

Claremont Care Home Limited

# Claremont Care Home

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 15 October 2018.

Claremont Care Home is registered to provide accommodation and care for up to 24 older people, some of whom were living with dementia. The home is situated in a residential area of Sale, Manchester and is close to public transport and the motorway network. At the time of this inspection, there were 24 people living at the service. Claremont Care Home is a 'care home', people in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

We last inspected Claremont Care Home in March 2018. At that inspection, we found multiple breaches of regulations, the service was rated inadequate in the well-led domain and rated requires improvement overall. We also issued a warning notice with regards to the lack of evidence to demonstrate 'Good Governance'. At this inspection, we found no regulatory breaches and improvements had been made in each of the five key questions of safe, effective, caring, responsive and well-led.

A manager was in place at Claremont Care Home; they had previously been the deputy manager at the home. The manager was in the process of registration with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service.

During our last inspection in March 2018 we found aspects of the home was not safe. For example, we found a cupboard on the ground floor bathroom was unlocked which stored hazardous substances, such as cleaning products. At this inspection we found cleaning materials and other substances hazardous to health were now appropriately stored in a locked cupboard to minimise the risk of people being harmed.

At the last inspection, we found other issues affecting the safety of the environment. The provider did not have a risk assessment in relation to Legionella. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease that can be dangerous, particularly to more vulnerable people such as older adults. At this inspection we found the provider ensured the service undertook an external comprehensive legionella risk assessment in April 2018, which indicated the risk posed to people living in the home of contracting legionnaires disease was low.

Through our observations of staff interacting with people and from conversations with the staff, it was clear that they knew the people they provided care for well. They understood people's preferences, likes and dislikes. They also had a good understanding of people's past lives, which enabled them to participate in meaningful conversations with people.

People's needs were assessed before they moved to the home and care plans were in place to inform staff of

their needs and how they should be met. Staff worked with other health care professionals to maintain people's health and wellbeing.

People's care plans had improved and were person-centred and comprehensive yet easy to navigate and information was readily accessible. Each care plan also contained a one-page profile that provided key information about the person.

There were effective and established systems in place to safeguard people from abuse and individual risk was fully assessed and reviewed. Accidents and incidents were recorded and appropriate actions taken.

Medicines management and administration processes were reviewed during the inspection and found to be safe.

We observed the mealtime experience and found this to be relaxed and well organised. People received any help, support and encouragement they required to eat and drink promptly.

Recruitment practices were safe and records confirmed this. Newly recruited care workers received an induction. Training was provided on a regular basis and updated when relevant.

Significant improvements had been made which sought to ensure the service was working within the principles of the Mental Capacity Act (MCA) 2005. For example, new care planning documentation had been introduced, a robust framework for best interest's decisions and the involvement of 'relevant persons' had been established and the manager and wider staff group had completed specific MCA training.

It was clear to the inspection team the manager and provider demonstrated a renewed commitment and willingness towards improving the quality and safety of care provided at Claremont Care Home. Quality assurance practices were much more robust and taking place regularly.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe and the rating for this key question had improved to Good.

The provider was now ensuring reasonable steps were taken to ensure the safety of the premises.

All the required checks of suitability had been completed when staff had been employed.

People were kept safe and there were sufficient staff to meet people's needs.

Good ●

### Is the service effective?

The service was effective and the rating for this key question had improved to Good.

The manager and care staff understood the requirements of the Mental Capacity Act 2005.

Induction, training and supervision of staff was effective.

Work was ongoing to improve the environment for people who used the service.

Good ●

### Is the service caring?

The service was caring and the rating for this key question had improved to Good.

People and their relatives told us the staff were kind and caring.

We saw people's privacy and dignity was respected and promoted.

Good ●

### Is the service responsive?

The service was responsive and the rating for this key question had improved to Good.

Improvements had been made to assessment, care planning and

Good ●

reviews.

Work was ongoing to ensure people were supported to participate in meaningful, person-centred activities.

The service had an up to date complaints policy and procedure. People and their relatives told us the manager was approachable.

### **Is the service well-led?**

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice.

Improvements had been made to systems for audit, quality assurance and questioning of practice.

The culture of the service had significantly improved since our last inspection and business was now conducted in an open and transparent way.

**Requires Improvement** ●

# Claremont Care Home

## 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.

This inspection took place on the 15 October 2018 and was unannounced. The inspection team consisted of one adult social care inspector, one assistant inspector 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 service.

Prior to our inspection we asked the provider to complete a Provider Information Return. This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they would like to make. We also reviewed the information we held about Claremont Care Home, including any statutory notifications submitted by the provider or other information received by members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted Trafford local authority, and Healthwatch (Trafford) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

Due to the nature of the service provided at Claremont Care Home, some people were unable to share their experiences with us, therefore we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection we spoke with 10 people who used the service and four relatives. We spoke with the director, manager, one senior care worker and four care workers.

We looked at staff training and supervision records for the staff team, one month of staff rotas and the three staff files, including their recruitment records. We looked at seven medicines administration records and

how the medicines were stored. We also looked at records of staff meetings, quality monitoring records, medicines adults, fire safety records and health and safety records relating to legionella, maintenance and servicing of equipment. We read the fire risk assessment for the home.

We also looked at records of activities that had taken place, the activities programme since the last inspection, menus, food and fluid monitoring charts, three care plans, weight monitoring records, complaints, accidents, incidents and safeguarding records.

## Is the service safe?

### Our findings

At the last inspection in March 2018 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found provider was not taking reasonable steps to help protect people from the risk of contracting Legionnaire's and the premises had not been made secure to minimise the risk of people unintentionally touching or drinking hazardous substances that had not been stored correctly. At this inspection we found the provider had made the necessary improvements and was no longer in breach of this regulation.

Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. At this inspection we found the provider ensured the service undertook an external comprehensive legionella risk assessment in April 2018. This risk assessment indicated the home was low risk in terms of legionella bacteria being present in the water system. Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, passenger lift, portable appliance testing, fire detection and emergency lighting. This helps to ensure the safety and well-being of everybody living, working and visiting the home. The manager kept a schedule which showed when servicing was required for the call system, fire extinguishers and alarms and boiler and gas cooker. The service also had a business continuity plan in place. The plan contained details of what action needed to be taken in the event of an emergency or incident occurring such as a fire or utility failures.

Claremont Care Home provided a safe and secure environment for the people who lived there. The front entrance was kept locked to prevent unauthorised persons from entering the home. When we arrived, we were asked for proof of identity and to sign into the visitor's book. There was also a safety unlocking system in place on the front door. This was used to help prevent people who were considered as being at risk if they went out alone from leaving the premises. At this inspection we found cleaning materials and other substances hazardous to health were stored in a locked cupboard to minimise the risk of people being harmed and to ensure that their use by people using the service was monitored and supervised.

The home was clean and tidy. Records containing cleaning schedules and management audits demonstrated the home were performing well at maintaining a clean and pleasant environment. Housekeeping staff we spoke with said they, "It's just lovely working here."

The provider carried out checks to make sure staff they employed were suitable to work with people using the service. Staff recruitment records included an application form and employment history, references, proof of the person's identity, address and right to remain and work in the United Kingdom and a Disclosure and Barring Service (DBS) check.

Risks to people were identified, assessed and managed safely. Risk assessments relating to people's mental health, physical health, personal health, moving and handling, behaviour, skin integrity, nutrition and falls had been completed and were found in people's care plans. The manager had introduced monthly 'audit reflections' to review the risks and record action taken to mitigate future risks to people.

Medicines management and administration processes were reviewed during the inspection and found to be safe. Staff completed training and their competency was checked annually to ensure they could administer medicines safely. A policy was in place to help guide staff practice. We observed medication rounds and found that staff were knowledgeable, followed correct procedures, sought consent from people and explained what they were doing. Medicines were safely stored.

We asked people who lived at the home if they felt there were sufficient staff to provide support when they needed it. People we spoke with felt there were sufficient staff to their needs. Comments included "I feel there are enough staff, yes" and "Sometimes I may wait, but not often; it's not a hotel after all."

The service had a safeguarding policy to protect people and keep them safe. Staff had a good understanding of different types of abuse. They knew they needed to report any concerns to the manager and other management. Staff told us that they would contact the host local authority safeguarding team and the CQC if no action was taken by management. Records showed that staff had received training about safeguarding adults. Contact details of the host local authority safeguarding team were accessible to people, staff and visitors as they were displayed in the home.

Accidents and incidents were recorded, addressed appropriately and monitored. The manager told us that they learnt from incidents and ensured that they acted to minimise the risk of reoccurrence. Staff understood their responsibilities to report and record incidents.

## Is the service effective?

### Our findings

At our last inspection in March 2018 we recommended that the registered provider seeks advice and guidance from a reputable source so they can adapt the home's environment to support the independence of the people who were living with dementia. At this inspection we found work had begun to ensure people's bedroom doors had been personalised with their photographs or images that people may easily recognise. We found signage had also been introduced around the home that indicated where toilets, the dining room and people's bedrooms were located. The manager confirmed the home would continue to work in this area to ensure when changes were made to the décor, dementia friendly environments would be considered. The home was due to replace a number of carpets that are heavily patterned; patterned carpets can cause potential confusion to some people with visual impairments or who are living with dementia. We will continue to monitor the progress of this work.

We considered that the provider had made some progress in response to the recommendation to improve the environment for people living with dementia, but there was still scope for further improvements.

Staff had the skills, experience and knowledge to deliver effective care. We reviewed all aspects of induction, training and continuous development staff received to ensure they were skilled and competent to fulfil their respective roles. New staff completed an induction which was based on the Care Certificate. This certificate has been developed nationally by health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. The manager had also completed an enhanced level of training with regards to management and leadership.

Supervision sessions were completed on a regular basis and appropriate records were maintained. Where particular issues had arisen within the service, records demonstrated that supervision sessions were being used to good effect in order to resolve matters in a timely manner. Annual appraisals were also completed and records maintained.

We observed the mealtime experience and found this to be relaxed and well organised. People received any help, support and encouragement they required to eat and drink promptly. We saw people were offered a choice of meal and were asked if they had enough to eat. We saw that people had a positive experience and received the help and support they needed. They offered people a choice of main courses and allowed them time to make a choice. Where people needed assistance with eating and drinking, a member of the care staff team sat with them to ensure they had enough to eat.

A four-week rolling menu plan was in operation at the home which was reviewed periodically in consultation with the people who used the service. The daily menu was displayed inside the dining area on a white board for people to view. People who used the service were supported to make their individual meal choices on a daily basis and alternative options were also available upon request. However, we found no pictorial menus for people with dementia, memory loss or poor verbal communication to facilitate their involvement in choice around their meals. We discussed this with the manager and they confirmed this work was already taking place.

Prior to their admission into Claremont Care Home, people received a full assessment of their needs by the manager. This pre-admission assessment looked at how their needs and wishes could be met, with consideration of the needs and compatibility of the other people who used the service. When we looked at care records we saw that they included the views of people who may have been involved in care and support such as family members. Records also included any assessments completed by health and social care professionals such as social workers or occupational therapists. This information was then used to form an interim care plan so staff would understand the needs and wishes of the person and how best to meet them from the moment of admission.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Since our last inspection of Claremont Care Home, significant improvements had been made which sought to ensure the service was working within the principles of the MCA. For example, new care planning documentation had been introduced, a robust framework for best interest's decisions and the involvement of 'relevant persons' had been established and the manager and wider staff group had completed specific MCA training.

There was a clear record of DoLS applications submitted and/or authorised which identified when they were due to expire and those which had conditions attached. We saw that mental capacity assessments had been carried out to check whether people had the capacity to make specific decisions.

People's care plans and other records included information about each person's healthcare needs and included guidance for staff to follow to ensure people's medical needs were met. Care plans showed that people's healthcare needs were monitored closely. People were provided with the support that they required to access advice and treatment from a range of healthcare professionals including, GPs, dentists and chiropodists. Records showed that people attended specialist medical appointments for monitoring and treatment of medical conditions. People told us that they saw a doctor when they were unwell and spoke of receiving the blood tests that they needed.

Staff supported and enabled people to practice their faith and the manager told us a pastor regularly visited the home. Equality and diversity training was included in the provider's training programme.

## Is the service caring?

### Our findings

Claremont Care Home had a homely, friendly feel and people spoke positively about the staff. We saw good interactions between staff and people, they knew each other well and had developed caring relationships. People told us, "All the girls [care workers] are brilliant. They know me and are very good. They look after me; I can talk to them all", "The staff here are my family" and "The staff call me by my first name. They are all friendly, I can ask any of them to help me and they do help."

Staff interactions with people using the service indicated that they knew people well. People's care records included detailed information about their background which helped staff understand their preferences, needs and wishes. Staff spoke about providing people with emotional support when they experienced a challenging time in their life.

It was clear that staff knew the people they were caring for well. Staff were familiar with people's needs as well as their likes, dislikes and preferences. During moving and handling support staff spoke with people at every opportunity, explaining what they were doing and provided ongoing reassurance whilst also taking their time.

People's privacy was respected when they were supported with personal care. During the inspection we observed staff asking people's permission before entering their bedrooms. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. This included ensuring doors and curtains were closed and making sure people were covered when providing personal care.

Information regarding confidentiality, dignity and respect formed a key part of the induction training for staff. Confidential information, such as care records, were kept in the staff and manager's office and only accessed by staff authorised to view it.

Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. However, to fully embed the principles of equality, diversity and human rights we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.'

When people required support to make decisions and did not have friends or family to assist them, local advocacy services were contacted. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

## Is the service responsive?

### Our findings

At the last inspection in March 2018 we found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people's end of life care plans were not holistic, and did not reflect the scope of people's individual wishes and needs. At this inspection we found the provider had made the necessary improvements and was no longer in breach of this regulation.

At this inspection we found records were now available confirming people's wishes for their end of life care had been considered, and people were given the opportunity to discuss their wishes for how they would like to be supported as they neared death. The care records we looked at indicated that discussions had begun. At the time of the inspection no one was receiving end of life care, however the manager told us that home was now much more proactive in discussing people's future priorities and end of life care training was now provided to the staff team.

At the last inspection in March 2018 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the care planning document devised at Claremont Care Home was not reflective of people's assessed needs. At this inspection we found the provider had made the necessary improvements and was no longer in breach of this regulation.

Care plans were person-centred and comprehensive yet easy to navigate and information was readily accessible. Each care plan contained a one-page profile that provided key information about the person. The care planning system stored people's pre-assessment and assessment details, risk assessment, accident and incident forms, daily notes and health information. This provided information and guidance to staff about people's care and how they wished to be supported. Staff were able to give examples of how they met individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care.

Care plans were reviewed monthly by the manager to ensure they met people's needs and were in line with their preferences.

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's pre-assessments gathered information about their communication needs if they have speech, hearing or sight impairments. This enables the manager to respond to people's needs by producing large print documents and reading information to people. We observed staff supporting people who were not able to communicate verbally by sitting with them and asking them simple closed questions.

We checked whether the service provided meaningful activities and social opportunities for people. The registered provider employed two activity coordinators who worked on alternative days. We saw an 'activities file' had been implemented since our last inspection. This recorded what activities people had been involved with and some people's life history which included their preferences. These records did

illustrate that some people had 1:1 time with staff and there were a variety of group activities on offer.

During the inspection we made observations using SOFI. This method is used to observe the experience of people who may not be able to tell us their views. During the morning of the inspection we observed people engaging well with armchair aerobics. From our observations we saw that staff were cheery, encouraging, reassuring and attentive. They encouraged people to join in activities, offered to play a game and chatted about music. As a member of staff finished their shift they said goodbye to the people present. This helped people to understand which staff were on shift.

The service had a process in place for recording and dealing with complaints appropriately. Since our last inspection one complaint had been recorded. People using the service told us that they would speak with staff if they had any worry or a complaint about the service. Records showed that people had the opportunity to complete a formal satisfaction survey about the service and had provided positive feedback.

## Is the service well-led?

### Our findings

A manager was in place at Claremont Care Home; they had previously been the deputy manager at the home. They told us they were in the process for applying for registration with CQC and checks on our records confirmed this to be the case. Throughout this inspection people, relatives and staff offered positive feedback about both the manager and the senior care workers supporting the manager. The people we spoke with told us they thought the service was well-led and shared the view there had been improvements at Claremont Care Home since the change in management.

The manager was involved in the delivery of care to people which gave them an insight into people's needs and the quality of care being delivered. They frequently worked alongside staff and carried out spot checks to observe the conduct of staff and assess their skills and competencies when caring for people. It was evident that both the staff and the manager had strong values and were fully committed to ensuring people received the best possible care in a safe and caring environment. Relatives, staff, stakeholders and health care professionals felt the service was well-led and had a positive and progressive culture.

The service previously had inconsistent management. The current manager was promoted within the service shortly after our last inspection in March 2018. People, relatives and staff spoke positively about how the service was now led and managed. A staff member said, "Everything at the home has changed for the better, [managers name] is always approachable and I can see staff practice has improved as a result of her leadership."

At the last inspection in March 2018 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider did not have robust processes in place to ensure the safety and quality of the service was adequately monitored and improved, and to ensure known risks were acted upon. Due to our findings a warning notice was issued to the registered provider requiring them to take immediate action to address the breach and the overall rating for this key question was rated as Inadequate.

At this inspection we found the provider had made the necessary improvements and was no longer in breach of this regulation.

Since our last inspection the manager introduced a number of auditing systems to improve the quality assurance of the home. These auditing systems introduced covered key aspects of service delivery. For example, audits and quality assurance were now in place for accidents, complaints, care plans, call bells, medication and for the environment. Spot checks were also completed by the manager on a regular basis with appropriate records maintained. Overarching trend analysis was also completed with a clear audit trail of remedial and preventive actions taken.

At our last inspection we had been highly critical of the role played by the registered provider, in particular their lack of oversight and a failure to ensure overarching good governance. However, at this inspection we also found the registered provider had committed themselves to ensuring the quality and safety of the

service at Claremont Care Home improved. This meant the registered provider was now better placed to support the manager and to respond to new and emerging issues in a timelier way.

The provider encouraged people to maintain appropriate community links. The provider worked closely with the various local authority services and departments involved with people's care and support. This included the commissioning team, occupational health, the safeguarding team and community mental health teams. This meant people were supported with continuity of care should they need to transfer between services. For example, in and out of hospital.

Staff meetings were now carried out on a regular basis. These were a combination of general staff meetings, senior meetings and provider meetings which were completed every month. Records demonstrated the senior staff meetings were an effective way of providing care staff with crucial pieces of information that did not necessarily require the full complement of staff to be present. Information was also shared amongst staff at the start and end of each shift.

People and their relatives had opportunities to feedback their views about the quality of the service they received. The manager produced an annual report that was available on the noticeboard for people to view. This report commented on the results of each area of the survey. For example, the annual report made reference to the building and confirmed the provider was committed to improving the environment and we were assured this work will continue.

There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating and the previous inspection report were on display at the service; the rating was also displayed on the provider's website. This was to inform people of the outcome of the last inspection.