Carebase (Claremont) Limited

Claremont Court

Inspection report

Harts Gardens
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Surrey
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Tel: 01483456501

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 04 February 2016.

Claremont Court provides nursing care and accommodation for a maximum of 57 older people who may be living with dementia. They also provide respite care. (Respite care is a service giving carers a break by providing short term care for a person with care needs). Accommodation is provided over three floors. At the time of this inspection there were 53 people living at the home, all apart from one person was living with dementia. The age range of people was from 63 to 101. There was no one receiving respite care at the time of our inspection.

During our inspection the registered manager was present. 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 2008 and associated Regulations about how the service is run.

Claremont Court was last inspected on 07 April 2015 when it was given an overall rating of 'Requires Improvement'. Six breaches of Regulations were identified and requirement notices were issued. These related to medicines, consent to care, infection control, dignity and respect, staff levels and support and quality assurance systems. At this inspection we found that the requirement notices were met.

Everyone that we spoke with said that the manager was a good role model. Quality monitoring systems were in place that included seeking the views of people in order to drive improvements at the home.

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. Potential risks to people were assessed and information was available for staff which helped keep people safe.

People told us that there were, on the whole, enough staff on duty to support them at the times they wanted or needed and we observed this to be the case during our inspection. Robust recruitment checks were completed to ensure permanent staff were safe to support people.

People said that they were happy with the medical care and attention they received and we found that people's health needs and medicines were managed effectively. People's needs were assessed and care and treatment was planned and delivered to reflect their individual care plan.

Staff were skilled and experienced to care and support people to have a good quality of life. New staff completed an induction programme and were provided with training and supervision after this. We did note that on some occasions staff did not respond appropriately to people who were living with dementia. We were given assurances that staff would receive further guidance about this.

People said that they consented to the care they received. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

People said that the food at the home was good and that their dietary needs were met. There were a variety of choices available to people at all mealtimes.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. Effort had been made to ensure the design and decoration of the home was suitable for people who lived with dementia.

Information of what to do in the event of needing to make a complaint was displayed in the home. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place.

People said that they were treated with kindness and respect. We observed interactions by staff to people that were warm, positive, respectful and friendly whilst remaining professional. We observed that staff routinely checked that people were happy with the support being offered. Staff understood the importance of respecting people's privacy and dignity and of promoting independence.

People said that they were happy with the choice of activities on offer and that they were supported to maintain links with people who were important to them.

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.

Risks were assessed and managed well, with care plans and risk assessments providing information and guidance to staff.

There were enough staff on duty to support people and to meet their needs.

Staff employed by the registered provider underwent complete recruitment checks to make sure that they were suitable before they started work.

People told us they felt safe. Staff understood the importance of protecting people from harm and abuse.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People consented to the care they received. Claremont Court was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

People were supported to eat a choice of meals that promoted good health.

People told us that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively.

Effort had been made to ensure the design and decoration of the home was suitable for people who lived with dementia.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by dedicated and committed staff.

People were supported to express their views and to be involved in making decisions about their care and support.

People were treated with dignity and respect. Staff were able to explain how they promoted people's dignity and privacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were assessed and care and treatment was provided in response to their individual needs and preferences. However there were instances when staff did not respond appropriately to people who were living with dementia.

Information was not in place for all people about their personal and social history that would have helped staff understand the person before they lived with dementia.

An activity programme was in place and people expressed satisfaction with the range of activities available.

People felt able to raise concerns and were aware of the complaints procedure. Systems were in place that supported people to raise concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Quality monitoring systems and were being used to identify and take action to reduce risks to people and to monitor the quality of service they received.

People spoke highly of the registered manager and said that the home was well-led. Staff felt well supported and were clear about their roles and responsibilities.

Claremont Court

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 04 February 2016 and was unannounced. The inspection team consisted of two inspectors and a dementia specialist nurse advisor.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with eight people who lived at the home and six relatives. We also spoke with six care staff, one nurse, the head of housekeeping, and a laundry member of staff, a domestic, the deputy manager, the registered manager and a business manager and GP who was visiting the home at the time of our inspection. Prior to the inspection we made contact with seven external health and social care professionals, four of whom responded to our requests for information about the home and agreed for their views to be included in this report.

All but one person at the home was living with dementia and we were unable to hold detailed conversations with many of them. Therefore, we spent time observing the care and support that people received in the lounges and communal areas of the home during the morning, at lunchtime and during the afternoon. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included 10 people's care and medicine records, staff training, support and employment records, quality assurance

audits, minutes of meetings with people and staff, menus, policies and procedures and accident and incident reports.

Claremont Court was last inspected on 07 April 2015 when it was given an overall rating of 'Requires Improvement'. Six breaches of Regulations were identified and requirement notices were issued. These related to medicines, consent to care, infection control, dignity and respect, staff levels and support and quality assurance systems.

Good

Is the service safe?

Our findings

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. One person said, "I do feel safe. Mind you, I don't need much care. The staff seem very kind to people though". Another person said, "The staff look after me really well. I do feel safe". A relative told us, "The staff are wonderful. They keep people safe but not in a way that's too obvious. My relative was falling a lot at home but that doesn't really happen now though. I trust the manager and staff completely. The care they give is excellent".

Systems and processes were in place to safeguard people from harm. Staff had undertaken adult safeguarding training and were able to explain the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us, "I would go to one of the nurses or the manager if necessary". Another staff member said, "I've never seen anything here that would worry me. I have seen it in other places I've worked and I've ended up calling you (the Care Quality Commission)". Staff confirmed to us the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. The registered manager demonstrated knowledge and understanding of safeguarding people and her responsibilities to report concerns to the relevant agencies.

Risks to people were managed safely. When incident and accidents occurred records evidenced that action was taken to minimise the chance of a re-occurrence. For example, the registered manager explained that only a few people who lived at the home used bed rails. Instead equipment such as alarm matts and beds raised to the ground were used in order that people were not unduly restricted but risks associated with falls were minimized.

Staff understood risk management and keeping people safe whilst not restricting freedom. One staff member said, "Almost everyone here has dementia, some worse than others. We need to keep them safe but we try not to restrict them". Another staff member told us, "There are key pads to get in and out. We have to be realistic and keep people safe but people can move about on the floor they're on". Our observations on the day confirmed this. Most people were able to move freely without direct supervision. We did note that there was a stair gate fixed to one person's door. We were told this was the choice of the person occupying the room as other people with dementia were entering without their permission. We spoke with this person, who confirmed to us that this arrangement was their choice.

Potential risks to people were assessed and information was available for staff which helped keep people safe. This included assessments in relation to falls, pressure areas, malnutrition and moving and handling. We noted the garden area was secure but access to the garden was prohibited as all ground floor external doors were locked. We asked why this was the case. We were told the risks of people going outside were too great to allow unrestricted access. We did not witness anyone attempting to access the garden. However, this had not been included in peoples individual risk assessments. The registered manager said that the garden area would be reviewed and action taken to allow people to access the garden when they wanted to.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. Staff supported people to move safely from wheelchairs to armchairs using a hoist. They explained the process to people, telling them what was happening and provided reassurance. Checks on the environment had been completed to ensure it was safe for people. These included safety checks on small portable electrical items, hot water, Legionella, the emergency call bell system and fire safety equipment.

At our previous inspection a requirement action was set as staff levels meant that at times people did not receive care or support at the times they needed. At this inspection we found that steps had been taken by the provider and the requirement action was met.

People told us that there were on the whole enough staff on duty to support them at the times they wanted or needed. One person said, "There are always staff around". Another person told us, "I don't need much but if I press my bell someone comes straight away". We noted only two calls were made during our visit, both of which were answered within a minute. A relative told us, "I've never waited long to get into the home and there seem to be plenty of staff. It's never really been a concern of mine".

We asked staff about staffing levels at the home. One staff member said, "We have enough staff for sure. I had about an hour to spend on each resident this morning". Another staff member told us, "The numbers are fine".

On the day of our inspection, there were sufficient staff on duty and that people received assistance and support when they needed it. The home used a dependency tool to decide staffing levels that considered peoples individual needs, the layout of the building and also considered the skill mix of staff required. The registered manager told us that staffing levels were reviewed monthly or if there were changes in a person's needs. Staffing levels consisted of two care staff allocated to the top floor of the home from 8am to 8pm where nine people resided, five care staff and a nurse allocated to the first floor from 8am to 2pm, then four care staff and a nurse from 2pm to 8pm where 24 people resided. Four care staff and a nurse were allocated to the ground floor from 8 am to 8pm where 19 people resided. In addition to this additional staff were allocated to shifts to provide one to one care for three people who lived at the home. of a night staffing levels consisted of one care staff allocated to the top floor of the home and two care staff and a nurse allocated on each of the first and ground floors.

Records and discussion with the registered manager confirmed that on some occasions staff levels had not been maintained to the assessed levels required. This was due to staff sickness where agency staff could not be obtained at short notice. The registered manager told us that when this occurred she or the deputy worked on the floor to ensure safe staff levels.

Robust recruitment checks were completed to ensure staff were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. They also included checks on eligibility to work in the United Kingdom (UK) and confirmation that nurses were registered to practice with the National Midwifery Council. The profile supplied by the company who provided agency staff to the home included a statement that documentation and recruitment checks had been completed. We noted this referenced the wrong Schedule and Regulations. We were informed this would be addressed with the agency.

Medicines were managed safely at Claremont Court. At our previous inspection a requirement action was set as medicines were not always managed safely. At this inspection we found that steps had been taken by the provider and the requirement action was met. We observed the nurse completing part of a medicines round.

Medicines were clearly labelled, signed for when administered and safely stored. The nurse did not sign Medicine Administration Record (MAR) charts until medicines had been taken by the person. MAR charts were clear and legible. One person received their medicines covertly, that is without their knowledge or permission. This was done because they did not have the mental capacity to understand the risks associated with consistently refusing to take medicines. They had been assessed prior to this action in a manner consistent with the law. We looked at documentation related to this, including covert administration of medicines forms. They included evidence of why this step needed to be taken. They showed all alternatives had been explored and that a medical practitioner and the person's family had been involved in decision making to ensure it was in the person's best interests.

We also noted where medicines had been prescribed on PRN 'as needed' basis; staff followed the provider's 'PRN' protocol. This contained information about each medicine prescribed, the reason for administration, the maximum dose allowed and the minimum time between doses. Where the medicine was prescribed as 'one or two' as needed, the staff member had indicated the amount actually administered on the MAR chart.

Infection control measures protected people from risk of infection. At our previous inspection a requirement action was set as infection control measure were not always managed safely. At this inspection we found that steps had been taken by the provider and the requirement action was met. People said that they were satisfied with the standards of cleanliness in the home. One person said, "It's clean as you can see. I've never had a problem". Another person said, "They (staff) always seem to be cleaning. It's very good here like that". A visiting relative told us, "There's never any smell or anything like that. Everything is really clean. It's a pleasure to come here". One external health and social care professional wrote and informed us, 'I have noted an improvement in the decor and cleanliness within the home on my last visits in the autumn of 2015. Staff demonstrated a pride in their work and motivation to deliver good care'.

We visited communal areas and people's rooms, with their permission. We noted a high degree of cleanliness in all areas. There was no clutter, extraneous items or bad odours noted at any point during our visit. All staff wore personal protective equipment, such as aprons and gloves whilst giving care, in line with the provider's policy. At lunchtime, staff wore hairnets if necessary, in addition to gowns and gloves when handling food.

Housekeeping and cleaning staff were knowledgeable about safe infection control procedures. They were able to show us how they ensured safe procedures were followed in the laundry room that ensured clean items of clothing were not contaminated by soiled. Regular infection control audits were completed along with cleaning records that demonstrated all areas of the home were assessed and cleaned on a regular basis.

Good

Is the service effective?

Our findings

People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. We looked at care plans in order to ascertain whether people's health care needs were being met. We noted the provider involved a wide range of external health and social care professionals in the care of people. These included Consultant Psychiatrists, community dieticians and the falls prevention team. We noted that advice and guidance given by these professionals was followed and documented.

People said that they consented to the care they received. Systems and processes were in place that supported people's rights to consent to care. At our previous inspection a requirement action was set in relation to consent due to a lack of mental capacity assessments and Deprivation of Liberty Safeguards (DoLS) applications where people lacked capacity to consent to restrictions on their liberty. At this inspection we found that sufficient steps had been taken and the requirement action was 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. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests.

Where people lacked capacity to make certain decisions, assessments had been completed and best interest meetings held with external professionals and families to ensure that decisions were made that protected people's rights whilst keeping them safe. During our inspection we observed staff seeking people's agreement before supporting them and then waiting for a response before acting on their wishes. Staff asked people for consent before assisting them to move, to eat, and before giving them medicines. Staff understood what consent to care meant. One staff member told us, "We only make decisions for people when they can't make them themselves". Another staff member told us, "It's about acting in their best interests. We have to restrict people as little as possible".

Claremont Court was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). 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). The registered manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. Applications had been made for people as necessary. For example for people who lived at the home as coded locks were in place in the home and some people did not have the capacity to consent to their use.

People said that the food at the home was good and that their dietary needs were met. A four week menu was in place that offered people a variety and choice of home cooked meals, desserts and snacks for breakfast, lunch and dinner. The menu had been altered for autumn and winter after consultation with people and their representatives. We observed the lunchtime dining experience and found that people in the main received appropriate support based on their individual needs. For example, one staff member was assisting a person to eat. We observed the staff member was patient and offered prompts and suggestions in a positive manner.

People's nutritional and hydration needs were well managed. Care plans were in place for managing people's nutritional and hydration needs. Weights were recorded monthly or more frequently if assessed as being at risk. Where people required referral to specialist services i.e. speech and language therapy (SaLT) or the dietician this was managed in a timely way. Food and fluid charts were used to monitor that people identified at risk of malnutrition or dehydration received sufficient amounts of food or fluid. There was no one with a pressure area at the time of our inspection and people's skin looked visibly highdrated.

Staff were skilled and experienced to care and support people to have a good quality of life. At our previous inspection a requirement action was set due to a lack of formal supervision provided to staff. At this inspection we found that sufficient steps had been taken and the requirement action was met.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Staff said that they were fully supported. All of the staff we spoke with had received recent, formal supervision or a yearly appraisal. One staff member said, "If I have something I need to say, I won't wait for supervision but it's there and I can say what I want". Another staff member told us, "Yes, I can definitely say what I want. My manager is really good".

New staff completed an induction programme at the start of their employment that followed nationally recognised standards. We spoke with staff about their experiences of induction following the commencement of employment. One staff member told us, "I thought it was good. There was so much training". Another staff member told us, "I had worked in care before coming here but there was plenty of time to get to know the residents. I shadowed staff a lot".

We spoke with staff about the training opportunities on offer. One staff member said, "Yes its fine. There's quite a lot of variety in it too". Another staff member told us, "The manager is really good. If we need training, we get it". Staff were trained in areas that included fire safety, first aid, food hygiene, infection control, moving and handling, safeguarding and health and safety. A training programme was in place that included courses that were relevant to the needs of people who lived at Claremont Court. These included dementia care and wound care. One external health and social care professional wrote and informed us, 'The vast majority of care staff at Claremont Court on the whole engage very well during training. If learners do not engage despite my support to do so, this is reported back to management after the end of the course. From my interaction with Claremont Court staff I would comment that I have seen a marked improvement in staff motivation and enthusiasm to undertake care duties over the last year. I have also noted that staff seem genuinely interested to put their learning into practice'.

Effort had been made to ensure the design and decoration of the home was suitable for people who lived with dementia. An external health and social care professional wrote and informed us, 'Claremont Court are a specialist dementia home who do admit and care for some extremely challenging residents. The environment is light and dementia friendly and there is a lot space for residents to move around. The environment is safe and a pleasure to visit'.

Since our last inspection more objects of interest had been put in various locations around the home to offer further simulation for people who lived with dementia. One person was seen using one of the "Rummage Boxes". They smiled and were focused on looking at the different items and appeared content with this stimulation. The design of the environment helped people living with dementia to be as independent as possible. Chairs were arranged in social areas in small clusters that encouraged conversations as well as other quiet areas where people could sit if they wanted to. There was space to walk around independently inside the service and we saw people doing this throughout the inspection.

Good

Is the service caring?

Our findings

People were treated with kindness, dignity and respect. At our previous inspection a requirement action was set in relation to dignity and respect. At this inspection we found that sufficient steps had been taken and the requirement action was met. We asked people and their relatives about the way that they were treated by staff. One person said, "The staff are extremely good. You can ask them for anything". Another person told us, "Oh yes, the staff are so kind and caring. I couldn't ask for more". A relative said, "We can see for ourselves how caring the staff are. We saw one of the cleaners the other day taking the time to sit and talk with people". Another relative told us, "I really can't fault them (staff) on that. You can voice any issues you have with them and we're always kept up to speed with developments".

One external health and social care professional wrote and informed us, 'I have never witnessed rude, uncaring or unresponsive or unsafe practice at Claremont Court. I have on the contrary witnessed caring and responsive practice from staff when I have not been in the training room. X, a senior carer stands out as he always appears prepared to go that extra mile to comfort and reassure residents requiring care'.

We asked people and their relatives how people's dignity was maintained. One person told us, "Staff treat me well. I can keep my door open or closed, it's up to me. No-one comes in without knocking. It's the same for other people too. I've seen it". Our observations on the day confirmed this. A relative said, "That was one of the things we were worried about before they (their relative) came here. We needn't have worried. The staff don't talk over the residents or ignore them. They treat them as people".

Staff understood the importance of respecting people's privacy and dignity. Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. People were appropriately dressed. Men were shaved and some women had their hair set.

We observed care in communal areas throughout the day. We observed mainly positive interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, were seen expressing their needs and receiving appropriate care.

People said that they were involved in making decisions about their care as much as they wanted to be. One person said, "Yes I am. The staff wouldn't do anything without asking me first". Another person told us, "I have problems with my memory and I prefer staff went through my son. I know they keep him up to date".

We also asked relatives about their involvement with people's care. One relative told us, "We attend relatives' meetings quite a lot. If we don't go, we still get the minutes, so we're kept up to date". People were also given the opportunity to comment on the services provided during residents and relatives meetings. For example, during a residents meeting held in August 2015 people were asked for their views on meals, activities and improvements to the environment. Separate relatives meetings also took place where again, people were asked for their views.

Requires Improvement

Is the service responsive?

Our findings

People said that staff took appropriate action in response to changes in people's needs and staff were able to explain how they supported people based on their individual needs. We asked staff what they understood by the term 'person centred care'. One staff member told us, "It's putting people at the centre of things. It's their home after all". Another staff member said, "I suppose it means giving the kind of care we would want for ourselves or our families. Different people need different care".

We did note some instances where staff did not respond appropriately to people. One person was heard repeatedly calling out a family member's name. After five minutes one of the members of staff present gave three different explanations to the person about their family member. This response could cause confusion for the person who was living with dementia.

On another occasion we were spending time with a person who was using their finger to trace words in a puzzle book. We asked the person if they had a pen to complete the puzzle to which a member of staff informed us the person could not have a pen as "She will have it everywhere, all over the walls and doors". We suggested that a pencil could be provided as this could be wiped off walls. The staff agreed and we saw that this was provided.

Some of the care plans we looked at contained both life histories and social assessments. They had been compiled in conjunction with people and their families where possible and contained information staff could use to help build relationships, for example, people's previous occupations and hobbies. However, three of the six care plans we looked at contained little or no personal and social history that would have helped staff understand the person before they lived with dementia.

We discussed our observations with the registered manager who informed us that staff would receive further guidance about person centred care for people living with dementia.

Records and discussions with people confirmed that on other occasions staff responded appropriately to people. For example, staff noticed that one person's routine had changed and they immediately arranged for them to be seen by a GP. After this staff noticed a further change in the person and called for an ambulance. On another occasion when a person fell staff rang for an ambulance due to the person having a mark to their head.

People's needs were assessed and care and treatment was planned and delivered to reflect their individual needs. For example, one person suffered from severe mental illness and presented with challenging behaviours. There was a mental health care plan in place, in addition to a behavioural management strategy. They included triggers for possible challenging behaviours and the techniques to be employed to de-escalate situations in the least disruptive and responsive way. We noted these care plans were reviewed regularly after input from Consultant Psychiatrists. The staff we spoke with displayed a good working knowledge of people's care plans and were able to describe their relevance and application.

People said that in the main they were happy with the choice of activities on offer. Two relatives expressed the view that more stimulation could be provided. We saw that information about forthcoming activities was displayed in a colourful pictorial format that would help people who were living with dementia to understand the choices available to them. Planned activities included baking sessions, day trips, and visiting entertainer's and one to one therapy sessions. During our inspection we observed people having one to one discussions with staff, listening to music and joining in puzzle games. People appeared to enjoy the activities they participated in.

People were supported to raise concerns and complaints. A relative said, "We have visitors meetings once every two months and can speak up there". Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place.

Information of what to do in the event of needing to make a complaint was displayed in the home. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern. These included the CQC. A record was in place of complaints received and a complaints log that included a record of actions taken to investigate the complaint and outcome. These demonstrated that when issues were raised prompt action had been taken to resolve these.

Good

Is the service well-led?

Our findings

People said that the home was well-led and that the registered manager was approachable. One relative said, when we asked if they thought the home was well led, "Absolutely. The management team are so caring and friendly. I think they must set a good example because the rest of the staff are very caring too". Another relative said, "Yes it is. I think the standards are very high and that comes from the manager I'm sure".

We asked staff members the same question. One staff member said, "I think so yes. It makes such a difference having a good manager I can tell you. I'm very happy". Another staff member told us, "I wouldn't stay if the manager wasn't good. I've worked in other places where the manager didn't talk to staff. There's no fear here. The manager is really approachable but firm".

An external health and social care professional wrote and informed us, 'I have no doubt that X (Registered Manager) is dedicated to provide an excellent service to Claremont Court residents. She has always appeared to be motivated and very enthusiastic to ensure both quality care to the residents and a fair and supportive attitude to her staff. Her deputy appears knowledgeable, motivated and professional too, demonstrating a good insight into RGN and staff practices within the team. I would then say I feel the service appears to be well led'.

The registered manager was aware of the need to create a positive culture at Claremont Court and had taken steps to ensure this was inclusive and empowering. Everyone that we spoke with said that the registered manager was a good role model and that she was implementing and driving positive changes at the home. Staff were motivated and told us that they felt fully supported and that they received regular support and advice. Records and discussions with staff confirmed that staff meetings took place and people were encouraged to be actively involved in making decisions about the service provided.

The registered provider had a number of schemes in place that rewarded staff for their hard work and effort. One member of staff told us, "They are the best company I've ever worked for. They make you feel valued and reward you. Even night staff get provided with a take away meal of their choice twice a year. They also have the star employee scheme".

The registered manager also understood the importance of involving and informing people and their representatives in decisions about the home. Residents/relatives meetings took place in order to obtain the views of people. For example, during a relative's meeting in November subjects were discussed that included the homes previous CQC inspection, staffing, the environment and housekeeping. People were informed of actions that would be taken in response to comments raised and relatives were sent a letter in January 2016 to keep them informed of progress being made. This included informing them of further training that staff had undertaken which included first aid, pressure ulcer prevention and quality assurance in relation to the computerised care planning system in place at the home. They were also informed of an increase in care and housekeeping hours and that the recruitment process continued for additional staff. This showed a commitment by the registered manager to be open and transparent.

We asked staff about the vision and values of the home. One staff member said, "We try to give the residents a good quality of life. It's difficult sometimes but we try". Another staff member told us, "It's to care for people properly I think. A lot of people here can get upset easily so it's keeping things calm". The registered manager was aware of the attitudes, values and behaviours of staff. She monitored these when completing audits and during staff supervisions and staff meetings.

A range of quality assurance audits were completed by the registered manager and representatives of the provider that helped ensure quality standards were maintained and legislation complied with. At our previous inspection a requirement action was set in relation to quality monitoring systems. At this inspection we found that sufficient steps had been taken and the requirement action was met. A variety of audits were undertaken which included those for medicines, accidents and incidents, health and safety, care records and staffing. These were completed by the registered manager, senior staff and representatives of the registered provider. The findings were collated into one overall action plan. For example the registered manager completed an audit of the home in January 2016 that assessed aspects of the service which included medicines, care records, the environment, staff supervision and training , accidents and incidents, pressure care prevention, privacy and dignity and health and safety management. The home scored an overall rating of 98% with minor actions in relation to updating some health and safety risk assessments and increasing the frequency of supervision for some staff.

Annual surveys were sent to people and their representatives in order that their views could be used to drive improvements at the home. The findings from the August 2015 surveys had been analysed and included in the registered manager's action plan.