

Claremont Lodge Care Limited

Claremont Lodge

Inspection report

66 Claremont Road
Salford
Greater Manchester
M6 7GP

Tel: 01617370864

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13 April 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Claremont Lodge is a care home in Salford operated by Claremont Lodge Care Limited. Claremont Lodge is registered with CQC to provide care for a maximum of 18 people. There were 11 people using the service at the time of the inspection.

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

At our last inspection we identified concerns regarding the safe maintenance of the premises. We found improvements had been made during this inspection.

There were enough staff to care for people safely and correct staff recruitment procedures were followed. Staff understood about safeguarding and how to report concerns.

Audits were undertaken to monitor the quality of service, including at provider level which had been a concern at the last inspection. There were systems in place to seek feedback from people living at the home, including the use of satisfaction surveys and staff/residents' meetings. Out of hours spot checks were also undertaken.

Rating at last inspection

The last rating for this service was requires improvement (published October 2021) and the provider was in breach of regulations relating to good governance and premises/equipment. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out a focused inspection of this service in September 2021. Breaches of regulations 15 and 17 were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also issued a warning notice for regulation 17 in relation to Good Governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected (Effective, Caring and Responsive) we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

Not all aspects of the service were well-led.

Details are in our well-led findings below.

Claremont Lodge

Detailed findings

Background to this 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.

Inspection team

The inspection was carried out by an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Claremont Lodge is registered with CQC as a 'care home' and CQC regulates both the premises and the care provided. Both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection, the home did not have a registered manager in post.

Notice of inspection

This inspection was unannounced, we visited the home on 13 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the acting home manager and area manager.

We reviewed a range of records. This included care plans, staff training records and records associated with the provider's quality monitoring systems.

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 requires improvement. The rating for this key question has now changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure the premises were well maintained. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding premises and equipment. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

Assessing risk, safety monitoring and management;

- At the last inspection, the premises were not being safely maintained. This included damaged windows bedroom furniture, flooring, ceilings and paintwork. Both the gas safety and electrical installation certificates were also out of date. We looked around the home during the inspection and found the provider had taken appropriate action to address these concerns.
- People had a range of risk assessments in place regarding their care which covered areas such as waterlow (skin integrity), nutrition and falls. Where any risks were identified, control measures were in place about how to keep people safe.
- Safety checks of the building and equipment were completed, with certificates available of work and servicing undertaken.

Ensuring consent to care and treatment in line with law and guidance

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 authorized under the MCA. We checked whether the service was working within the principles of the MCA.

- Correct procedures were in place if people lacked the capacity to make their own decisions which were taken in people's best interest.
- DoLS applications were submitted to the local authority as required if people were assessed as lacking capacity.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Both people living at the home and relatives said they felt the service was safe. One person said, "I feel safe because the staff are always around." A relative added, "(Person) was wandering and confused but is now in

a secure environment with plenty of staff about and we can sleep in our beds without getting telephone calls all the time."

- Staff understood about safeguarding and said they had received training. One member of staff said, "Bad practice could be a safeguarding concern for things like medication errors and poor moving and handling." Another member of staff said, "If people were being neglected that would be a safeguarding concern."
- A safeguarding policy and procedure was in place, explaining what needed to be done if abuse was suspected.
- A log of any safeguarding incidents was maintained and contained details about outcomes and lessons learnt.
- Accidents and incidents were monitored, with information about how to prevent future re-occurrences.

Staffing and recruitment

- There were enough staff employed to care for people safely. Everyone we spoke with including people living at the home, relatives and staff said there were enough to deliver the care people needed. One member of staff said, "We are able to meet people's needs with the current staffing levels." Another member of staff said, "Staffing levels are fine for now."
- Staff were recruited safely, with all the necessary procedures followed including interviews, seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medication safely which was stored in a locked trolley within a secure treatment room.
- MAR were completed accurately by staff when medicines were administered. PRN plans (when required) were in place as needed if people needed medicines to be given in certain circumstances.
- Certain medicines needed to be stored at different temperatures in a fridge and we found regular temperature checks were carried out.
- Relatives and people who used the service said medicines were given safely. One person said, "I get medication given to me by the staff and always on time. If I have any aches or pains, they give me painkillers."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimize the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager was following government guidance in relation to visiting, and relatives were able to see their family members safely and at times of their choosing.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has now changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure appropriate governance systems were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- At our last inspection, the provider had not ensured the environment and certain safety checks were being well maintained. We found improvements had been made in this area at this inspection.
- Competency assessments were also carried out of areas such as medication. Out of hours visits were also completed to ensure standards were adhered to overnight.
- Systems were in place to involve people, relatives and staff in how the service was run, including the use of satisfaction surveys to obtain feedback. Team meetings were held to gather staff views and staff told us they felt comfortable sharing their views.

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

- At the time of the inspection, the home did not have a registered manager in post. The last CQC registered manager left their post in May 2022. There is a ratings limiter on the well-led key question for not having a registered manager in post for over 6 months, meaning it can only be rated as Requires Improvement. We raised this concern with the current management team and were told recruitment plans were currently in place for the post.
- The home was currently being managed by an acting manager, with support from an area manager acting on behalf of the provider. We liaised with them throughout the inspection and they were cooperative in providing us with the necessary documentation and listening to any feedback required.
- Statutory notifications were submitted for incidents such as serious injuries and deaths.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw these were displayed as required on a notice board within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "It is going great here so far. There is a good culture and good team work. It is a small home, very personal and like home from home." Another member of staff said, "Everything is fine working here. I have no concerns or problems and am as happy as ever."
- Staff told us they felt the service was well managed and felt supported by the acting manager. One member of staff said, "The current manager is approachable, understanding and fair." Another member of staff said, "It is perfect and I can't fault it."
- People achieved good outcomes whilst living at Claremont Lodge and the feedback about the care at the home was positive. One person said, "The staff are very good, they are 24 carat gold, they are great and help me dress and shave when I cannot do it myself." Another person added, "I only need prompting with my care. There are always a lot of staff about and they will do anything for you."
- Relatives also spoke positively about the care provided at the home. One relative said, "I cannot fault the care and person is always clean and well presented. The staff are great, so kind and patient, they are fabulous. Always seems to be enough staff about when I visit."

Working in partnership with others

- The service worked in partnership with other agencies as required including local authorities and social work teams.
- Prior to our inspection we sought feedback from the home from various health care professionals, all of whom felt they had seen improvements at the home over the past 18 months and since our last inspection.