

Healthcare Homes Group Limited

Claremont Nursing Home

Inspection report

Claremont House and Lodge
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Claremont Nursing home is a purpose-built care home providing personal and nursing care. The home is split into two separate ground floor units, Claremont House and the Lodge. Nursing care is provided to people living in Claremont House whilst specialist dementia care is provided to people living in the Lodge. At the time of our inspection 41 people were living at the service. The service can support up to 52 people.

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

We could not be assured that people received their prescribed medicines as there were gaps in medicines administration records (MAR). This included topical medicines such as creams. MAR charts did not always indicate why medicines were not given, which was unsafe practice.

Risks in relation to people's care were not always assessed or sufficiently detailed to ensure people were cared for in a safe way. There was not always accurate guidance in place for staff about how to manage or reduce risk. Food and fluid charts were not consistently completed to ensure people were receiving an adequate intake.

Infection control processes were not robust. Areas of the service were found to be unclean, including in people's bedrooms and communal areas and kitchens. People were not sufficiently protected from the risks associated with the spread of infection, including from COVID-19 due to non-compliance of cleaning regimes. Staff and people were tested for COVID-19 in line with government guidance.

Staff were observed to be kind and caring, and relatives confirmed this. However, there had not always been enough staff to engage with people meaningfully or provide individualised care and support. Staff we spoke with told us the management always tried to find extra staff, but often short notice sickness meant they were unable to. Staff told us that staffing levels were however improving. Staff had not always received appropriate supervision that ensured good practice within the service. Staff were recruited safely.

Auditing processes had not always been effective. Issues the management team had identified in November/December 2021, remained areas of concern. There was a new registered manager in post. Initial feedback from staff and relatives about the new manager was positive.

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 Good (published 5 July 2019).

Why we inspected

We undertook a targeted inspection to look at infection prevention and control procedures. We identified several issues, so we widened the scope of the inspection to become a focused inspection which included

the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements.

Please see the safe and well-led sections of this full report.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Claremont Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to infection control, risk management, medicines, and governance processes.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Claremont Nursing Home

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 included checking the provider was meeting COVID-19 vaccination requirements. 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.

On 6 January 2022, we carried out a targeted inspection looking at the infection prevention and control measures the provider had in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service. During the targeted inspection we identified concerns in relation to infection control across the service, and people's care records did not contain the relevant COVID-19 documentation. Due to this, on the 13 January 2022, we returned to carry out a focussed inspection, concentrating on safe and well-led key questions.

Inspection team

One inspector carried out the inspection on the 6 January 2022. On 13 January 2022, one inspector and one inspection manager inspected the service.

Service and service type

Claremont nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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. In September 2021, the registered manager stepped down from their role and was redeployed within the

service. In the interim, a national operations manager took on management and oversight of the service, until a new manager started in post in December 2021. They are not yet registered with the CQC. We refer to them as the 'manager' in this report.

Notice of inspection

The inspection was announced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part of monitoring activity that took place on 21 September 2021 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with the manager, national operations manager, operations director, regional director and a health care practitioner. We reviewed five people's care records and multiple medicines records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records.

We spoke with six relatives, one activity co-ordinator, and two care staff. We also spoke with the local authority quality monitoring officer.

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. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were at increased risk of harm because risks were not always adequately assessed. Where people had specific health conditions such as diabetes, epilepsy, constipation and mental health needs, there was not always a specific risk assessment in place, so staff had clear guidance on how to mitigate risk as far as possible.
- Repositioning records did not always evidence people were repositioned in line with their assessed need. Some records contained inaccurate information about whether they required repositioning. This meant we were concerned people may not be repositioned frequently enough to protect them from the risk of skin breakdown.
- The service supported people who experienced periods of distress that may challenge staff and others. There was not always a risk assessment in place so staff had clear guidance on how best to support people during these times, and understand the triggers for the distress.
- Food and fluid charts were not consistently completed. Where needed, it was not clear if people were being offered snacks between meals. This meant that people were at increased risk of dehydration and/or weight loss.

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

- Checks for fire safety were in place. There was a system to reduce the risks of legionella bacteria in the water system. However, there was a heavy build-up of limescale on taps across the service which required attention.

Using medicines safely

- We could not be assured that people received their medicines in line with the prescriber's instructions. Medicine administration records (MAR) contained unexplained gaps. Where people refused their medicines, or weren't given them as they were asleep, there was no audit trail to see if staff had returned to offer them at a later time. This was unsafe practice and placed people at risk of harm.
- We identified a concern with one person's medicines where we found they had refused their medicines regularly over the period of one month. Covert medicines (where tablets are hidden in food and drink) were considered necessary but had not been followed up in a timely manner by staff. Staff told us the person's health had declined. We asked the manager to follow this up as a priority after the inspection, which they did, and the person is now receiving their medicines covertly.
- There were gaps in records for the administration of some topical medicines, such as creams and emollients. The records did not confirm that they had been applied as intended by prescribers. We also

found that creams and emollients kept in people's rooms were not being kept safely. This posed a risk for people living with dementia who may accidentally ingest them.

- PRN protocols for 'as required' medicines were not always sufficiently detailed. One protocol stated to give one or two tablets for constipation, with no indication why one or two should be administered. This meant staff did not have clear guidelines to determine the appropriate dose of medicine to administer.
- Although staff administering medicines had completed training, not all staff had had their competency assessed to ensure they could administer medicines safely.

The failure to ensure safe management of medicines was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found many areas of the service to be unclean, both in people's rooms and in kitchen areas.
- In one kitchen we found condiments which were old, and not labelled with the date of opening. Shelves were heavily contaminated with old crumbs. One sandwich filling was out of date. Due to the potential risk of food poisoning, we asked the staff to deep clean the kitchen before food was served that day and dispose of any unlabelled food.
- Cleaning schedules were not consistently completed to evidence staff were following cleaning regimes. Some daily cleaning schedules had not been signed, some had 'short staffed' written on them, indicating they were not cleaned. Records for high touch point cleaning showed they had not taken place routinely to protect people from the risk of cross contamination. This increased the risk of transmission of COVID-19.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. However, people's records did not contain a COVID-19 risk assessment to determine how clinically vulnerable they were should they contract the virus, and what measures should be taken to reduce risk.

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

- At the time of the inspection we were not assured that the provider's infection prevention and control policy was up to date. Several policies relating to infection control practice were not reflective of current Government guidelines. Following the inspection, the provider sent us updated versions of policies which did reflect current guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 making sure infection outbreaks can be effectively prevented or managed.
- Relatives we spoke with gave mixed views about how the service facilitated visits; some were happy with the arrangements, whilst others were under the impression they couldn't visit. Not everyone knew what an Essential Care Giver was, which would enable more frequent visits. People did not have care plans outlining their visiting preferences.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- We found the service had effective measures in place to make sure this requirement was being met.

Staffing and recruitment

- Sufficient numbers of staff were not always provided on shift. The dependency tool used to calculate the number of staff required, did not match the rotas provided. Staff told us this had sometimes impacted on people's care, but staffing was improving. One staff member said, "The management do try and get shifts covered with agency staff, but it hasn't always been possible. It does mean we are sometimes pushed and activity might be less." A relative told us, "Staff are very kind, but I've seen them running from one person to the next. It's not enough at times."
- Staff had not received periodic supervision in line with the providers policy. Records showed that 23 staff were overdue supervision. Supervision enables the provider to identify any learning needs and gives staff an opportunity to share any concerns or issues in their day to day practice. Based on our findings during this inspection, this was an area which required improvement.
- Staff received mandatory training relevant to their role.
- Staff were recruited safely.

Learning lessons when things go wrong

- Accidents and incidents were logged, and actions were stated in response to each event. However, it was not clear how learning was cascaded to the staff team. We identified that areas the provider had found to be requiring improvement in their audits were still unresolved.
- Following our inspection, the new manager implemented a 'Lessons learned' form, which will be cascaded to all staff going forward to ensure learning across the whole staff team.

Systems and processes to safeguard people from the risk of abuse

- Information provided to us by the local authority informed us of three current alleged safeguarding incidents under investigation.
- We found one incident that should have been reported to the local authority but hadn't been. The provider agreed to do this retrospectively.
- Staff received safeguarding training and were able to describe types of abuse they may come across and who to report concerns to.

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 Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. However, they had stepped down from their post in September 2021, to take on a different position within the service. The national operations manager had been overseeing the management of the service in the interim. There was a new manager in place at the time of this inspection, who had been in post for three weeks, but they had not yet been registered.
- Although there were governance systems in place, these had not been wholly effective. Action plans in place on audits did not always specify who specifically was responsible for making the improvements.
- Areas for improvement identified by the provider in November/December 2021, were still found to be areas of concern. For example, the gaps in medicine administration records, and issues with people's care records. Given the service had new staff coming in, and was using agency staff, it was even more important to ensure information and guidance was accurate.
- Not all infection control concerns across the service had been identified by the audits, despite some of them being very obvious issues which no one had raised.

The lack of leadership and oversight placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager were committed to making improvements, and there was a service improvement plan in place.

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; Continuous learning and improving care

- Risks that affected people and others were not always properly assessed. People did not always receive quality time with staff due to the staffing levels. One staff member told us that activity provision was, 'Not great'. Activity logs we reviewed had not been completed recently.
- Relatives we spoke with all felt that communication needed to improve. One relative told us, "We used to get newsletters which was great, but they just stopped. We got one last week, but that's the first one in a long time." Another said, "I used to like the updates from the [chief operating officer] too, but they stopped as well."
- Some relatives were confused about the visiting arrangements in the service. One relative told us that they didn't know what an Essential Care Giver was (all people should be offered this so they can nominate one

person who can visit more frequently, including during an outbreak of COVID-19). People did not have visiting care plans which should identify who can visit and when.

- Some staff had not received periodic supervision. It was unclear how the provider was assessing staff performance and competency and how they ensured that staff understood their roles and responsibilities.
- Staff spoke highly of the new manager. One staff member said, "Staff morale has been low. It's been a mess here. Having the new manager on board has given us a boost, she has already asked for our ideas." Another said, "The new manager is great, asks what we think, which has not always been the case in the past with managers. I think she is going to be really good for the Claremont."

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 registered manager had not always reported to CQC all incidents as required by law. This included notifications for two serious injuries.

We are looking at potential failures to notify and will report on our findings once completed.

- The national operations manager had contacted us prior to this inspection about the changes in the management of the service. They were honest about where improvement was needed and gave a thorough account of their findings.

Working in partnership with others

- The service had worked with the local authority and healthcare professionals such as district nurses and mental health teams.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Auditing systems and processes were not sufficiently robust to demonstrate effective oversight of the service. This placed people at risk of harm.</p> <p>17 (1) (2) (a) (b) (c)</p>