

Arck Living Solutions Ltd

Claremont

Inspection report

21 Clifton Gardens
Goole
Humberside
DN14 6AR

Tel: 01405766985
Website: www.arcklivingsolutions.com

Date of inspection visit:
27 September 2022
05 October 2022
17 October 2022

Date of publication:
06 February 2023

Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

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

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

Right Support

People did not live safely and free from unwarranted restrictions because the service did not assess, monitor and manage risk well. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff were task focused and people were not supported to achieve their goals and aspirations. People had a choice about their living environment and were able to personalise their rooms. People's medicines were safely managed.

Right Care

Staff failed to identify poor care and abuse. Staff did not have training on how to recognise and report abuse. The service did not have enough appropriately skilled staff to meet people's needs in a personalised way and keep them safe. Activities were not always individualised and people had limited choices as to what activities they could take part in. The service did not always give people opportunities to try new activities that enhanced and enriched their lives.

Right Culture

The culture at the service did not always promote positive outcomes for people.

Responses from staff were often inappropriate and did not follow specialist advice, with people becoming distressed as a result. Staff did not support people to manage their distress, anxiety, feelings and emotional reactions in a personalised way. Decisions around people's care did not always prioritise people's needs and blanket restrictions on people who use the service were not questioned. The provider failed to engage and consult with people about how the service was run. People and those important to them, including advocates, were not involved in planning their care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (August 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviewed their process for ensuring sufficient staff were deployed safely. At this inspection we found the provider had not acted on our recommendations and had not made the required improvements.

Why we inspected

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.

We carried out an unannounced comprehensive inspection of this service on 11 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and safe recruitment.

Enforcement and Recommendations

We have identified breaches in relation to staffing, person centred care, safeguarding and consent at this inspection. We also found the previous breaches in relation to safe care and treatment; good governance and safe recruitment had been continued. We have made a recommendation for the provider to review their duty of candour process.

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

Follow up

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not 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 Health and Social Care Act 2008.

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

The inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We have reported on this in the Well-led section of the report.

We spoke with the local authority and the local Infection Control Team to review information they held about the service. We used all this information to plan our inspection.

During the inspection

We visited the service and completed visual inspections of the building. We spoke to 3 people who use the service and 11 staff members including the manager, team leaders, support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 2 visiting professionals and 2 relatives.

We reviewed documentation relating to the care of all 4 people and paperwork relating to the health and safety of the service. We looked at recruitment records for 4 members of staff.

We made referrals to the local Fire and Rescue Team, the local Infection Control Team and the safeguarding team during our inspection. We sought assurances from the manager throughout the inspection.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with 1 person to tell us their experience.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

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

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

- People did not live safely and free from unwarranted restrictions because the service did not assess, monitor and manage risk well.
- Risks to people's health and wellbeing were not always appropriately assessed and monitored. Care plans and risk assessments were not always in place to inform staff about people's health needs and the risk associated with them. We could not be assured risks associated with choking were appropriately assessed and managed.
- Management of risk in relation to fire safety continued to be of a concern. No fire drills had been completed at the service. Staff were not confident in fire evacuation plans and documentation relating to fire evacuation was not up to date. Staffing levels did not always support a safe evacuation process.
- Where action had been taken to address risks, plans were not clear or coordinated. Staff did not always have appropriate training or knowledge of what action to take. This led to an inconsistent approach for people and increased risk.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and wellbeing of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider confirmed they had since introduced fire drills to improve staff knowledge and skills in this area.

Preventing and controlling infection

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

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

regulation 12.

- At our last inspection we identified concerns with the disposal of clinical waste. At this inspection, concerns remained. Clinical waste such as used Personal Protective Equipment (PPE) was still not being disposed of correctly. Staff we spoke with were not aware of the process to do this safely.
- Staff were not always wearing their PPE correctly, for example, staff had masks below their noses whilst talking or having a drink without social distancing.

Failing to ensure processes are in place and effectively followed to prevent and control the spread of infection was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to operate safe recruitment processes. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- We reviewed 4 staff files and none of these had all the correct documentation to be assured people were being recruited safely.
- Staff start dates demonstrated people started working before the return of their DBS or references had been returned. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This meant the provider could not be assured staff were of good character before working with people.

Failing to ensure people had been recruited safely puts people at risk of harm. This was a continued breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we recommended the provider reviews their processes for ensuring sufficient staff were deployed safely. The provider had not made improvements.

- At the last inspection, we found there were insufficient staff to safely evacuate people in the event of a fire. At this inspection, the provider told us 2 staff were needed for a safe fire evacuation, but we observed multiple periods where only 1 staff member was working. This put people at a continued risk of harm.
- The service did not always provide enough staff with the right mix of skills and competence to support people to stay safe. We found there were shifts without a member of staff trained in giving emergency medication which put people at risk of harm.

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

The provider responded immediately during and after the inspection. They told us they would update their staffing levels to ensure there was always adequately trained staff on site.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have appropriate systems and processes in place to ensure people were protected from abuse. Referrals to the local safeguarding team were not always completed in a timely manner.
- Staff had not had training on how to recognise and report abuse. We found multiple incidents which had not been identified as safeguarding concerns and reported by staff. We informed the local authority of these concerns.

Safeguarding systems and processes had not been established to ensure people were protected from avoidable harm. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe use of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received their medicines as prescribed.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- One person required emergency rescue medicine for a specific health condition. The person's care plan instructed staff to administer medication that not all staff were trained to do so. This has been addressed under the well-led section.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant there was a lack of consistency in the effectiveness of the care and support people receive.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Principles of the MCA were not always followed. For people that the service assessed as lacking mental capacity for certain decisions, staff had not always clearly recorded assessments and any best interest decisions.
- It was unclear when relatives were consenting to care if they had the legal authority to do so.
- There was a stairgate in use at the service, restricting people's movements but staff, including the new manager, didn't know why this was in place and if people had consented to it.

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

Following the inspection, the manager told us they would review restrictions which had been identified during the inspection. The manager removed the stairgate which was restricting peoples movements.

Staff support: induction, training, skills and experience

- Poor staff performance was not always recognised or properly responded to. We observed documentation which referred to people with disrespectful language and demonstrated poor practice which had not been identified.
- Staff had not received training in topics which had been highlighted by the provider as mandatory, such as

fire safety, safeguarding and challenging behaviour. Staff told us they did not always feel safe at work and would have liked training. One staff member said, "Training would definitely be useful, and I would feel safer".

- Staff had not consistently received support in the form of continual supervision and appraisals. However, staff had very recently started to receive supervision following a new manager in post.

Staff were not adequately trained to ensure people received safe care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action to address staff training following our inspection.

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

- People had care and support plans that were not personalised, holistic, strengths-based and did not reflect their needs and aspirations. People, those important to them and staff did not regularly review plans.
- People did not have clear pathways to future goals and aspirations. There was no evidence of teaching skills in people's support plans.

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

- The provider did not sufficiently monitor and manage the risks associated with dietary requirements. Two people had specialised diet requirements relating to their health and staff were not aware of these.
- People told us they liked the food at the service but had limited choice regarding their meals. During the inspection, the manager began to arrange weekly meetings to seek feedback from people and create a weekly menu.

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

- Care and support was not always properly planned and coordinated when people had received specialist advice. Processes for sharing information were inconsistent and advice was not always reflected in people's care plans.
- One person had a specialised care plan relating to their behaviours and how to reduce distress and anxiety. Staff were not aware of this care plan and we observed staff using techniques which were discouraged by professionals.
- One visiting professional told us the provider sometimes made delayed referrals and said a timelier approach would be beneficial for preventing incidents from occurring.

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

- The garden was not well kept and had an accumulation of waste such as an old mattress, old microwave and general rubbish left. The manager agreed the garden needed works completing and posed a risk. During the inspection, the garden was cleared of waste.
- The service was homely, and people personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Relatives commented included, "their room is en-suite and it's really personalised".

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- People were not always treated in a kind and caring way. Staff did not always use respectful language. We observed people being spoken with in a child-like manner and with raised voices.
- Staff used language which demonstrated a poor culture which did not understand people's complex needs and increased people's behaviours. Staff comments included referring to people as "rude", "lashing out" and "kicking off".
- We spoke with two visiting professionals, who both raised concerns about the ways in which staff supported people and created a caring culture.
- Despite our observations, people and their relatives told us they felt the staff were kind to them. One relative said, "the staff are lovely."

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

- People were not supported to express their views and were not involved in decisions around their care. One person said, "I do not get a say in anything".
- The provider had no systems to support people to provide feedback on their care. This included people who used the service, their relatives and the staff. The manager told us they had plans to implement this.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always respected. Staff told us how they would promote people's dignity, but we did not observe this being demonstrated. We observed staff leaving a door open whilst someone was using the toilet and staff shouting across the service to people about their toilet needs.
- Distress and discomfort were not always responded to appropriately. When we asked staff how they would respond to a difficult situation, their response was often conflicting to the instructions set out in care plans for people.
- Staff told us they did not always have time to promote people's independence and would do tasks for people. One staff member told us they felt 1 person was being "deskilled" and "let down" by the provider.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant services were not always planned or delivered in a way that met people's needs.

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

- People did not receive person-centred care. Staff told us they did not have the time to provide personalised care and were task focused.
- People had limited choice and control over their daily life. For example, people were not able to get up when they wanted to due to staffing levels and people had limited choice over the meals provided. One staff member told us, "we will cook this for tea and not really ask them."
- We observed activities being offered to people such as crafts and walks to the local supermarket. However, there was a lack of choice and consideration for people's individual needs.
- There was no consideration for encouraging people to explore new social, leisure and recreational interests. There was no record of people being offered choice of activities.
- One visiting professional commented, "People have varied interests, and this is not actively encouraged to pursue them. The differing needs of the people within the service leads to those people who are less able to miss out on opportunities."

The provider failed to carry out care with a view to achieving people's preferences and ensuring their needs are met. This was a breach in regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service had not fully implemented the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss. Following the inspection visit we were provided with assurances that improvements had been made.
- Staff skills were mixed in relation to communicating with people. Some staff demonstrated a good awareness and skills of individual communication needs whereas others could not facilitate communication when people were trying to tell them something.
- There were no visual cues or easy read formats which helped people know what was likely to happen during the day and who would be supporting them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- One family member told us they had raised a complaint and they were satisfied with the outcome.

End of life care and support

- People had end of life care plans documenting their preferences and wishes.
- Whilst staff had not had any specific training on supporting people at the end stages of their life, they told us they would feel supported by the nominated individual and had been previously.
- At the time of the inspection, there was no one receiving end of life care. The provider had received recent compliments regarding previous care provided.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

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

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

- The provider was not clear about their roles and responsibilities and failed to understand quality performance. Risks identified at the last inspection had not been adequately addressed. For example, there were continued concerns in relation to fire safety, disposal of clinical waste and staffing.
- Quality assurance processes failed to identify individual risks to people's health and wellbeing were not effectively managed. Staff had limited knowledge of risks to people and how to mitigate these. For example, in relation to choking, falls and challenging behaviour.
- Information and records relating to people's needs were not accurate or reviewed regularly. This meant people were receiving inconsistent care, sometimes contrary to specialist advice; which heightened distress and did not support the person to achieve their best outcomes.
- Staff did not appropriately identify and record incidents which occurred at the service. Lack of management oversight meant incidents we identified during inspection had not been identified by the provider. This put people at increased risk of harm.
- The provider had failed to notify the CQC of notifiable events and incidents in a timely manner. Additionally, they had failed to submit their Provider Information Return as required.
- Where auditing systems had identified areas for development, action had not always been taken to ensure people were safe.

The provider had failed to identify and mitigate risks relating to the health and safety of people. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, the manager was new into post and had started to create further quality assurance systems prior to our inspection but these had not yet been embedded into the service.

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

- The service had indicators of a closed culture, this put people at increased risk of harm. Managers and staff failed to identify poor practice and safeguarding concerns. One staff member when asked about good practice in the service, gave an example which demonstrated poor and restrictive practice.
- The service had limited staff numbers and poorly trained staff. This meant people were not supported to achieve good outcomes.
- One visiting professional we spoke with said, "There are staff within the service who are good advocates for people, however the culture is such that it does not allow for a change in approach."

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 provider had a duty of candour policy and the manager was able to demonstrate knowledge of this.
- Documentation to show how the provider was meeting its responsibilities under the duty of candour regulation were not available. For example, no records were available to evidence an explanation and apology had been given to the relevant person in line with legal requirements.

We recommend the provider reviews their systems to ensure duty of candour policies and procedures are always followed.

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

- People using the service were not always involved in decisions about their care and had limited choices available to them.
- Visiting professionals told us they felt the provider was reluctant to engage with them and did not follow advice provided. One person had been provided with a detailed care plan in relation to a serious health condition but staff were not aware of it.
- Relatives we spoke with felt involved and engaged with the service. One relative told us, "We're absolutely involved. I can't knock them for that at all. When I visit, I chat with staff and I know exactly what's going on."