Carebase (Claremont) Limited

Claremont Court

Inspection report

Harts Gardens
Guildford
Surrey
GU2 9QA

Tel: 01483456501

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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

Claremont Court is a purpose built nursing home providing care to people across three floors. The home accommodates up to 57 people with nursing needs and specialises in providing care to people living with dementia. At the time of our inspection there were 54 people living at the home and all people were living with dementia.

This inspection took place on 04 May 2018 and was unannounced.

At our last inspection we rated the service Good with a rating of Requires Improvement in Responsive due to shortfalls in care planning, we made a recommendation in this area. At this inspection we found improvements had been made to care planning and the rating in Responsive had improved to Good. Evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People received safe care in which risks were managed and incidents were responded to appropriately. Medicines were managed and administered safely by trained nurses. People lived in a clean and safe home environment and plans were in place to keep people safe in the event of an emergency. There were sufficient numbers of staff at the home to keep people safe and checks were undertaken to ensure staff were suitable for their roles.

People were prepared food that matched their preferences and dietary needs. 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. We made a recommendation about record keeping in relation to the Mental Capacity Act 2005. Staff had the training and support to carry out their roles effectively. People's needs had been assessed and appropriate support was in place to ensure people's healthcare needs were met.

People were supported by kind and compassionate staff that knew them well. The provider had systems in place to involve people in decisions and we found an inclusive atmosphere at the home. Staff encouraged people to retain skills and independence and care planning supported this. People's privacy and dignity was respected by staff when receiving care.

People were very happy with the activities on offer at the home and we noted these matched people's needs and interests. Care was planned in a person-centred way and we noted particularly positive outcomes were

being achieved for people living with dementia. People's care was regularly reviewed and records documented people's wishes with regards to end of life care. Complaints were documented and responded to appropriately.

There was strong leadership at the home and people spoke highly of the management team. The provider had strong links with the local community that people benefitted from. Regular checks and audits were carried out and people's feedback was gathered through surveys. Regular meetings were held which were used to involve people, relatives and staff in the running of the home.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has improved to Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Claremont Court

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 04 May 2018 and was unannounced. This was a comprehensive inspection.

The inspection was carried out by three inspectors, a specialist nurse 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.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with eight people and five relatives. We spoke with the registered manager, the deputy manager, the regional manager, one nurse, six care staff and two housekeepers. We also observed the care that people received and how staff interacted with them.

We read care plans for seven people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at four staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at records of surveys and minutes of meetings of people and staff.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "I feel safe here, everything is so nice and fresh." Another person said, "I feel very safe, it's very good indeed. The staff are excellent." A relative told us, "[Person] can be a bit difficult but the girls know how to handle him just right. They treat him like he's their dad not just a resident."

Risks to people were assessed with appropriate measures taken to keep people safe. People's care records contained risk assessments and these covered a variety of risks such as behaviour, skin integrity and moving and handling. Plans outlined guidance for staff on how to manage risks and we noted these were regularly reviewed. One person was cared for in bed and their risk assessment identified that this heightened the risk of them developing pressure sores. To manage the risk, the person slept on an airflow mattress and their skin was checked daily. Staff applied prescribed creams and supported the person to reposition regularly. We noted that there were no pressure wounds at the time of our visit and staff were knowledgeable about how to reduce risks in this area.

Staff responded appropriately to accidents and incidents. Records showed that where people had been involved in incidents, such as falls, the actions taken by staff were appropriate to ensure people were safe. The provider carried out a regular analysis of accidents and incidents to identify any patterns or trends. This meant a system was in place to ensure lessons could be learnt if anything ever went wrong. Staff had been trained in safeguarding adults and were knowledgeable about the potential signs of abuse and what to do if they suspected abuse had occurred.

People's medicines were managed and administered safely. Medicines were administered by trained nurses who's competency had been assessed. We spoke to a nurse about people's medicines and they were aware of which medicines people were on and what they were for. Medicines were stored securely and checks were carried out to ensure they were stored in line with the manufacturer's guidance. Staff maintained accurate medicine administration records (MARs) and the provider undertook regular checks of these.

There were sufficient numbers of staff to safely meet people's needs. A relative told us, "I think there's enough staff. They are very busy but they come to you as quickly as they can." We observed that staff were not hurried and were able to spend time with people. Staff responded quickly to people when they requested help using call bells. The provider calculated staffing numbers based on people's needs and we observed that this level had been maintained. People, relatives and staff told us that they felt staffing levels were suitable for the needs of the people that they were supporting.

All staff had undergone appropriate checks before starting work. Checks included references, work histories and a check with the Disclosure & Barring Service (DBS). The DBS keeps a record of any potential staff that would not be appropriate to work in social care. The provider had also carried out checks to ensure that nurses were registered with the Nursing & Midwifery Council (NMC).

People lived in a clean and safe home environment. We noted that the home environment was clean and

there were no unpleasant odours. The provider took steps to reduce the risk of the spread of infection within the home and we observed housekeeping staff cleaning throughout the day. The provider carried out regular checks of daily cleaning as well as frequent infection control audits. There were clear procedures to follow in the event of an emergency, such as a fire and staff had been trained in this area. The provider carried out regular checks of the health and safety of the building and equipment.

Good

Is the service effective?

Our findings

People told us that they got the support they needed to eat. One person said, "They [staff] always offer a choice and they help me sometimes by cutting up my food." Another person said, "I like the food." People were prepared food in line with their preferences and dietary needs. People's records contained information on the foods they liked and disliked and records showed these were fulfilled by staff. People were regularly asked for feedback on the food through surveys and reviews. Where people had specific dietary needs or risks, plans were in place to maintain people's nutrition.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about the principals of the MCA and how it applied to people. We found that mental capacity assessments were carried out to establish people's ability to make decisions and best interest decisions documented what action was being taken. Where restrictions were applied to people in their best interests, an application was made to the local authority DoLS team. However, we did note that mental capacity assessments were not always decision specific. For example, one person was receiving their medicines covertly in their best interests and there was not a mental capacity assessment for this specific decision. An assessment covering the person's overall care needs, including medicines, was in place. The impact of this was minimised because the other steps in the process had been followed with the involvement of relevant healthcare professionals, but the correct process was not followed in this case.

We recommend that the provider reviews their processes to ensure decision specific mental capacity assessments are completed when necessary.

The home environment was tailored to people's needs. Everyone living at the home was living with a form of dementia and the provider had considered this when making changes to the home environment. There was signage to help people to orientate themselves around communal areas. People's rooms had memory boxes outside that displayed pictures of things familiar to them, to help them identify their rooms. Where issues with the environment had been identified, action was taken to make it dementia-friendly. For example, some people had found the mirror in the lift distressing as the reflection caused confusion. In response, the provider stuck a large picture of a lavender field over the window and they noted instances of people becoming anxious in the lift had reduced.

Staff had the right training and support to carry out their roles. A relative told us, "They [staff] seem very well trained. They've learned very quickly that he responds best to softness and they are always very gentle." Staff told us they received an induction when they started work at the home and this helped to make them confident in their roles. Staff had completed mandatory training in areas such as health and safety, safeguarding and infection control. We also noted training had been completed in medical conditions such as diabetes and dementia, which was consistent with the needs of the people staff supported. Records showed staff training was up to date and staff also received regular one to one supervisions and appraisals. The provider also supported nurses to maintain their competencies with regards to clinical training and

revalidation with the Nursing & Midwifery Council (NMC).

People's healthcare needs were assessed and met holistically. The provider carried out an assessment when people came to live at the home and this captured needs associated with any medical conditions and documented people's routines and preferences effectively to ensure a comprehensive care plan could be drawn up. Where people had specific medical conditions, care plans were drawn up for these. One person was living with a very specific form of dementia and their care plan outlined how this affected them and approaches to take for their behaviour. We noted people living with dementia had input from the community mental health team (CMHT) where appropriate and medicines had been regularly reviewed by their GP.

Good

Is the service caring?

Our findings

People told us that the staff who supported them were caring. One person said, "The staff are lovely, obviously I have my favourites that I like to help me but they are all really kind." Another person said, "It is truly lovely here, there's not one member of staff that you think 'Oh god not them' when you see them coming." A relative told us, "You can see it in the faces of the staff, they care about the people they care for, it's lovely."

During the inspection we observed interactions between people and staff that demonstrated kindness and compassion. In the morning during an outdoor activity, staff were attentive to people and responded quickly where one person wished to sit in the shade. Staff chatted to people about the activity and their histories. Later in the day, we observed a person who was living with dementia had become lost. Staff gently took the person's hand and talked to them about a picture on the wall. This distracted the person and the staff member was then able to support them to a communal area.

Staff knew people well and the provider kept records of people's backgrounds and life stories which staff were knowledgeable about. People's rooms had pictures and items of importance to them displayed outside and staff were observed using these to engage in conversation with people. The home produced a monthly newsletter that was professionally published and contained pictures, poetry, news and updates. They also had life stories for both people and staff, to enable them to get to know each other and to encourage an inclusive atmosphere at the home.

People were supported to maintain their independence and staff involved them in their care. One person said, "I can do some things for myself but I need help with other things. They [staff] know that and respect it." People's care plans reflected their strengths and staff encouraged these. For example, one person was able to carry out most personal care tasks independently and this was in their care plan. The person told us staff encouraged them with personal care and enabled them to be independent in this area. Another person liked to make their own bed and daily records showed staff supported the person to do this each morning.

Staff involved people in their care. We observed staff offering choices to people throughout the day. For example, staff offered people choices of drinks and asked people if they wished to attend activities. Care records contained details of people's preferences and showed people were regularly supported to make choices and express their views through reviews and surveys. One person said, "When I get up they [staff] help me choose what to wear, they'll get things out of the closet and show me so I can decide."

Staff provided care respectfully and maintained people's dignity and privacy. Staff were observed knocking on people's doors and waiting for permission before entering. Where people required support with personal care, this was handled discreetly and carried out behind closed doors. People were well kempt and staff were attentive to this. Where one person had spilt a drink on themselves, staff noticed this and asked the person if they wished to change. Staff were knowledgeable about how to provide care in a way that was respectful of people's privacy and dignity. One staff member said, "It is important to always say hello to people and introduce yourself. I make sure the door and curtains are closed and if people needs some time

to use the toilet, I give them as much time as they need."

Good

Is the service responsive?

Our findings

At our last inspection we identified some shortfalls in care planning and staff did not always follow best practice in dementia care. We made a recommendation about care plans and rated the service 'Requires Improvement' in Responsive. At this inspection we found the improvements had been made and the provider planned care in a way that was sensitive to people's needs.

People told us they liked the activities on offer at the home. One person said, "There's always something going on if you want to join in. Sometimes we have people come in to sing to us and sometimes we do painting or craft. They don't force you to join in but it's more fun if you do." Another person said, "The hairdresser comes in and does your hair if you want it, I like that."

There was a timetable of activities available at the home and they covered a variety of needs and interests. We noted activities such as exercise, storytelling, games, arts and crafts, films, outings and beauty therapies. During the inspection we observed a visit from a local nursery which was well attended. People told us they really valued visits from children and we saw these took place regularly. One person said, "I could watch them [the children] all day." People were regularly asked for feedback on activities through surveys and meetings where they were given opportunities to make suggestions. The home employed staff who led on activities and worked with people to identify pursuits that they enjoyed.

People received person-centred, holistic care. A relative told us, "I am very keen to try some of the alternative treatments for helping in dementia, things like essential oils. The manager was quite happy for us to try it." People's care plans contained information about what was important to them, as well as the support that they needed in areas such as personal care, nutrition and mobility. One person was a fan of sport and their care plan reflected this. In their daily records, staff had recorded they had enabled the person to watch sports in their room. Care plans had been regularly reviewed and we noted that important information about end of life care, such as people's preferences if their condition deteriorated, had been documented.

Care planning had achieved particularly positive outcomes for people. The registered manager told us that they were proud of the work they had done to improve the lives of people living with dementia. For example, one person had moved to the home following a breakdown of their previous placement due to high levels of behaviour that challenged staff. When they were admitted to Claremont Court, there were frequent incidents involving the person and they were prescribed a number of medicines to reduce agitation. Staff had written a detailed plan on how to support the person, paying particular attention to their background and what worked for them. Staff were very knowledgeable about the person's needs and the approach to take with them. We noted there had only been three incidents involving the person in the last five months. The numbers of medicines prescribed to the person had reduced significantly due to the improvements to the person's overall wellbeing.

Complaints were documented and responded to. People and relatives were aware of how to complain and felt confident any concerns would be addressed. The provider kept a record of complaints and this showed

they had been investigated and action had been taken. There had only been three recent complaints and these had all been addressed to the satisfaction of the complainants.

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the management at the home. One person said, "The manager will listen to anything that concerns you, take it on board and act on it." A relative told us, "I think the manager is excellent, she listens and then does her best to get things right for you. I think they do an excellent job."

Staff felt supported by management and told us that they felt confident raising any concerns with them. There was a registered manager in post who had been registered at the service since 2015. 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 is run.

There was strong leadership at the home which ensured management was accessible and tasks were delegated appropriately. We observed that the registered manager knew people well and people interacted warmly with them. There was also a deputy manager who people, relatives and staff spoke highly of. They supported with supervision, care planning and audits. The provider also had a regional manager who visited regularly carried out regular checks at the home. They were present on the day of inspection and had a good knowledge of the people who lived at the home. This showed that management were very accessible to people and relatives, despite the large size of the service.

Regular audits, checks and surveys were carried out to assure the quality of the care that people received. The provider carried out a variety of audits that covered areas such as medicines, health and safety, documentation and infection control. The provider kept an up to date action plan and any improvements identified in audits were documented and signed off. For example, a recent kitchen audit had identified the need for a deep clean. The provider had arranged this and it had been signed off as completed and the kitchen environment was clean. People and relatives were given opportunities to provide feedback through surveys and records showed any issues were followed up by management. The most recent survey was nearly all positive feedback but where one relative had raised a query about laundry this had been addressed.

People benefitted from the provider's links with the local community. The registered manager told us that community links was an area they were proud of and was of benefit to people. The home held a 'coffee drop-in' that was open to people, relatives and the local community. This provided people with social stimulation and strengthened links with the public. People enjoyed visits from local nurseries and schools due to the provider's links with local groups and we saw evidence of regular contact with the voluntary sector, community healthcare organisations and the local authority.

People and staff were involved in the running of the home. Regular meetings for people and relatives took place and it showed people had opportunities to discuss areas such as food and activities and the home environment. Staff told us they had regular meetings and these were used to discuss people's needs as well as giving them opportunities to make suggestions about the running of the home.