

Abreu Limited

Claremont House

Inspection report







Lovent Drive
Leighton Buzzard
Bedfordshire
LU7 3LR

Tel: 01525852628

Date of inspection visit:
14 July 2016
15 July 2016

Date of publication:
13 October 2016

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 and 15 July 2016 and was unannounced. When we last inspected the service in September 2015 we found that improvements were required for the safety of the people who used the service, the effectiveness of the care and support they received, and in the way the service was managed. The service therefore had an overall rating of 'requires improvement.'

Claremont House is a residential home in Leighton Buzzard, providing care and accommodation for up to sixteen older people who require nursing or personal care. There were fifteen people living at the home at the time of our inspection some of whom lived with dementia.

The home had 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.

People who lived at the home were not always safe because their medicines were not managed appropriately, and the staffing levels were not always sufficient to meet their needs. They were exposed to risks of cross-contamination because of some poor practices around the management of infection control. Some parts of the home also appeared dated and needed to be refurbished. The provider however had safe recruitment processes in place and the staff were trained in safeguarding people from abuse. There were risk assessments in place to manage risk posed to people by aspects of their care and the home environment.

The service was not always effective because appraisals of staffs' performance were not completed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The requirement of the Mental Capacity Act 2005 and the associated Deprivation of Liberty were also not met. The staff were however trained, skilled and understood their roles. They received an induction into the service at the start of their employment and supported people to eat a healthy and balanced diet.

Staff were caring and friendly in their interactions with people and they respected people's privacy and dignity. However, people were exposed to avoidable hazards around the home which was not reflective of a service that was caring.

The service was responsive to people's needs. People's care needs had been identified prior to them living at the home, and the appropriate care plans put into place. Their care plans were reviewed as appropriate and they were supported in a personalised way. The provider had an effective system in place for handling complaints.

The service was not always well-led. Some of the failings we raised during our last inspection had not been fully addressed. There were further failings noted within this and improvements were required in the quality

assurance system in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

People's medicines were not stored appropriately.

The staffing levels did not always meet people's needs.

People were exposed to risks of cross-contamination because of poor management of infection control.

Some parts of the home appeared dated and needed to be refurbished.

The provider had robust policies and procedures in place for the safe recruitment of staff.

Staff were trained in safeguarding people and knew how to keep people safe from avoidable harm.

People had individualised risk assessments in place that gave guidance to staff on keeping them safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Appraisals of staffs' performance were not completed.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were not met.

There was a lack of evidence to show that people's consent was sought prior to the installation of CCTV cameras in the home.

Staff were knowledgeable about people's care needs and were trained to meet these needs.

People were supported to access other health and social care services when required.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were exposed to avoidable hazards around the home.

Staff were caring and friendly in their interactions with people who lived at the home.

People's dignity and privacy was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were identified before they moved to the home and the appropriate care plans were put into place.

People were supported in a personalised way.

There was an effective system in place for handling complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Some of the failings we raised during our last inspection had not been fully addressed.

There were further failings noted within this report.

Improvements were required in the quality assurance system in place.

There was a registered manager in post.

Claremont 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 inspection took place on 14 and 15 July 2016 and was unannounced. It was carried out by one inspector from the Care Quality Commission (CQC) 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. The expert had experience of caring for older people who use regulated services such as this one.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed the report of our previous inspection of this service, and spoke with the local authority's contracts monitoring team who carried out regular audits of services to gather feedback.

During the inspection, we spoke with six people who used the service and two of their relatives to gain their feedback about the quality of care provided to them. We also spoke with four members of the care staff, the deputy manager, the cook, a visiting professional and the provider who is also the registered manager.

We observed how care was provided and reviewed the care records and risk assessments for three people who lived at the home. We looked at three people's medicines and medicines administration records, and three staff recruitment, training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

Improvements were required in the safety of the service as the staffing levels were not always sufficient to meet people's needs, people's medicines were not managed safely and the environment was unclean and not adequately maintained.

During our last inspection of this service, we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the service was not adequately staffed. We found during this inspection that this had not been fully addressed even though the people we spoke with and members of the staff team felt that the staffing levels were sufficient. One person told us, "Yes, there is enough staff." A member of staff also said, "Yes, there is enough staff, we all have time for [people]." The deputy manager also echoed the views of the people who used the service and the staff. They told us that steps had been taken after our last inspection to increase the staffing levels. This included a change in the cleaner's shift pattern to include working in the afternoons to add to the number of people in the home, and working with two agencies to supply additional staff when required.

We found that the staffing levels were not always dictated by the needs of the people who lived at the home, and the number of care staff allocated per shift fluctuated. Some shifts were covered by four members of staff and others as little as two staff members. This was evident when we reviewed the staff roster for a three month period and found three separate occasions where there were only two members of staff on shift due to sickness. We observed that some people needed frequent support from two members of staff with aspects of their care needs, and it was stated in their care plans. By having just two members of staff on shift meant that there was not enough staff to safely meet people's needs. Furthermore, there was no formal staffing level assessment in place, and no dependency assessments completed to aid the allocation of staff. This assessment when completed would take into account the needs of the people who lived at the home and the layout of the building to inform the way staff were deployed.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a medicines policy that gave guidance on how people's medicines were to be managed. Staff were trained so that they could provide the support people needed to safely use their medicines and we saw that people's medicines were administered as prescribed. A check of the stock of medicines held for three people against their medicine administration records (MAR) showed that records had been completed properly with no unexplained gaps. We also saw that regular audits of people's medicines were carried out to ensure all medicines were accounted for. However, people's medicines were not stored securely. Some people's medicines were stored in cabinets that could not be secured as the locks were broken, within their bedrooms instead of the lockable medicines trolley which is stored in the designated storage area. This presented a higher risk of misuse of medicines especially to those who lived with dementia. We raised this with the provider and the deputy manager and they took immediate action to removed medicines from people's bedrooms and stored them in the correct medicines storage area.

There were parts of the home that posed a risk of infection to people who lived there, their relatives, staff and any visitors. We found three used bars of soap on the side of the bath in one of the downstairs bathrooms. The staff were not able to tell us exactly whom the bars of soap belonged to. This posed a direct risk of cross-contamination or infection to the different number of people who used these bars of soap for their personal and intimate care. The floor in this bathroom was wet which posed a risk of people sustaining falls had they tried to use it. Furthermore, we found that the toilet bowl in another bathroom was smeared in faeces where it had been cleared but not done so properly. This again posed a risk of infection to people. It was also addressed after we pointed it out to the provider.

The provider had employed a cleaner and there was a cleaning program in place but the home in general was not clean. The utility room where cleaning equipment and products were stored was found to be untidy with cleaning equipment all over the floor. We raised this with the deputy manager who agreed that the room was dirty and said, "Our staff are a bit untidy, we will talk to them to have it tidy."

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that people were safe living at the home. One person said, "While I was at home alone I was always scared if I have a fall who will help, here I only have to press the button and someone will come and help me." A relative told us, "My [Relative] seems happy and settled here. [They] are well cared for and I am happy with their situation." Staffs' views were similar to the ones of people and their relatives. A member of staff we spoke with told us, "Yes [people] are safe living here because there is always staff around. We make sure we go round and see everybody every fifteen minutes, even those who choose to stay in their rooms for the day. There are no hazards or wires that could cause people to trip and fall." Another member of staff said, "Yes they are safe. We test the fire and smoke alarm in each resident's room and all over the house every Wednesday."

The provider had an up to date safeguarding policy that gave guidance to the staff on how to identify and report concerns relating to people's safety. Staff had received training and they understood the different types of abuse and the signs that could indicate that someone was at risk of possible harm. A member of staff told us, "I have completed my safeguarding training yes. If I suspect any abuse I will report it to [the deputy manager] straight away and the safeguarding team." The deputy manager told us, "Staff have been trained on safeguarding and they will report any concerns to me. I will then report to the safeguarding team and to the CQC."

The provider also had a whistleblowing policy that provided staff with a way in which they could report misconduct or concerns within their workplace without fear of doing so. Staff were aware of this and understood their responsibilities within it. We saw flowcharts relating to this policy displayed in the office and in the staff room. A member of staff we spoke with told us, "If I had an issue I will report to the management. If the issue is not resolved here I will whistle blow, we have a policy about it and this poster."

People had individualised risk assessments that formed part of their care plans. These risk assessments gave guidance to staff on how the identified risks to people could be managed. We looked at the risk assessments for three people and found that they were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Staff we spoke with were aware of people's risk assessments. A member of staff said, "When people first move in we carry out a risk assessment for them and place the risk assessment in their care plan folders. If anything changes we discuss it as a team and make the necessary changes to the risk assessment document. People's risk assessments covered areas such as administering of medicines and safe movement around the home. We saw evidence that these risk assessments were

reviewed regularly and people or their relatives had been involved in their development and review.

People who lived at the home had Personal Emergency Evacuation Plans (PEEP's) in place. These gave guidance to staff on how people were to be supported to evacuate the building in emergencies. Information and guidance was also displayed in the entrance hallway and around the home to provide guidance to people, visitors and staff on how they could evacuate the home in the event of a fire. The service also had plans in case of an emergency, which included information of the arrangements that had been made for other major incidents such as a flood or utility failure.

The provider had an effective recruitment policy in place to support the recruitment of new staff. We reviewed the recruitment records for three members of staff and found that the required pre-employment checks had been carried out. These checks included identity checks for new staff, employment history checks and verification, and health check to ensure new staff were fit for the role they were considered for. The provider also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Is the service effective?

Our findings

We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during our last inspection of this service, because there was a lack of appraisal of staffs' performance as a way of supporting them in their roles. We asked the provider to take action at the time to address this issue however; this was still outstanding at the time of this inspection. Staff told us they felt supported by the management team and we saw a schedule of supervisions where staff met with a member of the management team on a one to one basis to discuss issues that affected them in their role. Again we found that these supervision meetings were not frequent. A member of staff we spoke with told us, "I have been here for [time] but I have not had a supervision meeting yet. I have got the date for the next one though." The deputy manager told us that the staff team did not like taking part in supervision sessions however, as a management team, they were actively encouraging staff to participate.

The lack of appraisals for staff was a further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The requirement of the Mental Capacity Act 2005 and the associated Deprivation of Liberty were not met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Where people lacked capacity we saw that best interest decisions had been made on people's behalf following meetings with relatives and healthcare professionals. Staff had received training on MCA and DoLS and they demonstrated a clear understanding of the principles of the MCA. A member of staff we spoke with told us, "Yes I have completed the training. People with capacity make their own decisions and judgements and those without are supported in their best interest."

Staff did not demonstrate they had a full understanding of the Deprivation of Liberty Safeguards. The deputy manager told us, "We don't need any DoLS authorisation here because no one is being deprived of their liberty." On the contrary, we saw that there were a number of doors including the front door to the house that were locked and people could not leave the house without supervision and support from staff. For example, a person who lived with dementia often asked to leave the home to go to work. When asked, the staff told us that the person was unable to access the community without support and supervision. We raised these direct cases of people being deprived of their liberty because of their care needs with the deputy manager and they told us they would reassess people's needs around DoLS however it was evident that additional training or support would be required as the individuals involved had not recognised that

people's rights were being infringed before we pointed this out to them.

People who lived at the home and members of staff told us that people's consent was sought before any care or support was provided. A person we spoke with told us, "Oh yes, they always ask your permission before they do anything. One member of staff told us, "We always ask their permission and explain what we are doing. They will either say yes or no but we just don't go ahead and do things without their permission." We saw evidence in people's care records that they or their relatives had given written consent for aspects of their care to be provided. However, we found that the provider had installed CCTV cameras in the communal areas of the home without any written record to show that this was discussed with people and that they had agreed to this. The deputy manager told us that this had been discussed with people informally and that it was to monitor how staff supported people but this was not recorded. People we spoke with told us they were aware of the cameras and did not mind having them but there were people who lived with dementia and did not understand the fact that there were cameras in use at the home.

For people who lacked capacity to consent to continuous supervision via CCTV and deprivation of people's liberty without an appropriate authorisation was a breach of the Mental Capacity Act 2005 and Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, their relatives and staff told us that the care provided to people was effective because staff were trained and understood people's needs. One person said, "I like living here. It is all going well the staff are fine to work with, I have no grumbles." Another person said, "I really enjoy being here, the staff are good." A relative told us, "Staff know how to look after [people], they are very good." A member of staff added, "The care is effective because we know [people] and how to look after them. They are all happy and cared for efficiently."

New members of staff received thorough induction which involved assessment to ensure they had the skills and knowledge required to effectively carry out their roles before they passed their probationary period and were confirmed in post. One member of staff told us, "I had a month's induction where I [worked with experienced staff] to observe how they worked. I also did my training in this time."

We saw that staff were trained in areas required for their roles. A member of staff we spoke with told us, "the training is good, we all have to do it. The training made me more confident and showed me the right way of caring for [people]." Training was conducted in house and in areas such as health and safety, dementia care, medicines, and infection control. It was delivered in a number of ways including formal sessions, practical tasks, DVD's and questioning. This was confirmed by the training records we reviewed.

People told us that there was a good variety of food for them to eat throughout the day. One person said, "The food is quite good, I enjoy it a lot. If you don't like it you just leave it and they will find you something else. I am very satisfied with it all." We saw a person who used the service told a member of staff that they felt hungry before a planned mealtime and they were provided with a choice of snacks which they were happy with. We spoke with the cook who told us that all food was freshly prepared at the home and people were given at least two choices for each meal. They said, "I go round before mealtimes and ask what they want to eat. If they don't like the two choices I will go through a list of foods with them. If they don't like anything we have in stock then staff will quickly go to the [local supermarket] and buy the ingredients to what they want and we will cook it for them." People had been asked for their likes and dislikes in respect of food and drink prior to moving to the home and the kitchen staff were notified. Records in the kitchen detailed people's preferences and specific dietary needs, such as diabetic diet and allergies.

People were supported to access a range of health and care services in order for them to maintain their

health and well-being. A review of people's records showed that people had obtained support from professionals such as, GPs, district nurses, and chiropodist as appropriate to their needs. We saw that people's health conditions were recorded in their care plans together with the support they required from staff or healthcare professionals and the outcome of treatments.

Is the service caring?

Our findings

The service was not always caring. Although people and their relatives told us that the staff were kind and caring, we found that failings noted within this report, such as; people's toilets not having been cleaned properly, and hazards the likes of a piece of metal sticking out of the corner of a wall with potential to cause harm to people and not addressed until we pointed it, was not reflective of a caring service.

People, their relatives and a professional we spoke with made positive comments about the staff. They all confirmed that the staff have built excellent relationship with people who lived at the home. One person told us, "I like living here, we have great laughs with the staff. It is like a family. We are all happy and get along all right." Another person said, "Staff are always smiling and always have something nice to say to me, even when I ring constantly." A visiting professional added, "Staff here are a fantastic bunch, very protective and are always there for residents, They really have a very close relationship and they know each resident's needs as if they are a family member."

The interactions between the people who lived at the home and the staff were caring and friendly in nature. We found that the staff were very patient and supportive when they interacted with people. They displayed a genuine interest in the people they supported and had a happy to help attitude. A person we spoke with told us, "They are a great crowd, they help rather than hinder." One member of staff said, "I like working with [people], this is a small home you get to know more about people and spend time with them." People were well presented and appeared well looked after. Staff communicated with people in a friendly but respectful way.

Although some people's bedrooms needed refurbishment, we saw that there were others' that had been refurbished and people were able to bring with them their own furniture, paintings and ornaments when they came to live at the home. Staff were knowledgeable about people's care needs. People's care records contained information about their life history, preferences and choices which helped staff to understand people and their backgrounds.

Staff told us that they protected people's privacy and dignity by providing care in a dignified way. One member of staff said, "We totally respect their privacy and dignity. For example when someone needs to go to the bathroom unless they've specifically asked we wouldn't stay in the bathroom with them. If there was a risk we would but if not we will wait outside till they call us back in. We also encourage them to be as independent as possible to maintain their dignity." People confirmed that staff were respectful when assisting them with any care. We observed a member of staff very quietly reminding a person who lived at the home that they it would be advisable for them to visit the bathroom after lunch time to reduce the risk of them becoming incontinent. Staff also understood how to maintain confidentiality by not discussing people's care needs outside of the work place or with agencies that were not directly involved in people's care. We also saw that people's care records were kept securely in the staff room.

There were a number of information posters displayed within the entrance hallway which included information about the home and the provider's vision statement, safeguarding, the complaints procedure, a

fire safety notice and activities available. We also saw information from other services and local charitable organisations that offered support to older people.

Is the service responsive?

Our findings

The service was responsive because the provider had carried out assessments of people's needs before they started using the service, and they had involved people or their relatives where required, in deciding the way care was going to be delivered.

People's pre – admission assessment records which was called the 'Suggested Care Agreement' covered areas such as people's history, their religious beliefs, any advance decisions or care plans. These assessments identified the level of care people needed, and formed the basis by which their care plans were developed. A person we spoke with told us, "[Deputy Manager] visited me and asked what I liked and did not like, and how I wanted to be looked after before I came here." We reviewed three people's pre-admission records and found evidence by way of signatures that showed that people had been involved in the pre-admission assessment process.

Each person who lived at the home had a care plan in place. Care plans included information on people's background, their preferences along with their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plans accurately reflected people's individual needs and had been kept up to date with any changes recorded as they occurred. There was also evidence by way of signatures that indicated that people or their relatives had been involved in the development and review of their care plans.

People's hobbies and interests were identified and there was a range of activities offered to them. However, the feedback we received from people about them taking part in activities was mixed. One person told us, "There is always something to do. The exercise lady is coming in today, I like doing the exercises." Another person shrugged their shoulders when we asked about activities and said, "I don't know a lot about that, they don't always tell you what they are going to have on." The deputy manager showed us the activity schedule which was displayed in the communal areas so people and their relatives knew the activities that were on offer. There was also a photo album by the entrance showing the activities that people had taken part in. On the first day of our inspection, we met the 'exercise lady' who came in regularly to support people in keeping fit.

There was an up to date complaints policy in place and a notice about the complaints procedure displayed in the entrance hallway. People and their relatives told us they were aware of the complaints procedure and knew who they could raise concerns with. A person we spoke to told us, "We don't want much but we get what we want. I have no complaints, I am satisfied." We saw that records of complaints were separated into three sections. There was one section for people who lived at the home, the other section was for their relatives and the final one for staff. We reviewed the records of complaints that had been made and found that they were resolved to the complainants' satisfaction. There was also a suggestion box placed in the hallway which the deputy manager checked weekly. There had been no suggestion for improvement in recent months.

Is the service well-led?

Our findings

Improvements were required in the way in which the service was managed because some of the failings that were raised during our last inspection had not been fully addressed, and there were further failings noted within this report. The provider was the registered manager of this service and they were supported by the deputy manager and the staff team. We found that there was a lack of clarity as to who was managing the service with most people referring to the deputy manager as the person they believed to be the manager.

The provider had a quality assurance system in place and quality audits were carried out on a monthly basis. These quality audits focussed on areas such as people's medicines, health and safety and care plans. We found that these audits were not fit for purpose because they did not cover all parts of the service and were effective in identifying and dealing with any shortfalls. For example, parts of the home including some people's bedrooms and en-suites looked tired and were in need of a refurbishment. The provider had health and safety risk assessments in place to manage the risks posed to the people in the home environment. These covered areas such as infection control, moving and handling, medicines and fire safety. These risk assessments identified potential hazards, those who could be at risk of harm, and the actions that were put into place to keep people safe. These risk assessments were updated annually or before if required but these had not been updated to reflect issues that we observed and the provider's quality audits did not identify or address these.

Furthermore, we saw disused equipment such as a chair and an old refrigerator that had been disposed of at the back of the house. There was also some rubble and rubbish located at the front of the house where people would access the home. This rubble and rubbish was left following the development of a new seating area in the front courtyard. On entry to the house we saw that the ceiling in the reception area was badly damaged in some areas. The provider told us that this was the result of a water leak that had been resolved and that work was being done to have the damage fully addressed.

In addition, we found a broken call bell socket in one of the bedrooms. The call bell was still being used by the people who used this particular bedroom. This posed a direct risk of electrocuting people when used. We instructed the provider to replace this before the people went back to their bedroom that day which the provider did. In another person's bedroom, we found part of the skirting board was missing with a nail sticking out. This was in addition to a bit of metal that was found to be sticking out as well in one of the corners of the upstairs hallway. These posed a risk of injury to people.

Whilst people were positive about their experiences and staff were supportive and caring to people it was necessary for inspectors to directly intervene to ensure that action was taken to make sure fundamental standards and basic safety issues were being addressed.

The lack of effective quality assurance systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home, their relatives and staff all commented positively about the management

team. They told us that the registered manager and their deputy were approachable and supportive. One person said, "Oh she is very nice, I cannot remember her name but I can point to her if I saw her." A member of staff told us, "I don't have any issues with the management. [deputy manager] is here more than [registered manager] so I would go to her first if I had any issues but they are both approachable and supportive." Another member of staff said, "They are lovely. [Deputy Manager] gets on with it and does things properly. She's a brilliant manager and she helps us get things done. They are both approachable."

There was a very friendly and welcoming atmosphere within the home, and people were at ease in the presence of the registered manager and the deputy manager. Staff told us that there was a culture of transparency and openness within the home. They were able to talk to the management team about any issues that affected them. A member of staff said, "There is an open door policy. We can talk to [deputy manager] anytime and if she's not here we just phone her and she comes in." We found the deputy manager to be knowledgeable in their roles and responsibilities and were able to tell us of the provider's values which were displayed in the entrance hallway of the home.

Staff took part in the development of the service by attending team meetings where they could collectively discuss issues that affected the service and ways in which the service could be improved. There was no set frequency of when team meetings were to be held. The deputy manager told us, "We have meetings randomly, there is no formal time frame for these. We have handovers daily where we all sit and talk about things and staff can just come in and talk to us in the office." We reviewed the minutes of the last team meeting held on 18 November 2015 and noted that areas of discussion included; the last CQC inspection and actions from that, and the provider's smoking policy.

The provider carried out a regular satisfaction survey to gain feedback about the quality of the service. We reviewed questionnaires that had been sent to people who lived at the home, their relatives, visiting professionals and staff. All of the responses received were positive in nature. The survey had asked for respondents to identify any areas for improvement in the service, none were suggested. The provider also had a system for handling and managing compliments that were made about the home, the staff and the care that was provided to people. We reviewed records of compliments and found one that read, "As I have said before, your carers were marvellous especially through last week. Their care and compassion was second to none for both [relative] and me. You should feel proud to have such a remarkable group of staff and I know [relative] was so grateful to be able to remain at Claremont, which was very much her home."

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Staff did not demonstrate they had a full understanding of the Deprivation of Liberty Safeguards. They and the management team told us there was no need any DoLS authorisation because no one is being deprived of their liberty. On the contrary, there were a number of doors that were locked and people could not leave the house without supervision from staff. Also the provider had installed CCTV cameras in the communal areas without any written record to show that this was discussed with people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's medicines were not stored appropriately. There were parts of the home that posed a risk of infection and injury to people. There were three used bars of soap on the side of one of the bathrooms and staff were not able to tell us exactly whom the bars of soap belonged to. There was a broken call bell socket in one of the bedrooms with exposed wiring which could have caused electrocution to people. Toilet in a particular room was smeared with faeces where it had not been cleaned properly.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The provider's quality assurance systems were not fit for purpose and improvements were required around this to ensure they covered all parts of the service and were effective in identifying and dealing with any shortfalls. During the inspection, the inspectors had to directly intervene to ensure that action was taken to make sure fundamental standards and basic safety issues were being addressed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The service was not adequately staffed. The staffing levels were not always dictated by the needs of the people who lived at the home, and the number of care staff allocated per shift fluctuated. Some shifts were covered by four members of staff and others as little as two staff members.

Appraisals of staffs' performance as a way of supporting them in their roles were not carried out.