

Parkcare Homes Limited

Claremount House

Inspection report

Claremount Road
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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

We inspected Claremount House on 14 March 2017 and the visit was unannounced.

Claremount House is registered to provide accommodation, nursing and personal care for up to 26 people with mental health needs and people living with dementia. The accommodation is arranged over two floors and all of the bedrooms are singles with en-suite toilets. There are three comfortable lounge/dining areas on the ground floor and an accessible garden area for people to use.

On the day of the inspection there were 22 people using the service and two people were in hospital.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Our last inspection took place on 10 December 2015. At that time, we found the provider was not meeting the regulations in relation to dignity and respect and assessing and monitoring the quality of the service. We told the provider they needed to make improvements and found on this inspection the necessary improvements had been made.

We found staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their various roles. Staff told us they felt supported by the registered manager and deputy manager and were receiving formal supervision where they could discuss their on-going development needs.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who used the service and their relatives told us staff were loving, attentive and caring. We saw people were treated with respect and compassion. They also told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

Staff knew about people's dietary needs and preferences. People told us there was a choice of meals and the food was good. We also saw there were plenty of drinks and snacks available for people in between meals.

Care plans were up to date and risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People who used the service and relatives told us they were happy with the care and support being provided. We saw people looked well groomed and well cared for.

People's healthcare needs were being met and medicines were being managed safely.

Activities were on offer to keep people occupied both on a group and individual basis.

We saw there were systems in place to monitor the quality of the service. When areas for improvement had been identified action had been taken to address those shortfalls.

People who used the service were asked for their views and were able to influence the way the service was managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The premises were clean and well maintained.

People's medicines were handled and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was a social and pleasant experience for people.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good ●

The service was caring.

People using the service and relatives told us they liked the staff and found them helpful, friendly and kind. We saw staff treating people in a patient and compassionate way.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care records were easy to follow, up to date and were reviewed every month.

There were activities on offer to keep people occupied and people were participating in the local community.

There was a complaints procedure in place and we found any issues raised had been dealt with and resolved.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager who provided leadership, direction and support to the staff team.

Quality assurance systems were in place which were effective in making further improvements to the service. The views of people using the service were sought and acted upon to make sure people's preferences were met.

Claremount House

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 was a comprehensive inspection which took place on 14 March 2017 and was unannounced. The inspection team consisted of two adult social care 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.

Before the inspection, the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service. We reviewed the information sent to us, for example, notifications from the service and the local authority contract monitoring report. We also contacted people who had an interest in the service, for example, the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

We spent time observing care in the lounge/dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We spoke with three people who used the service, three relatives, five care workers, the cook, maintenance worker, administrator, activities co-ordinator, the deputy manager and registered manager. We looked at elements of four care files, two staff recruitment files and records associated with the management of the service.

Is the service safe?

Our findings

Safe recruitment procedures were in place. Staff files showed completed application forms detailing previous employment and qualifications. Proof of identity documents were on file. Checks on people's backgrounds took place including exploring their work history, ensuring a Disclosure and Barring Service (DBS) check and references were undertaken. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff we spoke with confirmed they had been subject to a proper recruitment process and these checks had been undertaken.

Sufficient staff were deployed to ensure people received prompt care and support. Care workers told us there were enough staff to ensure people's needs were met. Staffing levels were regularly reviewed and people's dependencies were used to calculate the required staffing numbers. We looked at the dependency tool which showed staffing hours were above that required according to the tool. We observed care and support and saw there were sufficient staff to ensure people were appropriately supervised and any requests for assistance were dealt with promptly. We observed and staff confirmed to us that staffing levels were such, that staff had time to sit with people as well as carrying out care and support tasks. This ensured people received a good level of interaction and supervision from staff.

We asked people who used the service if they felt safe, one person told us, "I love it here- it takes some beating- it's really safe and sound". Another person said, "The staff make me feel safe and that they care about me." Visitors we spoke with told us they felt their relatives were safe at Claremount House. One person told us, "I can relax because I know mum is being cared for and is safe."

We saw there were safeguarding policies and procedures in place. We spoke with three care workers about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. They told us they would not hesitate to report any concerns to the registered manager or one of the nurses. Staff said they had no safeguarding concerns about the home. We saw the registered manager and deputy manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood how to keep people safe.

We asked people if they liked their accommodation. One person told us, "I like to spend time in my bedroom."

We looked around the building and found it clean, tidy and odour free. The communal areas had been decorated since our last inspection and provided bright and comfortable areas for people to use. Repairs to the roof and exterior of the home were in progress and the registered manager explained when these were completed, bedrooms were going to be decorated and some carpets were going to be replaced.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

We saw at the last food standards agency inspection of the kitchen in November 2016 they had awarded 5 stars for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

We saw monthly infection prevention audits were undertaken by the registered manager. We saw liquid soap, paper towels, disposable gloves and aprons were readily available and being used appropriately by care workers. The registered manager told us there had been a recent outbreak of Novo virus and showed us a letter they had received from the local infection prevention and control team which stated the following, "The management of the outbreak was exemplary as was communication and co-operation, your staff should be congratulated."

Care records, for people who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, moving and handling, nutrition and tissue viability. We saw where risks had been identified; action had been taken to mitigate those risks. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress in place and were sitting on a specialist cushion in their armchair. Falls risks were assessed, any falls recorded and analysed to look for any trends. We saw action was taken to mitigate any risks for example referral to external health professionals.

Staff were able to tell us the action they would take if the fire alarms sounded and we saw people had Personal Emergency Evacuation Plans (PEEPs) in place which were up to date. This meant in an emergency staff knew what to do to keep people safe.

We found medicines were stored securely. The temperatures of the storage area and fridge were monitored to make sure medicines were stored at the recommended temperatures.

Medicines were administered by the registered nurses and we saw all of the relevant, up to date guidance was available together with the providers own policy and procedure, for them to refer to.

We saw each person's Medication Administration Record. (MAR) was prefaced with a photograph, information about any allergies and other essential details such as, the need for fluids to be thickened.

We saw the nurse on duty who was administering medicines checked the medicines to be given against the MAR. This ensured the correct medicines were being given at the right time. Once the persons' medicines had been prepared they were taken to the individual together with a drink and spoon if needed. The nurse then stayed with the person until the medicines had been taken. We saw people being supported to do this in a kind and patient way. The nurse then signed the MAR to confirm the medicines had been given. Some people preferred to stay in their bedrooms and we saw the nurse prepared their medicines and then took them to the person on a tray with a drink.

We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of two medicines and found them all to be correct.

Some prescription medicines contain drugs controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs. We inspected the contents of the controlled drugs cabinet and found stocks tallied with those in the controlled drug register.

We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered. We concluded medicines were managed

safely and people were receiving their medicines as prescribed.

Is the service effective?

Our findings

Staff received a range of training appropriate to their role. Staff we spoke with praised the training they had received and said it had given them the skills needed to care for people appropriately. One staff member said, "Amazing training and support."

Newly recruited staff shadowed experienced staff for a week and completed induction training which included practical manual handling and fire safety training. Competency assessments in training subjects were undertaken as part of induction to ensure staff were appropriately skilled. Staff without previous experience completed the Care Certificate. This is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support.

Existing staff received a range of training updates delivered through a mixture of computer based and face to face training. This included subjects such as safeguarding, dementia, equality and diversity and infection control. We looked at the training system and saw training was largely up-to-date. A system was in place to flag up when training was due to expire to ensure it was kept up-to-date.

Specialist training was available to staff through their training academy. For example if catheter care was required in the home, courses could be accessed to provide this. Nursing staff had recently completed wound care training and they had rolled out pressure area prevention training to the staff team. The service had identified the need for staff to complete positive behaviour training. Roughly half the staff had completed this with the rest of the staff due to complete in the coming months.

Staff we spoke with demonstrated a good understanding of the people they were caring for, for example, their behaviour triggers and the care interventions they required. This assured us that staff had the right knowledge to care for people.

Staff said they felt well supported by the management team. They received regular supervision and annual appraisal where they could discuss developmental needs and any performance issues could be addressed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found the service was working within the principles of the MCA and that staff had an understanding of how these principles applied to their role and the care they provided. For example, we saw one person had a specific condition attached to their DoLS authorisation. We saw this had been included in their care plan and that the condition had been met. This showed us staff understood the legislation and were acting within the law.

We observed staff communicating with people to seek their consent during the medicine round. Staff communicated with people well and very clearly. They gave people options and spoke to them directly to their face so that they could hear and understand what was being asked of them. Where people were seated staff knelt by their side. We saw the staff asked people before they did things for them. For example, when one person needed to be hoisted from their armchair into a wheelchair, care workers talked to them about what was going to happen.

We asked people who used the service what they thought of the meals. One person told us, "They [staff] give me a choice – rice pudding is my favourite." Another person said, "The food sometimes is too hot and I have to wait for it to cool."

We saw nutritional risk assessments had been completed and people's weights were monitored closely. We saw weight loss care plans had been introduced where weight loss was identified, and action taken which included liaising with health professionals and monitoring food intake. In addition, the cook told us they were given monthly reports on people's weights so they knew if anyone was losing weight. They told us how they fortified meals to provide additional calories and showed us the information they had about people's individual preferences.

We saw there was a four week cycle of menus in place which offered people both choice and variety. At breakfast time there was a choice of cereals, porridge and cooked breakfasts, which were made to order. At lunchtime there were two choices and people were shown the different options so they could make an informed decision. Staff were aware of food being too hot and placed plates to one side to cool. We saw people enjoying their food and where people needed assistance care workers were available to offer support.

Mid-morning and mid-afternoon drinks and snacks were served and supper was served in the evenings. We saw care workers recorded people's food intake and daily records showed an assessment of the adequacy of this was made. This provided assurance people's nutritional needs were being met.

In the four care records we looked at we saw people had been seen by a range of health care professionals, including GPs, district nurses, tissue viability nurses, speech and language therapists, opticians and podiatrists. Relatives told us they were kept fully informed about any visits from health care professionals. We concluded people's health care needs were being met.

Is the service caring?

Our findings

When we inspected the service in December 2015 we found people who used the service were not always treated with dignity and respect. On this visit we found improvements had been made.

We asked people using the service if they liked the staff. One person told us, "Staff are always nice to me even when they are busy." Another person said, "You couldn't find a better set of nurses if you tried."

One visitor said, "The staff are so kind to [name] they will sit and talk with her even though [name] cannot understand. That means a lot to me." Another relative said, "The staff are so loving and treat people as individuals. They [staff] are so kind and patient and have passion for what they do." A third relative said, "[Name] loves the staff when they see them they smile. [Name] is looked after very well."

Staff we spoke with demonstrated good caring values and understood the importance of treating people with dignity and respect. One staff member said, "We always treat people well, like we would like to be treated ourselves." Staff told us they didn't rush people and gave examples of how they calmed people in distress through patient and friendly interaction.

People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs. Relatives confirmed people were always well presented.

People's privacy was respected. All rooms at the home were single occupancy. This meant people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, photographs and ornaments and memory boxes of events important to people were attached to walls, to help people to feel at home. We saw when people were hoisted, staff were careful to ensure their dignity was maintained, adjusting clothing and blankets to ensure people were appropriately covered.

Staff were very attentive to people's need for fluids. The breakfast drinks trolley was put away at 10.54am and the mid-morning drink trolley came out at 11.03am. Care workers asked people by name what they wanted to drink. Whilst they clearly knew people's preferences they still asked and checked if people wanted sugar. Care workers checked to see if people were drinking. When one person was having difficulties they changed the cup so the person could drink independently.

We saw the care plans for people who used the service contained 'Life history' information and details of their interests, hobbies, likes and dislikes. For example one person's sleeping care plan detailed how they liked a certain genre of music to help them settle. This showed a person centred approach to care planning.

We saw staff addressed people by name and knew their like and dislikes. For example, a care worker asked one person why they were not knitting today. The person explained that their knitting bag had been left in her room. The care worker quickly fetched the knitting bag and the person settled to her knitting.

Visitors we spoke with all told us they were made to feel welcome and were offered a drink during their visits.

People's religious beliefs were supported, there was a regular service at the home and staff assisted people to attend the services. On the day of our inspection the vicar was unable to attend so, one of the activities co-ordinators arranged for some prayers and hymns to be sung. We saw people were enjoying this very much we saw some people singing and one person playing the tambourine.

Is the service responsive?

Our findings

Anyone thinking of moving into Claremount House could visit to see if they thought it would suit them. The registered manager completed assessments prior to admission to make sure the service could meet their needs. We saw copies of these assessments in the care files we looked at. Two visitors told us they had looked around the home before their relative moved in and had been impressed with what they had seen.

One relative told us, "I have seen a massive improvement in Mum since she moved here. At home she spent all of her time in an armchair, but here staff have managed to get her sleeping in a bed."

We reviewed four people's care records which were detailed and person-centred. They showed what the person could do for themselves and the support they needed from staff which included any particular preferences.

We found the four care files we looked at were easy to navigate and followed a standardised format. All of the files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. The risk assessments had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk.

We saw examples of care being delivered in line with people's assessed needs. For example, records demonstrated people received regular pressure relief in line with their plans of care and daily records of care showed continence care was provided as per plans of care. Staff we spoke with were able to confidently describe people's care and support regimes. This assured us that appropriate care was consistently provided.

Care plans we looked at had been reviewed monthly and were up to date.

We saw staff were aware of people's needs, for example, a care worker walked past a person who had slipped down in their chair and was in danger of falling. The care worker stopped and called over another care worker and they helped the person back into their chair.

People who used the service and relatives we spoke with all told us they would be able to raise any concerns with the registered manager or a member of staff.

We found a low number of complaints had been received by the service, and low level concerns were encouraged to help further improve the service. There was a complaints procedure in place and any concerns which had been raised had been dealt with. For example, we saw one person had complained that it took until the next day for their laundry to be returned. Changes had been made and the person now received their laundry by 6pm on the same day. This showed us the registered manager took the comments seriously and saw any concerns or complaints as a way to bring about further improvements to the service.

We saw there was an activities programme on display in the main entrance which gave information about what was on offer each day. The service employed two activities co-ordinators and they provided cover

seven days a week. The service had access to a minibus to increase the range of activities available to people.

The care plans contained information about people's interests and how they liked to spend their time. For example, one person liked to listen to light classical music and a good topic for conversation was about travel in Europe.

We saw one of the activities co-ordinators supported one person to go out shopping, for lunch and to visit a relative. We saw care workers were available to spend time with people on an individual basis just to talk or to provide an activity throughout our visit. For example, staff were playing board games with some people and talking through magazines or reminiscing with others.

One visitor told us about a recent party which had been held to celebrate someone's 102th birthday. They told us a singer had been booked and their relative had been up dancing.

Is the service well-led?

Our findings

When we inspected the service in December 2015 we found the shifts lacked leadership and organisation, audits were not effective and resident and relatives meeting were not productive. On this inspection we found improvements had been made.

Visitors and staff told us the registered manager and deputy manager were approachable and always helpful. They also told us the registered manager was leaving and the deputy manager was taking over. The registered manager confirmed this but said they will be mentoring the deputy manager until they have settled into their new role.

All staff we spoke with told us that they would recommend the home to their own relatives and they thought the care provided was very good.

We arrived at 8am and the handover to the day staff had just finished. The shift was well organised and care workers either went to assist people to get up or were in the dining room assisting people with their breakfast. Throughout our visit a member of staff was always present in the lounge/dining rooms to provide support and companionship to people who used the service.

We found an open and honest culture in the service and everything we asked for was readily available and well organised.

Systems were in place to assess and monitor the quality of the service. Monthly audits in areas such as accidents and incidents, medicines, the environment, people's weights and medicines were undertaken by the registered manager. We looked at these and saw they were effective in identifying issues and making sure action had been taken to rectify any problems.

Staff meetings were held every month. These were an opportunity to discuss any shortfalls within the service and improve performance. For example we saw completion of documentation had been raised at previous meetings to help improve completion of these.

People's views and comments were used to improve the service. We saw residents had been consulted and involved in decisions relating to refurbishment of the premises and planned work to the garden. Quarterly resident and relative meetings were held. We saw a range of issues had been discussed, for example, about the building, activities and food. People had been listened to and their comments had been used to make improvements to the service. One visitor told us they had attended the quarterly residents and relatives meetings and felt they did have impact. They gave the example that the activities co-ordinator had been off for a long time. People complained at one of the meetings and as a result a new activities worker had been brought in.

Annual surveys were sent to people and their relatives to ask them about the quality of the service. We looked at the latest survey from July 2016 which showed people were very satisfied with the home with all

people rating it either 'excellent', 'very good' or 'good'. We saw a feedback sheet was on the reception desk encouraging people to provide comments on the service. Comments were positive, for example one person had written, "All staff are excellent. I am so pleased with [relatives] care and she is happy."