

# Crabwall Claremont Limited

# Claremont Parkway

## Inspection report

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Date of inspection visit:  
24 July 2018  
25 July 2018

Date of publication:  
03 October 2018

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 24 and 25 July 2018 and was unannounced.

This was the fourth comprehensive inspection carried out at Claremont Parkway. At the last inspection in July 2017 the service was rated as Requires improvement. At this inspection we found there continued to be areas that required improvement.

Claremont Parkway is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 66 older people. The home provides a permanent home for up to 20 people. The home also works in partnership with the local NHS hospital (Kettering General Hospital) to provide care for up to 46 people who are admitted to the home for assessment for discharge from hospital. Medical and therapy staff from the hospital work in the home alongside nursing and care staff from Claremont Parkway to provide all care. The home consists of two floors, communal areas and gardens in the town of Kettering, Northamptonshire. On the day of our visit, there were 52 people using the service, however, five of these people were in hospital.

The service had a registered manager. 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 and associated Regulations about how the service is run.

During our previous inspection in July 2017 the provider had been in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs. We asked the provider to complete an action plan to show what they would do and by when to improve the nutrition and hydration of people using the service. During this inspection the provider met the requirements of this regulation. People were supported to have enough to eat and drink to maintain their health and well-being.

During this inspection, the provider had not ensured that there were enough staff to provide managerial, maintenance or kitchen duties. This had resulted in the provider failing to ensure all measures were taken to check fire and water safety and maintain adequate records in relation to safeguarding and complaints. The provider had not ensured that all notifications required such as safeguarding or injuries had been reported to the Care Quality Commission (CQC).

People received care from staff that required additional training and support to carry out their roles.

People living in the home permanently require more support and opportunity to build a homely community due to the busy nature of the constant admissions and discharges relating to the temporary residents.

There was a very positive culture within the home where staff communicated well and people's needs were

met.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.

The provider had ensured there were enough nursing and care staff to meet people's care needs. Safe recruitment processes were in place.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. The registered manager followed the provider's complaints procedures to respond to complaints and use the issues raised to improve the service.

The provider used audits to assess, monitor and improve the quality of people's care.

In this report we have made a two recommendations regarding people's access to medical care and recording staff actions following incidents.

At this inspection we found that Claremont Parkway were in breach of two health and social care regulations relating to the health and safety of the home and person-centred care. They were also in breach of one registration regulation relating to notifications of incidents. The actions we have taken are reported at the end of the full report.

This is the second consecutive time the service has been rated Requires Improvement.

Further information is in the detailed findings below.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Claremont Parkway on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

The provider had not carried out fire safety or water safety checks for the last ten weeks.

There were enough nursing and care staff to meet people's needs. The provider followed safe recruitment procedures.

People received care from staff that knew how to safeguard people from abuse.

People's risks assessments were reviewed regularly and as their needs changed.

Staff followed safe medicines management and infection control procedures.

The registered manager used lessons learnt from incidents and complaints to improve the service.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

Staff required better access to some training, staff were supported to carry out their roles.

People needs were assessed before they were admitted to the home to ensure staff could meet their needs.

People were supported to eat and drink enough to maintain a balanced diet.

People's needs were met by the adaptation design and decoration of the premises.

People's consent was sought before staff provided care.

### Is the service caring?

**Good** 

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

### **Is the service responsive?**

The service was not always responsive.

People living at the home permanently had not had the opportunity or support to create a homely community.

People received care that met their needs.

People had information on how to make complaints and these were investigated and acted upon.

People received care that met their needs at their end of life

**Requires Improvement** ●

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

The service was not always well led.

The registered manager did not always report notifications to the commission as required.

There was a registered manager in place.

There were regular audits to measure the quality of care people received.

**Requires Improvement** ●

# Claremont Parkway

## 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 checked 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 unannounced comprehensive inspection took place on 24 and 25 July by two inspectors, an 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 care service. Our expert by experience had previous knowledge and experience in care home services with nursing.

This was the fourth comprehensive inspection; the last inspection was carried out in July 2017 where we rated the service as requires improvement; we asked the provider to submit an action plan on how they would ensure people received adequate nutrition and hydration.

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, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During this inspection we spoke with 13 people using the service and two relatives. We spent time observing people's care and how staff interacted with them. We also spoke with 17 members of staff including the provider's representative (area manager), registered manager, three nurses, two discharge co-ordinators, five care staff, the trainer, two domestic staff, the maintenance person and the chef. We also spoke with five visiting health and social care professionals.

We looked at the care records for seven people who used the service and 15 daily care and medicines records. We also examined other records relating to the management and running of the service. These included eight staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

# Is the service safe?

## Our findings

People could not be assured that regular maintenance safety checks were made in all areas of the home. There had not been a member of staff employed to carry out these checks for 10 weeks. The provider had not provided the resources for the safety checks to be carried out. For example, regular checks of the water temperatures and the running of water from areas not frequently used had not been carried out. These checks are necessary to ensure people are not exposed to very hot water or exposed to pathogens that can cause disease that could be present in water sitting in pipes, such as Legionella bacteria.

The provider had not ensured that there were staff allocated to carry out fire safety checks for a period of 10 weeks. The weekly fire alarm test, automatic door closures, fire extinguishers and break glass units had last been checked on 25 May 2018. The monthly emergency lighting check was last checked on 10 May 2018. These checks are necessary to ensure that all the fire safety precautions installed at the service were in good working order and would help people keep safe in the event of a fire. Although the registered manager had carried out four fire drills in June and July they had not identified that the regular fire checks had not been carried out. We brought this to the attention of the registered manager and the provider's representative, who arranged for the water and fire checks to be carried out by the newly employed maintenance person as a priority.

The provider had failed to complete all actions recommended from an external fire risk assessment in February 2018. This included the improvement of fire exit signage, storage under stairs, storage of oxygen and the accessibility to fire extinguishers. We brought this to the attention of the provider's representative who told us they would arrange for all the actions to be completed.

The provider did not ensure there was suitable storage for gas bottles used for barbeques; these were stored in the barbeque next to the building under an overhang. We brought this to the attention of the maintenance person and the registered manager; the provider then arranged for the provision of suitable storage.

Staff had not ensured that oxygen cylinders were safely stored. There was safe storage available in the form of a cage outside, however, staff had not put all oxygen cylinders in the cage. The maintenance person arranged for the oxygen to be stored safely. Emergency services did not have clear access to areas such as the oxygen store as this was blocked by a pile of old furniture and a mattress, located next to the large bin storage. There was a risk that this was a fire source risk and that access to the oxygen in an emergency was blocked. We brought this to the attention of the registered manager who arranged for clear access to the oxygen store.

Although a member of staff had been recruited to carry out maintenance checks from 23 July 2018, the provider had not ensured the safety checks had been carried out in the previous 10 weeks. The provider did not have suitable systems in place to mitigate risks relating to the health and safety of people using the service. This constitutes a breach of Regulation 12 (2a and b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and treatment.



The provider did not always ensure there were enough staff employed to manage key areas of the home such as the kitchens and maintenance. This had impacted on the quality of the service, for example, catering staff struggled to provide the service level expected of the provider, and the maintenance of the home had not been maintained for the last 10 weeks. The provider's representative told us they had recently employed a regional maintenance operative to support homes throughout the region. The registered manager told us certain responsibilities such as recording and investigating safeguarding, submitting notifications and the care and well-being of people who live at the service permanently were allocated to the deputy manager role. However, the deputy manager had left two weeks before the inspection; the provider had not ensured these responsibilities had been carried out. The provider did not use agency staff and had not made provision to staff the kitchens or provide additional management to ensure the smooth running of the home. The provider had advertised the vacant posts.

There were enough nursing and care staff to meet people's needs. There were no nursing or care staff vacancies. The registered manager assessed the dependency of people and ensured there were sufficient staff to meet people's needs. Although the daily responsibility for each nurse was considerable; they had 22 people each, they were supported by a group of care staff that had received additional clinical training. Care staff were allocated areas to work so that people could be sure they could call upon staff if they needed. There was limited provision to replace staff who did not attend work at short notice, one member of staff told us, "If staff call in sick, there is no cover, it doesn't happen very often, we manage." The provider did not use agency staff but there were two bank staff employed.

People told us they felt safe living at the service. One person said, "There's always someone around so I feel very safe here." Staff demonstrated they knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff told us they would report any concerns to their line manager. One member of staff told us, "I've never had to report anything, but if I had I would tell [line manager] who then tells [registered manager]." Staff had access to the whistleblowing policy which gave guidance on how to raise concerns about the service. There were systems and policies in place to investigate any concerns if required to do so by the local safeguarding authority. The registered manager had raised safeguarding alerts with the safeguarding authorities, but had not reported these to the Care Quality Commission as required by the regulations.

People's risks were assessed and reviewed regularly. Risk assessments reflected people's current needs and people's care plans provided staff with clear instructions on how to reduce the known risks. For example, where people were at risk of acquiring pressure ulcers, staff helped people to move position to relieve their pressure areas at regular intervals. Staff also used equipment such as air mattresses to help people's pressure areas, these were checked regularly for their effectiveness. Each person had been assessed for their mobility in the event of an evacuation, these records were in their rooms.

The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service 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.

There were appropriate arrangements in place for the management of medicines. Staff had received training and demonstrated they had a good knowledge and understanding of the medicines policy and how medicines should be administered and recorded. We observed that people received their medicines as prescribed and staff recorded accurately when they had administered people's medicines. People admitted from the local hospital did not always have all the medicines they required; each occurrence was reported

and investigated; staff were vigilant in checking people's medicines and promptly arranged for people to have all their medicines available. Staff informed the registered manager every time the medicines were not available who then raised this at regular safety meetings with the local hospital management.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. Care and domestic staff had received training in infection prevention. One member of staff explained how staff followed the infection prevention procedures, they said, "We wash our hand before and after personal care to prevent cross contamination." There were procedures in place for cleaning schedules and these were monitored for effectiveness. The service had a five-star food hygiene rating from the local authority on 28 June 2018. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed that the service demonstrated very good food hygiene standards.

The registered manager strived to make improvements to the service by using lessons learnt from reported events and complaints. The registered manager analysed the details of incidents including falls to identify trends or similarities. They shared the information with staff at meetings where they discussed possible solutions and learning from these incidents. There was a close working relationship with management at the local hospital which worked well to improve the service by identifying trends such as falls and improve the communication between the two organisations.

## Is the service effective?

### Our findings

During the last comprehensive inspection on 24 July 2017 effective was rated as 'requires improvement'. The provider had failed to ensure that all people received the diet and fluids they needed to maintain their health and welfare, this was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs. We issued a requirement notice which meant the provider had to provide an action plan to explain how and when they were to become compliant with Regulation 14. The action plan submitted by the provider demonstrated they would be compliant with Regulation 14 by 15 October 2017. During this inspection we assessed whether the provider had systems in place to ensure people were receiving adequate nutrition and fluids.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support they required. Where people had been identified as being at risk of losing weight or choking, they had been referred to health professionals such as GP, Dietitian and Speech and Language Therapists; their advice had been followed. For example, some people had their food pureed. People were offered drinks regularly and their total daily intake was monitored daily by nursing staff to ensure people's hydration needs were being met. Where people were reluctant to drink they were offered ice lollies and jellies to increase their intake.

People's cultural dietary requirements were met; staff told us Halal meat could be purchased if required and one member of staff said, "I know [person] can't have beef, I make sure [person] has something different." The chef had up-to-date information of people's dietary needs and preferences. However, not all staff were knowledgeable about different diets, for example one member of staff did not understand what a vegetarian could eat; there were six people who required a vegetarian diet.

People chose their meals from a menu that had been developed by the provider in consultation with a dietitian. However, this fixed menu was not always available as the supplier could not always deliver what was ordered. For example, people had chosen gammon, however, this was not available. The chef had replaced gammon with chicken, they told us, "We don't always get what we order." One person told us, "The food is excellent but sometimes you don't get the choice you wanted." Another person told us, "I liked my chicken today but I don't think I had a choice". The provider had systems in place to ensure people were receiving adequate nutrition and fluids but improvements could be made to ensure the mealtime experience for people was enhanced. For example, in relation to staff knowledge around specialist diets and ensuring people had a choice.

People's care needs were assessed before moving into the home to identify the support they required. This ensured that staff had the competence to meet their individual needs. Staff used the pre-assessments to create a plan of care which was updated as they got to know people or as their needs changed. People's risk assessments were based on best practice and evidence based care. For example, moving and handling risk assessments. Care plans included information for staff to recognise and meet people's diversity and cultural needs. Activities staff were involved in enhancing people's care plans to reflect people's preferences and wishes.

People living at the home permanently were involved in the reviews of their care and treatment. One person told us they were waiting for their relative to return from holiday as they wanted them to be involved in their review. People who were at the home temporarily for assessment for discharge from the local hospital were involved in the development of their care plans and making decisions about their future care. These care plans were clinically focussed due to people's length of stay.

People received care from staff that had undergone an induction and training to prepare them to meet people's needs. One member of staff told us, "My induction was really good, this is one of the best homes I've worked in." Records showed that staff had undertaken two weeks of shadowing more experienced staff before working as a trained member of staff. Staff had completed their mandatory training within six weeks of their start date.

Staff had regular access to in-house training which was face to face and flexible to meet staff personal requirements. The provider also ran a national enhanced clinical training programme held across the country for nurses and senior carers to support their development in key care subjects. However, there were a limited amount of spaces on these courses. Records showed that 12 nurses and 36 care staff had not been able to attend these due to lack of availability.

Registered nurses were supported to maintain their Nursing and Midwifery Council (NMC) registration and had received training regarding NMC revalidation.

Records showed that staff received regular supervision which helped them to carry out their roles. Staff told us that they felt supported and they valued the supervisions they received. One member of staff told us, "I can speak to the registered manager whenever I need; [registered manager] is very supportive". Although appraisals had not been undertaken, the registered manager had these planned.

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.

The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. Records showed DoLS applications had been made for people who had restrictions made on their freedom, the provider had a system in place to track DoLS applications. This ensured there was a system to identify when renewals were required and followed up outstanding applications.

Staff sought people's consent before they provided care. We observed staff knocked on people's doors and sought consent before entering people's rooms. People were encouraged to make decisions about their care and their day to day routines and preferences. We observed staff offering people choices. For example, what they would like to eat and drink and what activities they wanted to engage with.

People had access to health and social care professionals when needed. Records showed staff were quick to

recognise a deterioration in people's health. Staff made prompt referrals to healthcare professionals. People living at the service permanently had good access to healthcare including direct access to their GPs. Staff told us, "If I call the GP before 11am they come out on the same day, they are very responsive."

People residing at the service temporarily had access to a doctor commissioned by the Clinical Commissioning Group (CCG) on a Monday and Friday only. Staff told us this meant that they had to rely on the emergency services at all other times, one member of staff told us, "When it is not a Monday or Friday we have to call out of hours GPs or an ambulance." People who were unwell were transferred back to the accident and emergency department of the local hospital for treatment.

We recommend people who are temporarily residing at the home have their access to medical care reviewed regularly with the commissioners to ensure this meets people's needs.

Staff worked well together within the service and with external agencies to meet people's needs. There was a large multidisciplinary team from the local hospital including social workers, therapist and managers and GP services and an external company that oversaw the admissions and discharges. The provider employed two members of staff dedicated to the smooth transition of people between the hospital and Claremont Parkway. The registered manager took responsibility for key clinical decisions about the suitability of people to be admitted to the home; ensuring that the admission criteria was adhered to ensure that staff had the skills to meet people's needs. The registered manager worked closely with the managers at the local hospital in an open and transparent way to manage all aspects of people's care to help drive improvement.

People's needs were met by the adaptation, design and decoration of the premises. Claremont Parkway is a purpose-built home over two floors which enabled people to access all areas. There was an accessible garden space for people to use in good weather and a communal area on both floors that can be accessed by people and their visitors. We observed people using the garden independently and with their family.

## Is the service caring?

### Our findings

People were happy at Claremont Parkway. One person told us, "They [staff] are brilliant, I'm not just saying that, they are very caring."

People who lived at Claremont Parkway permanently, told us they knew staff well. In particular the activities staff had developed relationships with people so they could spend time with them talking about peoples' lives and interests. One person told us "They [activities and care staff] are beautiful people, doing anything to help."

People who were temporary residents told us that staff were kind and met their physical needs. One person said, "The staff are good, it's lovely here." Another person told us, "There are some very good helpers." We observed very good interaction between people and the activities staff, for example, one activity-staff said to a person, "I am going to miss you when you go." The person responded positively. Staff enjoyed getting to know people, the receptionist told us, "Oh I love it here, I get to speak to some really interesting people."

People's privacy and dignity were maintained. One person told us, "The care staff were excellent this morning, they didn't make me feel embarrassed [when receiving personal care]. They were very kind." We observed staff being gentle with people, encouraging them to mobilise and praising them when they achieved their goals, for example successfully moving from bed to chair independently.

People were encouraged to be as independent as possible. The provider had installed drinks machines in communal areas where people could help themselves to hot and cold drinks whenever they wanted.

Relatives and visitors were encouraged to visit the service and there were no restrictions on visiting. Staff had ensured that couples had been placed in adjoining rooms to help maintain contact.

People were supported to make decisions and express their views about their care. They could have access to an advocate if they felt they needed support to make decisions, or if they were being discriminated against under the Equality Act, when making care and support choices. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard. The registered manager told us they would ask the provider's marketing department to develop methods of translation.

People who lived temporarily at the service were able to comment about their care and the support they received by writing on comment cards, People had informed the provider how happy they were about the service for example, "Because of the care I received, I feel well on the way to a full recovery." "I cannot speak too highly of the attention given to me by the caring, nursing, catering, domestic and activities staff."

Relatives also told the provider of their satisfaction about the service, one relative had written, "All of you without exception have encouraged [name] to make progress." Another relative had written, "The kindness to [name] and ourselves at a very difficult time was greatly appreciated and we cannot thank you enough."

People who lived at the home permanently could attend regular residents' meetings; however, these were not well advertised, there was one notice in reception. People were not aware of the forthcoming residents' meeting in early August. We brought this to the attention of the Registered manager who arranged for the information to be provided to people in their rooms.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

People living at Claremont Parkway permanently had been encouraged to personalise their bedrooms; people had brought personal items from their own to help them feel settled. We saw that people's rooms reflected their preferences.

People living temporarily at Claremont Parkway were encouraged to personalise their bedrooms. They had less choice over the decoration of the rooms as the duration of stay was short.

## Is the service responsive?

### Our findings

Staff were responsive to people's needs. The dependency of people admitted from Kettering General Hospital for assessment to be discharged was high. Most people chose to stay in their rooms; staff had to rely on people summoning them for attention as people could not be easily observed. This had an impact on the amount of times staff were called and the high number of mostly unwitnessed falls (63 falls between February and June 2018); 92% of the falls were recorded as resulting in no injury or minor injury. One relative told us, "My [relative] fell over... I pressed the bell and two staff were here almost instantly." The call bell data showed that people had used the call bells to summon help around 400 times a day; an average of around one call every three minutes. One temporary resident said, "I use the call bell at night, they [staff] come when I call, no problems." During our inspection the constant noise of the call bells gave the impression that people were waiting for care, however, analysis of the call bells showed that people received an answer to their call bells with minutes most of the time. People were affected by the constant noise, one permanent resident told us, "Oh that noise, it never stops."

People living permanently at Claremont were not supported to create a community or a homely atmosphere. Due to the nature of the home, people were surrounded by strangers coming and going. Two thirds of the people using the service were temporary residents as the service also provided care for people who required assessment for discharge from the local general hospital. This meant that there were continual admissions and discharges every day. The constant stream of staff from the hospital such as occupational therapists, physiotherapists, social workers, managers, ambulance crew, discharge staff and people's families meant that Claremont Parkway was a very busy place. People living at the home described it as "Always busy" and "We are an extension of the hospital."

There was no designated living area of the home for people who were permanent residents; people were spread out throughout the home. This meant people were exposed to all the noise and interruptions from up to five people being admitted and people discharged every week day. People's neighbours changed constantly, which was not conducive to making friends and building relationships with others. People told us they did not like to use their call bells as they did not want to bother staff as they were always busy. One person told us, "The place is so busy." Another person said, "They have so many people to attend to, things could be improved."

Some people met during activities in one of the communal areas on the ground floor, however, this area was also a through fare to another corridor. This communal room also looked out onto the front car park and the entrance where the ambulances arrived to drop off or take patients from the home. People's activities were interrupted by staff walking through the room and from people arriving and leaving the home.

During our last inspection in July 2017 the registered manager recognised that the permanent residents required an advocate to represent their views in the home. Their plan was to give this role to the new deputy manager when they were appointed. However, the new deputy manager had not been effective in implementing systems for people to have a say in the way their home was run. At the time of our inspection



there was no deputy manager employed at the home, however, the registered manager was actively recruiting a new deputy manager.

The provider continued to fail to act upon the known concerns for welfare of the permanent residents at Claremont Parkway. The provider failed to apply strategies to build a community and ensure a homely atmosphere for the permanent residents, or supported people to express their views so they have a say in the way their home is run. This constitutes a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate their relatives were involved in developing their care plans.

People's care plans had been reviewed regularly and staff were kept informed of all the changes, which ensured the care and support being provided to people was still appropriate for them. Daily records were maintained to demonstrate the care provided to people. We observed that people received their care as planned. Staff provided and received effective handover of information between shifts which included changes in people's care and care plans were updated in a timely way, for example changes in people's mobility and nutritional needs and how often to reposition people to relieve their pressure areas. People's daily records confirmed that people were receiving their care as planned. Where people had been identified as requiring drinks every hour, these had been given.

Staff provided key information to medical staff when people were transferred into hospital so their needs could continue to be met. Staff told us that the activity co-ordinator would visit the permanent residents during a hospital admission to ensure people felt supported by the service and to receive further information regarding their health and wellbeing.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. However, the service had not explored ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People's care plans included information about communication, for example, one plan explained how staff needed to allow time for the person to respond to give them time to process what was being said; we observed staff giving people time to respond. Activities staff had a computer tablet to enhance people's experiences, however, these could be used more effectively in reminiscence and using pictures and video to help people to communicate when they could not verbalise their needs.

People had access to a range of activities with staff employed specifically to provide activities. Some people received one to one sessions, for example we observed one-person spending time with activities staff reminiscing. We also saw people taking part in an exercise class.

People had information on how to make a complaint. There were feedback cards available in the reception area and information how to make a complaint in folders in people's rooms. The registered manager had responded to the complaints which had been reviewed and learning from issues raised in the complaints were shared in staff meetings.

People received care that provided relief from their symptoms towards the end of life. Staff worked closely

with other health professionals to provide care that met people's needs, one nurse told us, "We involve [community end of life team] and people's specialist nurses, such as Macmillan nurses." People had the opportunity to discuss with staff what it meant to be at the end of life and make their preferences known in an advanced care plan, such as remaining in the home or receiving care in a hospital. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care. One of the nurses told us, "[Advanced care planning] has reassured people and their families; they've told us no-one had ever brought up the subject of end of life before and how relieved they were to be able to discuss."

## Is the service well-led?

### Our findings

The registered manager had not ensured that all safeguarding alerts had been reported to the Care Quality Commission. The registered manager had reported these to the local hospital using their systems, and safeguarding authority but they had not reported these concerns to the commission. There were records of potential financial abuse, missed or wrong medicines, injury from a medicines error and injury from falls that had not been reported to the commission.

The failure to notify the commission of safeguarding concerns as required by law is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

The provider did not ensure that all records were maintained and accessible when required. Not all the safeguarding records were readily available; the information was on a computer which was no longer accessible. The provider's response to complaints were not always available. The registered manager recorded that meetings with people had taken place but no record of what was said at the meeting or the outcome. We brought these to the attention of the registered manager who arranged for the records to be available.

There was not always a clear record of the actions taken following a fall resulting in an injury including a head injury. The provider did not have a suitable system in place to ensure the actions taken by staff in the 72 hours after an accident or fall were recorded; this is required to continually monitor people's welfare after a fall.

We recommend that systems are implemented to record actions taken by staff following incidents such as falls.

There was a registered manager who had been registered with the Care Quality Commission since 19 May 2017. 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.

The registered manager was proactive in running the home and building the staff team. One nurse told us, "[Registered manager] is absolutely the most amazing boss I've ever had. I can't praise her enough. She'll be in the kitchen, giving patient care, cleaning the toilet. One awesome lady, we are lucky to have her as a manager." A senior member of care staff said, "We all work well as a team and are willing to help each other."

The service had an open culture where staff had the opportunity to share information; this culture encouraged good communication. Staff told us they were proud to work at Claremont Parkway. One member of staff told us, "I am so proud of the way staff work together." Another member of staff told us, "I am proud of the way we work as a team. [Registered manager] is very supportive."

The registered manager received the full support of their staff team, and by staff from the local hospital who are based at the service and a resource to support the 46 short stay beds. This includes discharge coordinators, occupational therapists, senior discharge intermediate care nurse and GP ward rounds. The provider continued to support the registered manager in their role including additional on-call cover from the regional support manager. The registered manager was totally committed to providing a high-quality service and demonstrated this by the very long hours they worked including on call overnight. For example the registered manager had attended to issues the night before our inspection and on the evening of the first day.

However, the provider had not always provided all of the resources the registered manager required to maintain the smooth running of the home. For example they had not promptly recruited a maintenance person.

The registered manager monitored the quality of the service through a wide range of audits, such as monitoring how staff dealt with people's pressure areas and skin integrity, nutrition, continence, staff employment records and training. Changes had been made to improve the service where issues had been identified in the audits. For example, the registered manager had improved the recording of people's daily care.

The registered manager collated very detailed information about people who were admitted to the home for assessment for discharge from the local authority. The data was used to liaise with the managers at the local hospital to understand what could be done to improve communication between their organisation so that people remained safe. For example, data regarding the quality of information about people's needs and medicines had been used to demonstrate the improvements required by the staff at the local hospital in providing information. This was being used to drive improvements.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The provider had not ensured that all safeguarding alerts had been reported to the Care Quality Commission.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider failed to act upon the known concerns for welfare of the permanent residents at Claremont Parkway. Regulation 9 (1)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not adequately assess all the health and safety risks of service users and did not do all that was reasonably practicable to mitigate any such risks. Regulation 12 (2a b)
Treatment of disease, disorder or injury	