

Parkcare Homes Limited

Claremount House

Inspection report

Claremount Road
Halifax
West Yorkshire
HX3 6AW

Tel: 01422331121

Website: www.priorygroup.com

Date of inspection visit:

21 April 2022

25 April 2022

Date of publication:

07 June 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Claremount House is a residential care home providing personal and nursing care for up to 26 people. The service accommodates people in one adapted building and provides support to older people, people living with dementia and people with mental health needs. At the time of our inspection there were 16 people using the service.

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

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; the policies and systems in the service supported this practice.

People were protected from the risk of abuse. Everyone told us the service was safe and staff received training so they understood how to keep people safe. Risks associated with people's care were managed safely. Sufficient numbers of staff were on duty to meet people's needs. The service used a high volume of agency staff, but they were regular workers and knew people well. Relatives were consistently positive about the staff. The service had effective systems for learning lessons when things go wrong. People's medicines were well managed. The service followed safe infection, prevention and control procedures.

The registered manager provided clear direction and good leadership. Feedback about the service was consistently positive. All of the relatives we spoke with would recommend the home to others. Staff felt valued and supported, and were confident people received good care. Systems and processes for monitoring quality and safety were effective.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 24 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Claremount House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Claremount House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. Two inspectors were present at the site visit on day one. One inspector and an Expert by Experience were present at the site visit on day two. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Claremount House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Claremount House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place between 8 February 2022 and 9 March 2022 to help plan the inspection and inform our judgements. We sought feedback from Healthwatch, the local safeguarding team and commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, nurse, senior care worker and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People who lived at Claremount House, their relatives and staff told us the service was safe. One person said, "People are helpful, it feels safe here, it feels alright, it's a nice place." A relative said, "I feel [name of person] is safe and it's a relief to know he is so well looked after. Also, because I know what is happening you don't worry so much."
- Staff received training so they understood how to keep people safe. Staff were confident any issues would be dealt with promptly and appropriately.
- The registered manager understood their responsibility to report all safeguarding concerns to the local authority. They confirmed there were no open safeguarding cases at the time of the inspection.

Assessing risk, safety monitoring and management

- Risks associated with people's care were managed safely. Assessments identified potential risk and actions required to reduce the risk of harm. They covered areas such as such as mobility, eating and drinking, behaviour and skin integrity.
- Safety concerns were formally assessed but some guidance for staff lacked detail. For example, information about risks and safety when people became distressed during personal care was not always comprehensive. The management team responded after this was highlighted at the site visit and introduced more robust guidance.
- Equipment was in place to help manage risk and keep people safe. For example, people had sensors to help prevent falls and alert staff if the person got out of bed. These were assessed to make sure they met their individual needs.
- The service carried out checks around the premises to make sure people lived in a safe environment.
- Staff were trained and understood how to keep people safe. They received updates when people's needs changed and completed 'knowing our residents' questionnaires to make sure they knew how to support people safely. One member of staff said, "We have daily care huddles and go through what staff need to be doing."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Sufficient numbers of staff were on duty to meet people's needs. We observed staff were present in communal areas at all times and people received dedicated support at mealtimes.
- Relatives were consistently positive about the staff. They told us staff took a personal interest in their relatives, were kind, caring and patient, treated their loved ones with dignity and respect, maintained people's privacy and were well trained.
- Staff told us the staffing arrangements worked well. They said they always had enough time to support people and spent quality time with them, and never had to rush. One member of staff said, "There is always enough staff, we have agency but use the same." The service used a high volume of agency staff but they were regular workers and knew people well. The service carried out competency checks with employed and agency staff to make sure people were supported safely.
- The service continued to recruit staff so they could increase the number of workers employed at Claremount House. A deputy manager commenced during the inspection and a nurse was due to start soon after the inspection.
- Recruitment checks were carried out before staff commenced work.

Using medicines safely

- Medicines were administered safely. Staff usually followed systems and processes to safely administer and record medicines. Accurate medication administration records were kept.
- The service had guidance for staff to follow when people required support with their medicines including as required medicines and topical creams. However, staff were not consistently following the process for applying topical creams. For example, they did not always complete the topical medication administration records. The registered manager took immediate action to ensure future records were accurate.
- Medicines were stored securely.
- Staff were trained, and their competency was assessed to make sure they understood how to administer medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service supported safe visiting for relatives and friends. The registered manager explained they always followed government guidance and were encouraging visiting. A relative who recently visited said, "When I

visit they are welcoming. Staff are very caring, good with people and I'm pleased with the way they have been with Dad." Another relative told us they had received a call from the registered manager to say they could visit and they explained the visiting protocol. They said, "I can tell it's well managed because of the way they come in to see to [name of person] and ask him things, and because everyone is happy. It's very efficient, very good and I would go in there if I got dementia."

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified actions to help prevent repeat events and recorded lessons learnt.
- They used a system to look for patterns and trends. The registered manager explained there had been a reduction in events and records confirmed this.
- During the inspection an incident occurred which could have resulted in harm. The provider shared their learning review which evidenced the person had appropriate risk assessments in place and relevant professionals had been involved over the last few months to help minimise the risk of harm.
- The service communicated learning and important information to staff. The management team used different communication systems, such as, safety huddles, handovers and team meetings to ensure staff were kept up to date. One staff said, "We have safety huddles and at 3.30pm every day we have a care huddle. So we go through how to support people, any concerns and any changes."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People looked well cared for and staff were observed providing person-centred care.
- Feedback about the service was consistently positive. Comments included, "I like it here, it's a nice place and you get nice stuff to eat." and "The atmosphere is happy, friendly, lovely not a bit depressing, jolly. They are nice to the residents too and it's genuine. It's an excellent service, I couldn't believe how good it was." All of the relatives we spoke with would recommend the home to others.
- Staff felt valued and supported, and were confident people received good care. One member of staff said, "Staff morale is good and the team work well together. Generally, things are really good and we keep on top of everything."
- The service involved people in a meaningful way and genuinely welcomed feedback. Relatives told us they had not seen anything to concern them and if they had any issues, they were more than happy to raise these with the registered manager. One said, "They are very good at phoning if anything happens, the communication is good and has been during the pandemic."
- A member of staff told us the service was creating better accessible outdoor space and a sensory room which was in response to suggestions. We saw this was work in progress.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager provided clear direction and good leadership. They were very knowledgeable about Claremount House and the people who used the service. Feedback was consistently positive. One member of staff said, "[Name of registered manager is not just a good manager she is brilliant."
- Systems and processes for monitoring quality and safety were effective. The service carried out a range of checks such as dining and nutrition, activities, mental capacity, financial and administration. These picked up where the service achieved the desired outcome and areas to improve.
- Although systems were effective, the inspection highlighted some areas to improve such as recording topical creams and use of portable heaters. The management team responded to the inspection findings and introduced additional measures to ensure in future they identified similar shortfalls.
- The provider had good oversight of the service. They used a variety of systems for monitoring quality and safety, which included visits from senior managers. The registered manager felt well supported in their role.
- Communication across the service was effective and ensured everyone was kept informed. Staff told us they were kept up to date when any changes were made to ensure they understood their roles and

responsibilities. Regular team meetings and individual staff discussions were held.

Working in partnership with others; 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 service worked with other professionals and agencies to benefit people using the service. People's care records showed health professionals were involved in people's care.
- The registered manager clearly understood the importance and benefits of working alongside other professionals. They promoted and encouraged partnership working.
- The provider had submitted important information in a timely way to CQC to keep us informed of events such as serious injury and expected deaths.