

# Claremont Lodge Care Limited

# Claremont Lodge

## Inspection report

66 Claremont Road  
Salford  
Greater Manchester  
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Tel: 01617370864

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Claremont Lodge is a residential care home providing personal and accommodation for up to 18 people. The home is owned by Claremont Lodge Care Limited.

This inspection was carried out on 14 October 2019. At the time of the inspection there were 14 people living at Claremont Lodge.

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

Appropriate systems were in place to manage risk relating to people's skin, mobility and nutritional needs. Systems were in place to safeguard people from abuse and staff were knowledgeable about the signs of abuse.

Staffing were sufficient to meet people's needs and the feedback we received was that there were enough staff to support people safely. Medicines were administered safely. The home was clean and generally odour-free. Accidents and incidents were recorded and monitored, processes were in place to learn from these to reduce or prevent recurrence.

Staff received appropriate induction, training and supervision. People were supported to eat and drink enough to maintain a balanced diet and people were complimentary about the food. Staff worked with professionals to support people's well-being and health.

Refurbishment plans were in place to modernise the environment, as parts appeared tired and dated. We were informed this was scheduled to be completed by December 2019. We have made a recommendation about the environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, some consent to care forms had not been completed, particularly regarding the use of restrictive devices such as bed rails, sensor mats and chair alarms. The registered manager arranged for these to be completed after the inspection.

Observations showed people received kind and considerate care, feedback we received about the care provided was positive. Staff were attentive to people's needs. People's privacy and dignity were respected and promoted.

People received personalised care according to their wishes and preferences. Complaints and concerns were recorded, responded to and monitored. People were supported at their end of life when the time came. The home had a long-standing staff team, some of whom had worked at the home for many years. Staff told us they enjoyed working at the home and that team work was a strength.

Systems were in place to ensure quality performance and risks were monitored. People, relatives and staff were involved in the management of the home and their views were sought through the use of meetings and satisfaction surveys. The home worked in partnership with community organisations.

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

Rating at last inspection (and update)

The last rating for this service was Good in March 2017 (published April 2017).

Why we inspected

This was a planned inspection based on the previous rating and in line with our timescales for re-inspecting services previously rated as Good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Claremont Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection visit was undertaken by one inspector.

#### Service and service type

Claremont Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and five visiting relatives about their experience of the care provided. We also spoke with five members of staff including the registered manager.

We reviewed a range of records. This included three people's care plans and five medication administration records (MAR). We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits, complaints and staff training were also reviewed.

After the inspection

We asked the registered manager to ensure consent to care forms were completed where potentially restrictive devices were being used to monitor people's movements. The registered manager sent these to us after the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to keep safe. One person said, "I feel very safe living here and have no concerns." A relative also told us, "No concerns about safety, things seem to run well."
- Staff had completed safeguarding training and understood the signs and types of abuse that could occur.
- A log of safeguarding concerns was in place, along with any minutes from meetings with the local authority.
- A safeguarding policy and procedure was in place, detailing the process about how to report any suspected abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place covering areas such as moving and handling, mobility, nutrition and skin integrity.
- We observed people had equipment available to enable them to mobilise safely such as zimmer frames. We observed staff using safe techniques to transfer people from their chairs.
- Specialist equipment was used by people such as pressure relieving mattresses and cushions if they were at risk of skin breakdown. The home had good links with district nursing teams who visited the home regularly.
- The premises and equipment were safe to use. Checks included the regular servicing of hoists, the lift, gas safety, electrical installation and emergency lighting.
- The sluice room (used to store cleaning products) door was left unlocked at times during the inspection, where hazardous products were stored. We raised this with the registered manager who spoke with staff about the importance of keeping this locked when not in use.

Staffing and recruitment

- Staffing levels consisted of the registered manager and three care staff during the day. At night, two care staff were on shift.
- The feedback we received from relatives and staff said staffing levels were sufficient to meet people's needs. One relative said, "There seems to be enough staff and they seem to cope." Another relative said, "I think there seems to be enough staff, always somebody around." A member of staff told us, "There are enough staff. Care is never compromised and it works perfect." Another member of staff added, "The staff know each other's routines well and work together. Staffing is fine."
- Staff files contained all the necessary pre-employment checks, completing application forms, carrying out interviews, seeking references and making disclosure and barring service (DBS) checks.

### Using medicines safely

- People received their medication safely.
- Medication was stored in a locked trolley within a secure treatment room which could only be accessed by staff. This included controlled drugs.
- Staff had received medication training and we observed medicines being given safely.
- We looked at five MAR's during the inspection, these were all completed accurately with no missing signatures. Regular temperature checks were maintained by staff for the medication fridge to ensure medicines were safe to use.
- People received their medication when they needed it. If medication had not been given, then reasons for this were detailed on the MAR, such as if the person had been in hospital.
- Some people needed creams applied to their skin and these were clearly recorded on the MAR by staff when used.

### Preventing and controlling infection

- Staff received training about infection control and this was up to date.
- Overall, the home was clean and tidy. Bathrooms and toilets contained appropriate hand washing facilities such as paper towels, liquid soap and foot operated pedal bins.
- Staff had good access to personal protective equipment, including disposable gloves and aprons. We observed their use during the inspection.
- Some of the windows within the home would benefit from additional cleaning, particularly the inner window frames, where lots of dirt had gathered. We raised this with the registered manager who arranged for these to be cleaned.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was reviewed and detailed any actions taken to mitigate future risks.



# Is the service effective?

## Our findings

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training relating to the MCA and demonstrated a good understanding about when DoLS applications needed to be made and when any decisions needed to be taken in people's best interests.
- DoLS applications had been submitted to the local authority as required, such as if people had been assessed as lacking the capacity to consent to their care and treatment.
- Some consent to care forms had not been completed, particularly regarding the use of restrictive devices such as bed rails, sensor mats and chair alarms. The registered manager arranged for these to be completed after the inspection.

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

- We looked around the premises to ensure they were suitable for people living at the home. Some people's bedroom doors had a picture of them and the number making them easier to identify, however this was not consistent throughout the home
- Hand rails and toilet seats/grab rails did not always have contrasting colours, which could make it difficult for people to use and locate safely. Signage around the home, particularly upstairs was not always on display.
- People had access to fresh air and outdoor space if they wanted to in the garden area.
- The upper floor of the home could be accessed either by the staircase, or passenger lift. Disabled access

was also available at the main reception and could be used by emergency services as required.

- Refurbishment plans were in place to modernise the environment, as parts appeared tired and dated. We were informed this was scheduled to be completed by the end of December 2019.

We recommend the home looks at best practice guidance about how to make the environment more 'Dementia Friendly'.

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

- The care and support people needed to receive from staff had been captured as part of the pre-admission process and was recorded within care plans.
- Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives said they were consulted about the care provided and felt involved.

Staff support: induction, training, skills and experience

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. The induction was based around the care certificate which is used if staff had not worked in care previously and is recommended to be used by care providers.
- Staff spoke positively of the training provided and said enough was available to support them in their roles. The training matrix showed staff had completed training in areas such as moving and handling, safeguarding, dementia awareness, infection control, health and safety and fire awareness.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work. Appraisals were ongoing at the time of the inspection and were scheduled for later in the year

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

- Staff supported people to eat and drink at meal times, as required. Other people were able to eat independently, and this was promoted by staff.
- We saw people received food and drink of the correct consistency, such as fork mashable diets, when they had been assessed as being at risk of choking and aspiration. People's fluid intake records showed they received sufficient levels of fluids during the day.
- People's weight was regularly monitored. Where people had lost weight, they had been appropriately referred to other health care professionals, such as the dietician service for further advice.
- People told us they received enough to eat and drink and the feedback received about the food quality was positive.

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

- People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home.
- Professionals such as district nurses, podiatrists and chiropodists regularly visited the home to assist people with their care and offer advice.

# Is the service caring?

## Our findings

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

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

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

- People and relatives provided consistently positive feedback about staff and the home. One person said, "I like it here and I am very happy. The staff look after me well." Another person said, "The staff are great with me and we have a laugh as well."
- Feedback from visiting relatives we spoke with was also positive. One relative said, "I think they provide very good care and a great service." Another relative said, "The care is marvellous, and I couldn't ask for more." A third relative added, "They have a long-standing staff team which helps. The care is brilliant, and the staff are all great."
- Staff were kind and caring and we observed a number of caring interactions between staff and people who lived at the home.
- People's equality, diversity and human rights (EDHR) needs were considered and recorded in their care plan. Staff told us people would be treated equally regardless of their age, gender and race.

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

- People living at the home and relatives said they felt involved with their care and how the home was run in general.
- Resident and relatives' meetings were held so people could express their views about the care and support they received.
- People living at the home had keyworkers. This is a member of staff who takes responsibility for their care on a daily basis. A poster was on display in the home, inviting relatives in to meet people's key workers if they wanted to.
- Questionnaires had also been sent, seeking people's views and opinions about the service. The next survey was due to be sent out during the week commencing 14 October 2019.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. Staff knocked on people's doors before entry and closed them behind them. Doors were always closed when personal care was in progress.
- Staff were knowledgeable on the importance of promoting independence. Staff encouraged people to do things for themselves or provided reassurance to people whilst completing tasks, such as eating independently and walking around the home on their own using equipment such as a zimmer frame.

## Is the service responsive?

### Our findings

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

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

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

- Care and plans were personalised and detailed how people should be supported with each task. Some paperwork was several years old and would benefit from being archived. The registered manager was aware of this and told us it would be completed after the inspection.
- During the inspection we looked at three people's care plans and saw they provided good detail about the care and support people needed to receive.
- Information about how people liked their care to be delivered was recorded. For example, one person liked their hair to look nice, wear lipstick and have their nails painted. We visited this person in their bedroom during the inspection and saw they were nicely presented.

Meeting people's communication needs

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

- Information about people's communication was clearly recorded in their care plan, as well as any sensory equipment they required such as glasses, or a hearing aid. We observed these being worn by people during the inspection.
- People had attended annual eye appointments to assist them with their vision.

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 were supported to enjoy a variety of activities and a weekly schedule was on display on the notice board. This included quizzes, pamper sessions, bingo, sing along sessions, table games and film afternoons.
- The home did not currently employ a designated activities coordinator and this was the responsibility of care staff. During the inspection we observed the staff team facilitating a quiz which everybody seemed to enjoy.
- Visitors were welcome at any time and people living at the home were able to go out for the day with family members whenever they wanted to.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about the care they received. People said if they had raised concerns, they were happy with the outcome.
- Information about how to make a complaint was displayed in the reception area and a policy and

procedure was in place, explaining the process to follow. Some people also had the process on display in their bedroom.

- A central log of complaints, along with details about the responses provided was kept. A range of compliments had also been received, where people had expressed their satisfaction about their experiences at the home.

#### End of life care and support

- The home provided end of life care to people as necessary. People's care plans considered their wishes as they approached the end of their life and how they wanted their care to be delivered.

- Do not attempt cardiopulmonary resuscitation (DNACPR) forms had been completed, to ensure people's choices were respected.

- Advanced care planning had been considered and was used as required.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they enjoyed working at the home and said there was a positive culture amongst staff. People living at the home benefited from a generally long-standing staff team who had worked at the home for many years and got to know people well.
- Everybody we spoke with during the inspection felt management and leadership at the home was good. Staff said they felt supported in their roles and felt confident in reporting concerns which were acted upon.

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

- The registered manager had a good understanding of their responsibilities and acted according to duty of candour requirements.
- Statutory notifications were submitted to CQC as required where any safeguarding incidents, serious injuries, or expected/unexpected deaths had occurred. This meant we could respond accordingly.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last inspection ratings were displayed in the main reception area.

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

- The registered manager was clear about their responsibilities and those of their staff.
- A range of audits and quality assurance systems were in place. This included checks of bedrooms, the kitchen, infection control, care plans, medication and the environment. Night time spot checks were also undertaken out of hours.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had an open-door policy and people, relatives and staff confirmed this.
- Regular meetings took place for people, relatives and staff. Attendees were encouraged to participate and were asked for items for discussion.
- A regular newsletter was produced, providing information for people living at the home, staff and visitors about upcoming events and things that had happened in previous months.

Continuous learning and improving care

- The registered manager had an action plan with planned improvements, mainly regarding the environment. These had been agreed by the provider with clear timeframes for completion.
- After the inspection we shared our feedback with the registered manager. They welcomed any recommendations and suggestions we made and later sent us an update with changes they intended to make to practices within the home.

#### Working in partnership with others

- The home worked in partnership with other organisations. This included a range of other healthcare professionals in the area, such as district nurses, social services and local hospitals.
- A number of community links had also been developed. This included local children's nurseries and churches.