We observed people receiving visitors (family members) and saw they were able to stay as long as they wished, could access their relative's bedroom and could speak freely with the registered manager. We saw that staff were attentive to people and their relatives and that where it was considered necessary staff remained with people for everyone's protection. Staff encouraged people to maintain their relationships with family and friends by speaking about them and reminding people when visitors were due.

We saw that staff had been given an opportunity to complete some training on relationships called 'Knowing People'. It had assisted them to understand people's diagnoses and the struggles people experienced in maintaining relationships. This helped staff in their handling of difficult situations that could have led to complaints being made.

One person we spoke with told us they knew what to do if they were unhappy. They said, "I would go to speak with [Name] (the deputy) or [Name] (the manager) if I were unhappy about anything, as they would sort things out for me." They also said, "I can complete a complaint form if I wish to make it formal. I have made loads of complaints to [Name] but they have not always been sorted for me." When we discussed this with the registered manager they told us that all of the person's complaints were addressed but sometimes these were about disagreements with other people in the service or the staff, which were best de-escalated, to prevent them becoming issues to be dwelled upon. This approach was used because we were told by the registered manager that it was not healthy for the person to get themselves into a situation where they escalated their disagreements with others.

People had strategies recorded in their care plans to assist them to deal with these situations. People told us about, and we saw one person carry out, some of these strategies for when they felt angry, annoyed or wanted comfort in response to issues. These included taking a walk, listening

Good

Is the service responsive?

to music, taking a shower or engaging in activities to support mindfulness: colouring or doing craft work. We understood that people had complex care issues that they often needed support with.

We saw there was a complaint policy and procedure in place and that people could make formal or informal complaints, in writing or verbally. We saw records of complaints that the person we spoke with had made. These were followed up with information about action taken to resolve their complaints.

Requires improvement

Is the service well-led?

Our findings

The registered provider and registered manager were aware of their responsibility to ensure notifications were made to the Care Quality Commission (CQC), of which we had received none since August 2013. In the two years prior to this date we had received ten notifications. The last notification we received from the registered provider was in October 2013 to change the Nominated Individual from one of the directors to the registered manager across all three locations.

When we asked the registered manager if any notifications should have been submitted to us since 2013 they verbally informed us that there were no Deprivation of Liberty Safeguards in place, there had been no deaths in the service and there had been no safeguarding referrals notified to the local authority safeguarding team or any other events that required notification to us, in the last year.

However, we saw details of an incident in a person's care file, which noted that a referral had been made to the safeguarding team about their health on admission to hospital. This was in October 2015. The referral was investigated by the safeguarding team and found to be unsubstantiated. However, this had not been notified to us at CQC and should have been. The registered manager was informed about this omission to notify us.

We judged that the service had not always acted appropriately and quickly in respect of notifications, particularly in the last twelve months.

This was a breach of regulation 18 (1) and (2)(e)(f)(g) of The Care Quality Commission (Registration) Regulations 2009.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post. We saw from our records that the service, Claremont, had been registered since 19 June 2011. We also saw that the registered manager had been registered since 03 May 2013 for Claremont and a second care home in Goole and from 28 August 2013 for a small domiciliary care agency (DCA) in Hemingbrough.

We saw that the latest registration certificate for Arck Living Solutions Limited was dated 06 November 2013 when CQC had approved the change of the nominated individual for the organisation. This placed further responsibility on the shoulders of the registered manager.

During our inspection the registered manager and staff indicated there was no sharing of the responsibilities by either of the two organisation's directors and that whenever they requested support with decisions or finances this was not always forthcoming. We also knew at this time that Arck Living Solutions Limited had recently submitted an application for the registered manager of Claremont to become the registered manager of a new and fourth location. This application was pending at the time of our inspection.

When we inspected the DCA in July 2015 the registered manager had expressed to us that they recognised the need to have dedicated time to improve the quality assurance systems in operation and were already in the process of updating policies and procedures for the organisation. At that time we found and reported on some gaps in record keeping at the DCA, all of which indicated to us then that the registered manager might have been undertaking too much responsibility, managing three locations.

During this inspection which was the second of three locations managed by the registered manager (they were also the Nominated Individual for the three locations), we found that the registered manager had not kept all staff training up-to-date, as we were unable to evidence that any training had taken place since summer 2015. The information we received from the service's training company also indicated that there had been no training since then, with the exception of specialist medication administration and the handing out of workbooks, but not completion of them, in October 2015. The evidence regarding the lack of staff training and confirmation from both staff and the training provider raised concern for us regarding the information passed to us during the inspection.

During the inspection we also found that there were inadequate records kept of staff training, an up-to-date electrical safety certificate could not be located (later found and renewed) and the registered manager told us there

Is the service well-led?

had been an issue with the security of staffing files held on the premises, these having been broken into, so that not all of the files were up-to-date and some documentation was missing.

We saw that the staff training record was not reflective of what staff told us they had completed in two cases in the last year. For a third staff who told us they had completed no training while working for Arck Living Solutions Limited we saw that they were listed on one record as having completed all 13 of the training courses (and was only awaiting certificates for courses in 'managing challenging behaviour', 'risk assessment' and 'MCA and DoLS'). We concluded that these records were inaccurate evidence of the training completed by staff in the service.

With the exception of staff training records, care files and care plans for people that used the service we found that some other records were appropriately maintained. The registered manager informed us there had been some difficult periods in the last year when the intention had been to update all care plans and care files, ensure staff recruitment and training files were reviewed and to be generally more accountable with record keeping. They said this had proved to be more time consuming than expected and with losing and hiring new staff in their place, all of their intentions had not yet been fulfilled.

We saw that care files had some detailed information in them and reflected people's needs in a person-centred format. They told staff what was important to people, how best to support people, how to implement behaviour management plans, all about people's communication methods, how to obtain their consent, whether or not they had an advocate, people's histories, about their nutritional and medication needs, for example. We also saw that care plans were in a transitional stage of being re-written according to a new format and not all of them had been completed yet.

We saw the audits that had been completed on staff training, staff recruitment files, team meetings, medication, health and safety, involvement and information, personalised care, treatment and support, safeguarding, suitability of staff, care plans and financial records. We saw that the audit on staff training in July 2015 had set a target date of the end of November 2015 to ensure that all mandatory staff training was up-to-date. The next check in November 2015 stated that the training record (matrix) was up-to-date and stated that it showed where training updates were still needed.

However, although the training record (matrix) indicated, with its use of 'Awaiting cert', that all training was up-to-date, we were unable to see any other evidence for this. Information from the training company used by the service indicated there had been no training completed since the last 'knowledge papers' that had been assessed and marked by them in July 2015. Staff testimony also indicated there had only been medication training completed for some staff since July 2015. Because of the concerns we had about evidencing staff training completed we were not confident that the training audit was effective. Other audits that had been completed showed there were no concerns identified in other areas and we saw no contradictory evidence to the conclusions reached by them. However, the auditing systems in place were not being developed or used effectively.

We did not see any evidence that satisfaction surveys had been issued to people that used the service, their relatives or healthcare professionals. We did not see any recent written evidence that people had been consulted in other ways.

We saw that meetings were held for people that used the service, but the last recorded one was dated 09 August 2013. The registered manager told us that each person that used the service had been consulted individually many times since then about specific issues that concerned them. We did not see any recorded evidence of this.

Information we gathered regarding some records held in the service and the ineffectiveness of the quality monitoring and assurance systems indicated that the service was not always operating with 'good governance'.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff meetings were held, the last one being 04 November 2015 and the one before it being 10 April 2015. Areas discussed at the November meeting included supervision, 'home truths' and the negativity in the service, staffing competence to be assessed in light of a person moving out of the 'sister' service and therefore needing to reduce staff, roles and responsibilities, key working, on call

Requires improvement

Is the service well-led?

and roster requests and employee of the month. Staff were also instructed to ensure they switched mobile phones off while on duty, diaries and the communication book were not being completed accurately (so appointments had been missed) and staff not completing medication records properly would be subjected to the disciplinary procedure.

Staff were asked in the meetings if they had any feedback to give, but the meeting minutes showed that no one had. This was an issue that staff mentioned when we spoke with them. They expressed the view that while staff meetings were held occasionally, staff were reluctant to make suggestions or query anything because they were made to feel their views were 'troublesome or negative'. They also felt that issues were not addressed so they said they saw little point in speaking up. The April 2015 meeting minutes showed that staff had discussed medication and medication protocols and also included a general discussion on how the service was performing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: The premises used by service users in respect of bathroom facilities were not suitable for the purpose for which they were being used, were not properly maintained and were inappropriately located for the purpose for which they were being used. Staff had no toilet facility to use except within people's bedrooms and one person had an inadequate bathroom facility to meet their needs. Regulation 15 (1)(c)(e) and (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People were not always being supported in a safe way because the registered person had not ensured that persons providing care and treatment had the qualifications, competence, skills and experience to do so safely. We were not provided with sufficient evidence to show that all staff had appropriate training to carry out their roles and responsibilities in respect of their positions. Regulation 12 (2) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered provider and registered manager were not ensuring that effective systems were operated to seek the views of people that used the service and evaluate the information obtained from them to improve practice.

This section is primarily information for the provider

Action we have told the provider to take

The registered manager was not maintaining accurate other records as are necessary to be kept in relation to the management of the regulated activity. Regulation 17 (1) and (2)(d)(ii)(e) and (f)