

# Arck Living Solutions Ltd

# Claremont

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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

### About the service

Claremont is a care home providing personal care for up to four people who have a learning disability and/or autism. At the time of our inspection three people lived at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

We received positive views from relatives and healthcare professionals about the support provided to people. Care and support was tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care.

People were supported with activities and interests to suit them and to aid their independence. Staff knew people's likes and dislikes well.

People were supported with their communication needs and staff demonstrated effective skills in communication. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received training and support to enable them to carry out their role. Relatives and professionals felt that staff were skilled to meet the needs of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People received their medicines on time and their health was well managed. Some changes to medicines policies and paperwork were being made. Staff had positive links with health care professionals which promoted people's wellbeing.

Relatives and staff told us the registered manager was approachable. All feedback was used to make continuous improvements to the service. The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 11 April 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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.

#### Inspection team

One inspector 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 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 had a manager registered with the CQC. This means that they and the provider are 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 available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the team leader, two support workers the business administrator

and one person using the service. We looked at two people's care records in full. We also looked people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for three members of staff, staff training records, policies and procedures and records of complaints.

After the inspection

We emailed two relatives and spoke with one relative of people using the service. We looked at training information and plans for refurbishment. We also spoke with a visiting healthcare 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- People told us they felt safe. One person told us, "I feel safe when [Name of staff member] is around." A visiting healthcare professional told us that staff were very security conscious and always checked identification. A relative told us, "I know [Name of person] is safe and they get what they need."

Staffing and recruitment

- There were enough staff available to meet people's needs.
- Checks were in place to ensure staff were recruited safely. The provider needed to ensure risk assessments were in place and updated throughout induction periods. The provider gave reassurance that processes were now in place to ensure this.

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

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained explanations of the control measures and strategies for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- Accidents and incidents were responded to appropriately. The registered manager reviewed all incidents and was able to describe how they had considered lessons learnt and implemented changes when necessary.

Using medicines safely

- Medicines administration and processes in place for covert medicines did not always follow best practice. This was discussed with the registered manager who provided reassurance and evidence that this had been addressed.
- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- The registered manager was in the process of reviewing all policies and procedures in line with best practice guidance.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required.

Preventing and controlling infection

- We observed most staff to follow good infection control practices and to use personal protective equipment to help prevent the spread of healthcare related infections.
- The environment was undergoing planned refurbishment. Some changes to carpets and flooring had already been made. New bathrooms and decorating were scheduled.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received regular supervision and annual appraisals.
- Staff felt supported by the registered manager and told us they could approach them at any time for advice or support.
- A staff induction and training programme was in place. Staff told us they found their induction to be good and felt skilled to meet people's needs. A visiting healthcare professional told us, "The way that staff interact, communicate and deescalate situations shows to me that they have had good training."
- Staff attended regular training. The registered manager was to organise greater staff attendance on local authority training, as requested following a recent local authority visit.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence based guidance.
- The service provided a homely environment which met the needs of people. People were involved in making decisions about their environment including decorating their own bedrooms and communal areas.
- People's bedrooms reflected their personalities.

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

- People were supported to maintain a balanced diet.
- People were protected from risks of poor nutrition and dehydration. This included working with other healthcare professionals.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- People had an annual health check and accessed regular medication reviews.

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

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 interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness; they were actively listened to and their choices respected. A visiting healthcare professional told us, "Staff have a good rapport with people."
- Where people were not always able to express their full needs and choices verbally, staff understood their way of communicating. Communication aids such as pictures were sometimes used, depending on the persons choice. A relative told us, "Staff know [Name of person] very well and what they are communicating."
- Staff were friendly and demonstrated a passion for providing a good quality service.
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people, such as other health professionals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Staff could provide examples of how they promote people's dignity.
- People's right to privacy was respected and reflected in care planning.
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including house hold tasks and cooking. A visiting healthcare professional told us people were encouraged and supported to build independent living skills.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and information on how best to meet their preferences were identified, met and reviewed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- People regularly engaged in the local community including swimming, shopping and cafes.
- People were also encouraged to invite family and friends to visit them at home. A relative told us, "I know I can ring and pop round at any time. I am always made to feel welcome."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any complaints. The complaints procedure was available within the service, including easy read versions.
- Relatives knew how to make complaints. One relative told us, "I have a very good relationship with the registered manager and I could tell them if I wasn't happy about anything. I have never needed to complain."

End of life care and support

- At the time of the inspection no one was being supported with end of life care.
- End of life care planning was not in place. The registered manager informed us they would immediately start having these conversations with people and their families and or representatives.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager understood their legal responsibilities to ensure regulations were being met.
- The registered manager was supported by a team of senior care workers. The registered manager had made lots of changes recently that were welcomed by staff and relatives. This included reviewing all policies and procedures.
- People, their relatives and professionals we spoke with had confidence in the registered manager and found all staff to be approachable.
- People were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in discussions about their care. A relative said, "The registered manager is a very caring person and we have good communication between us."
- People had opportunities to be involved in developing the service. We saw staff, people and their relatives were asked to complete a quality assurance questionnaire. Feedback was summarised, and action was taken where people made suggestions.
- Staff told us the registered manager was approachable and would listen to their concerns or ideas.

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

- The registered manager was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people.

- The registered manager took on board issues raised by other services such as the local authority and clinical commissioning group.