Warrington Homes Limited(The)

Claremont Residential Home

Inspection report

The Linleys
Gastard Road
Corsham
Wiltshire
SN13 9PD

Tel: 01249713084

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13 April 2016

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Claremont Residential Home provides care for up to 34 people. Some people live permanently at the service whilst others are receiving respite care. On the day of the inspection there were 32 people living at the service.

The inspection took place on 12 and 13 April 2016 and was unannounced. The inspection was carried out by two inspectors. At our last inspection in August 2013, we did not identify any concerns.

A registered manager was employed by the service. 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.

People we spoke to were positive about the care they received and praised the quality of the staff and management. People's relatives spoke highly about the care and support for them or their relative and freely praised staff.

The registered manager and staff at all levels of the service we spoke with were passionate about providing care which was tailored to people's needs and choices. Throughout our visit we saw people were treated in a kind and caring way and staff were friendly, polite and respectful when providing care and support to people.

People told us they felt safe when receiving care. Individual risk assessments were in place and staff we spoke with knew what to do if they were concerned about the safety and well-being of any of the people using the service.

People were actively involved in developing their care plans and these contained information on their preferred routines, likes, dislikes and medical histories. Staff used these care plans to guide them in supporting people's needs.

Staff had the knowledge and training to support people and had received a thorough induction when they started working for the service. They told us that as part of the induction process they had read all the care plans for people and spent time being introduced to people and shadowed experienced staff. They demonstrated a good understanding of their roles and responsibilities as well as the values of the service. Staff were also supported to carry out their role through regular supervisions and training.

Staff recruitment records showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service (DBS) checks. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People who lived at the home and staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The registered manager also sought the views of relatives and professionals. The provider and registered manager had systems in place to monitor how the service was provided, to improve the quality of care provided.

People were offered appropriate food and fluids to maintain their nutrition. People had a varied diet and were offered choices in terms of food and drink and spoke positively about the food.

Medicines were managed safely and administered by trained staff. People were also supported to access health care services.

People were able to make specific choices and decisions about their daily life. Staff had put in place support for people when needed to ensure decisions were made in their best interest within the legal framework.

Quality assurance systems were in place to regularly monitor the quality of the service. The registered manager worked with external services and organisations to share best practice and support.

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.

Staff were knowledgeable in recognising signs of potential abuse and the reporting procedures.

People were supported by staff who understood how to provide and meet their individual care needs safely.

There was sufficient trained staff to provide safe care.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and appraisal and they cared for and supported people effectively.

People were supported to maintain good health and access to healthcare services.

People enjoyed meals and were supported to maintain a healthy, balanced diet.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the support they received. This was supported by what we observed.

Staff were caring in their approach and had a good understanding of people's needs and how best to support them.

Staff understood how to respect people's privacy and dignity, protect their human rights and provide care that met their needs.

Is the service responsive?

Good

The service was responsive.

People were treated as individuals. Assessments were

undertaken to identify people's needs and these were used to develop care plans which reflected the individual's care and support.

A wide range of activities were provided and people were supported to engage in activities of their choice.

People we spoke with and their relatives told us they felt able to raise any concerns and were confident that they would be acted upon and taken seriously.

Is the service well-led?

Good

The service was well led.

Systems were in place to review incidents and monitor performance to help identify any trends or lessons to be learned.

People benefited from a management team that regularly monitored the quality of care and sought to continuously improve.

Staff told us they understood the values of the provider. This included keeping people safe, promoting their independence and ensuring people received care which met their needs.

Claremont Residential Home

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 12 and 13 April 2016. This was an unannounced inspection.The inspection was carried out by two inspectors. At our last inspection in August 2013 we did not identify any concerns about the care being provided.
Before we visited we looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection, the provider completed 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.

During the visit, we spoke with nine people who use the service, three relatives, the registered manager, head of care and seven support workers. We spent time observing the way staff supported and interacted with people throughout the day. We also reviewed a range of records which included people's care plans and risk assessments, staff training records, staff duty rosters, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and they did not have anything to be concerned about. Comments included "I feel perfectly safe. I know the ladies wouldn't mind if I wanted to talk about my worries, in fact they insist", "It's so wonderful here I have no worries" and "Whilst they don't interfere I know they are always there. I feel very secure". Relatives confirmed they felt their loved ones were safe living in the home. Comments included "It's a huge relief that we can go away and leave mum and not have to worry. I feel she is safe here" and "I know he gets good care and is safe here".

Staff we spoke with could explain what keeping people safe meant. We saw from staff records that they had received training in safeguarding adults from abuse and whistleblowing. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were aware they could take concerns to agencies outside the service if they felt they were not being dealt with. One member of staff told us "Part of my role is to monitor people. If I notice something has changed, for example a change in a person's habits, I would always report it to the manager. Whilst they might not be being abused it still might be something else. I know they would always take action".

People were protected from the risks of potential abuse or harm. There were a range of assessments which identified potential risks and how they were to be managed and reviewed. These included the risk of falling, malnutrition, pressure ulceration and the safe moving and handling of people. For example we saw in one person's care plan that in order to move around safely they required the use of walking frame and this was to be made available to them at all times. We saw the person had access to their walking frame during our visit.

Sufficient staff were available to support people and call bells were answered promptly. Staff told us they were able to provide the support people needed with comments including "there are enough staff" and "we have time to give to chat to the residents" and "we are always well staffed".
People told us they were able to access help whenever they needed it. One person told us "If I press my bell they come straight away. Another person told us "I ring my bell and they come immediately". We saw that people had access to staff and were routinely checked by staff to see if they required anything. Relatives we spoke with told us they had not encountered any difficulty accessing staff whenever the need had arisen. One relative told us "I'm very impressed by the staffing. You can always find someone and they are always happy to help".

The registered manager told us the service had a very low turnover of staff and that agency staff were very rarely required. Effective recruitment procedures were in place. Appropriate checks of employment history and other checks to confirm a person was suitable to work in this environment had also been carried out. This included Disclosure and Barring Service (DBS) checks and contacting previous employers for references. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff records demonstrated that DBS checks had been completed and references had been provided.

People's medicines were managed so that they received them safely and as prescribed.
All staff who administered medicines received training and undertook refresher training. There were processes in place to ensure that staff were competent in administering medicines prior to doing this unsupervised. One member of staff told us about the process prior to them administering medicines independently. They told us that they had observed a number of medicines rounds followed by six months of supervision and that prior to administering medicines unsupervised, were assessed for their competence in this.

We observed part of a medicines round. We observed staff positively interacting with people during the medicine round. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. They were patient with people and did not rush them, and they provided assistance when needed.

There were good processes in place to ensure the safe administration of medicines. We saw pictures that identified what people's prescribed medicines looked like and also details on how to handle medicines safely. People were clearly identified on the medication administration record with details of their date of birth, GP and any allergies. Medicines were correctly signed for and we saw that they were signed for only when medicines had been taken. When a person refused their medication, it was demonstrated how this should be recorded. All staff who administered medicines received training and undertook refresher training. Some people were able to self-administer their medicines with the support from staff. We were told how this was managed for a person currently self-administering their own medication.

We found in one person's record for one day that they had been given a homely remedy on two occasions. The dose entered on the homely remedies sheet did not match that recorded in the medication administration record. Although this was an isolated incident, we raised this with the head of care who took immediate action to resolve this by speaking with the member staff concerned. It was also noted in the records for administration of homely remedies that a mix of 24 and 12hr clock had been entered to record the time that these medicines had been administered therefore it was unclear if medicines had been administered in the morning or afternoon. We discussed with the head of care the importance of making sure records were clear and consistent. The head of care took immediate action to resolve this by speaking with staff and also making it clear on the medication administration record which recording time should be used.

We discussed how medicines were ordered, stored, administered, recorded and disposed of. We saw systems in place which included monthly audits for expiry of medicines and stock rotation. There were records for storage temperature of drugs and this was monitored and recorded on a daily basis. Staff knew what to do in the event that storage temperatures went too high or low.

There were measures in place to manage infection control. We saw records to demonstrate this which included checklists for cleaning of equipment such as hoists, laundry trolleys, and wheelchairs. We saw that equipment was being kept clean. People also had key workers who asked them if they had any specific cleaning requests.
Staff were able to tell us how to look after a person that required barrier nursing and what measures should be put into place to prevent the spread of infection. They told us how laundry was handled and how they disposed of infectious waste. We saw there were sufficient supplies of Personal Protective Equipment (PPE) including disposable aprons and gloves in order and prevent the spread of infection.

The home was free from odours and appeared visibly clean with evidence of ongoing cleaning during our inspection. Comments from people included "The place is kept beautifully. They come and clean my room

every day" and "The place is spotless. The girls do a good job". One relative told us "His room is always clean and tidy when I arrive. It smells lovely". One person told us about spilling their drink. They said "They were so nice about it. They came and cleaned it up straight away, no problem".

Good

Is the service effective?

Our findings

People and relatives we spoke with told us they thought staff understood how to care and support them or their loved one. Comments included "Staff know me very well. I genuinely feel they are interested in me" and "We spend time chatting. I can talk about anything and the staff are very helpful. Yes I feel they know me well".

People were offered choices in terms of food and drink. People spoke positively about the food. Comments included "I can choose what I eat. If something upsets my tummy then staff will always look into it for me. It might be that I don't have that meal again" and "The food is quite nice. The soup is very good". One relative told us "I am very impressed with the food. Mum is offered a menu to choose from and can also choose where she would like to sit and eat her meal".

People told us they have their preferred breakfast be it cereal, toast or a hot alternative when they got up. They said they had a choice of menu at other times and if they did not like what was on the menu they could ask for an alternative. One person said "If I don't like what is on offer then I can choose something else but that rarely happens". Care staff understood which people required support and offered this. For example, one person required support with their meal. We saw a staff member sit patiently with the person and support them with their meal at a pace that was comfortable to them. There was a relaxed and unhurried atmosphere during the lunchtime meal. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs.

People had access to sufficient food and drink throughout the day during our inspection. People had access to jugs of water in their rooms and there was different flavoured squash available in the communal areas. People had been assessed in terms of their risk of malnutrition. Where required people had access to specialised diets for example pureed or fortified food.
Where required, care staff monitored people's weight and their food and fluid intake. This was to ensure people had enough to eat and drink and to put into place preventative measures if there were concerns about a person's weight.

The kitchen staff held a record of people's likes and dislikes regarding food, whether there were any allergies and where specialist diets were required. These were clearly displayed in the kitchen so staff were aware. The chef told us there was a daily diary which was checked at the start of the day and people's preferences, dietary requirements of new people to the service and specific requests were recorded. People were regularly asked for their views on the quality of food and the menu's on offer. The chef told us there was a weekly menu and that she actively sought feedback on the food by visiting people once a week and also attending their resident's meetings. The chef also gave us an example of how they would adapt a recipe to meet specific requests according to the person's preferences and how they would use tools to help them make a soft diet look appetising. We were told pictures of food were provided to help people make choices from the menu. The chef told us that people were baked a cake and a choice of their favourite meal on their birthday. The kitchen area was clean and tidy. We saw how food was stored and how food storage temperatures were monitored.

People's care records showed relevant health and social care professionals were involved with people's care. Care needs were monitored any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. Relatives told us they were always kept up to date with their family member's health needs. One relative told us "They recently had some concerns with X and phoned the GP straight away. They always let me know when things happen". During the course of our inspection we observed that the doctor had been called to attend someone who was not well.

People were cared for by well trained staff. We inspected the home's training matrix used to manage the training needs of the staff team. The training matrix recorded details of the training staff had completed and also indicated training that was due. These records showed staff had completed training in relation to the safeguarding of adults, manual handling, infection control and food hygiene training. Some staff had received additional training in a variety of topics including dementia awareness, the Mental Capacity Act and Deprivation of Liberty Safeguards and safe handling of medications. The training of staff was coordinated by a team of training coordinators. We spoke to two training coordinators during the inspection who told us all staff have a personal development plan which was discussed and reviewed every 3 months. We were told group training was provided to staff although if a member of staff preferred to learn on an individual basis then this was arranged by the training coordinators accordingly. We were told that each member of staff was nominated a trainer so that training could be tailored and monitored on an individual basis. Managers and directors hold weekly meetings to discuss training. All staff were encouraged to complete a diploma level in health and social care and most staff were working towards this or had already gained this qualification. Staff were well supported by the management structures within the home. Each member of care staff received regular supervision (one to one meetings).
Staff comments included "I have three monthly supervisions where I am able to express any concerns", "I can discuss what is working well and how I can continually improve", "the training team are approachable and I can ask for additional training if I feel I need it". Staff were also able to describe training that they had completed and what this had involved.

There was a formal procedure for the induction of new members of staff. Staff had a 12 week probationary period when they would read key policies and procedures, people's care plans and also complete essential training on meeting people's specific needs. Staff would then shadow experienced staff until they were assessed as being competent to work independently. The training matrix showed essential training as required at induction had been completed by all staff within the first 12 weeks of their employment with the service.

People's consent to care and treatment was sought in line with legislation. The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of individuals who may lack the mental capacity to do so for themselves. The Act requires 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 applications procedures for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding and were aware of their responsibility to ensure they complied with the act. The registered manager told us about someone who lacked capacity to make a specific decision and that a best interest assessment had been carried out. We saw how this had been documented in the person's care plan. The registered manager had submitted a DoLS application when needed, understood the process and accessed support as necessary.

Records seen evidenced that people had made their own choices and decisions about their care.

Staff had received training in the mental capacity act and demonstrated a good understanding of supporting people to make choices about their daily living.

People chose how to spend their time. We observed people with staff and visitors in the lounge, spending time in their own rooms and engaged in activities throughout the home. People had a choice of where they wanted to eat their meals. There was also a quiet area in the conservatory that staff told us could be used for private family meals or parties. Comments from people included "I am in complete control. I choose what I want to do". I can choose when I get up and go to bed, I just ring my bell and they come and help me", "They always ask if it is alright before they help me". A relative said "They still support him to make choices. They will ask him if he wants to go to bed or stay up".

Good

Is the service caring?

Our findings

People and their relatives spoke highly about the care and support they or their relative received. One person told us "When I moved here I thought my life was over yet here I am starting my life over again. I feel like I am living in paradise and have found my final resting place. They treat me like a person not a patient". They went on to say "The care here is so wonderful. It's not gloomy. It's like a big family and we have lots of fun. They told us about the Halloween party the home had organised. They said "It was such fun and we had champagne". Comments from other people using the service included "They (staff) are all very kind. I like living here very much", "Staff are very good. They'll pop in and see how I am and if there is anything I want. I am very happy" and "The ladies (staff) are all lovely and kind".

One person who had recently arrived at the service told us "The care is exceptionally good. The care assistants are on hand to help me in and out of the bath". They explained this had helped reduce their anxieties about coming in to the home. They said of the staff "They are delightful. They already know what I need". Another person told us "I've recently had some bad news and all the staff have been marvellous so supportive". They said the support from the staff and manager had been helpful in helping with their sadness saying "The girls look after me well".

Another person told us about a situation where they had been unwell but did not realise it. They said because staff knew them well they had recognised that "Something wasn't quite right" and had sought immediate medical assistance. The person was very emotional in their appreciation of staff support say "I might not be here if it wasn't for them". We observed the registered manager offering comfort to this person whilst they were talking to us and encouraging them not to get too upset by the situation as they were now well and things were much better.

One person said of the staff "What I really like is that staff make time to speak to me" I am happy here. Sometimes I have niggles when I have an off day but I can always speak to staff and they put things right or look into them straight away."

Relatives we spoke with were all positive when talking about the home. One relative told us "We are very impressed with the care my mother receives. The carers go beyond the call of duty". They explained how they had observed staff talking respectfully to people. They had seen one carer offering comfort to a person by holding their hand. They said "It was lovely to see, touch is so important to people. They told us the "Whole atmosphere is nice". They finished our conversation by saying "This place is five stars with knobs on". Other comments from relatives included "Staff are all very helpful and so patient with him" and "All the staff are very caring. They have endless patience with him". One relative explained about their family member who at times got anxious about the daily routine seeking reassurance of what was happening frequently. They told us "X (staff member) will spend ages going over the information and reassurance he needs. She is so patient. He has endless faith in staff". By staff spending this time with the person they were able to alleviate their anxieties and help them to understand what was going to happen that day and why.

Comments written in by relatives included, 'The carers became her substitute family when we were unable

to be there. They went above and beyond their job'. They described the staff as 'Amazing, wonderful, caring, loving, fun, gentle and kind' and 'We were so impressed with the attention, care, respect, devotion and friendliness all the staff showed. It is a superb tribute to the leadership shown by the senior staff'.

Throughout our inspection we observed people being treated with kindness and compassion. Examples of this included one staff member walking beside one person who was distressed. They supported the person to walk to the communal lounge saying "You have all the time in the world. Take it steady. Are you alright now". We saw a staff member enter the room of a person who had arrived the night before and they had not yet met. They introduced themselves, explaining their role, asking the person how things were and if they needed anything. They also took the time to answer any questions the person had. When we spoke to the person later they said they had "Really appreciated" the staff member coming and explaining things. One person told us "They (staff) are all very kind. I can say if something has upset me or I don't like something and they will listen and try and sort it out". They told us about their curtains falling down which they reported to staff and which was "Fixed immediately".

A relative told us about the support their family member had received when they had first arrived at the home. They explained how their family member had become disorientated which had led them to wander at night in search of the bathroom. They said the home had purchased a sensory mat which they placed outside the bedroom door to alert staff when their family member was leaving their room. This afforded staff the opportunity to then offer the person support with finding the bathroom and show them it was in their bedroom. The relatives thought this had been a "Sensible solution to the problem" and had alleviated their family member's distress and they eventually stopped wandering once they remembered where the bathroom was.

Another relative told us about how their family member could become agitated. They explained that staff gave the person an extra drink and bowl of crisps to help keep them occupied during this time. They had asked staff to ensure that when their family member's DVD had finished they turned it off as it would repeatedly play music which the person found upsetting. They said they had only needed to mention it once and staff now ensured this happened. They said "Any problems and I don't hesitate to talk about it with staff. There is nothing they could be doing better".

We saw staff promoted people's privacy and dignity. Staff knocked on people's doors and waited to be asked in before entering. Any care and support was conducted behind closed doors. One person told us "Staff always ask if I need any help. They wouldn't do anything unless I want them to". A relative told us "They are very respectful of his privacy. When they take him to the toilet they will always stand outside the door and give him a bit of privacy". One member of staff told us "I always draw the curtains and shut the door before helping someone with personal care. If I was in the lounge I would always make sure I spoke quietly to someone when asking if they needed any help so others cannot hear".

People were supported to be independent and were encouraged to do as much for themselves as possible. One person told us "I have a walking frame to help me get about. The staff encourage me to keep up with my exercise". A relative told us "They still encourage him to do as much for himself as he can, like putting some of his clothes on". We talked to one member of staff about a person they were supporting. They told us "I encourage him to do things and makes suggestions. For example, would you like to change your jumper as it's not very clean. However if he is not willing to change I have to respect that. He is a very independent person". Some people used equipment, such as walking frames, to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it. A member of staff told us about the aids that she uses to help with communication, writing things down for someone with hearing loss and providing audio books and newspapers for people who were sight impaired. She also told

us about a lady who preferred to stay in her room so she sat with her and they looked at family photos together which the lady really enjoyed.

Staff were knowledgeable about the care and support people required. For example if people preferred a bath or shower or what clothes they liked to wear. Staff were also knowledgeable about people's personal histories and interests. Staff were able to tell us about past hobbies and employment people had been engaged in. For example one staff member explained about one person who had an interest in astronomy. They told us "I am interested in astronomy too so we have a good conversation. He tries to teach me about it".

People told us their relatives were able to visit whenever they wanted. Relatives told us staff were friendly and welcoming when they visited. One relative said "I can visit anytime. They encourage me to come whenever I want".

People's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas. One person told us "I have my wife's paintings and books. The stuff of my lifetime is gathered around me". Another person told us "I have a lovely view from my bedroom. I couldn't be in a better place."

The home was committed to providing end of life care that met people's needs. We saw in people's care plans that preferences of who the person wanted to be informed should they require end of life care, where they would like to be cared for and preferences for their funeral arrangements and resting place had been recorded. The registered manager explained any end of life care plan would be completed in conjunction with relevant health professionals as required. Written comments from relatives of people who had passed away included, "Thank you so much for looking after mum and making her final days so comfortable and peaceful.

Good

Is the service responsive?

Our findings

We looked at the care records of seven people. Care plans were clear and concise and easy to read. Care plans included details of people's individual needs including their personal care, emotional well-being, medical, cultural and spiritual needs. They also had details on people's preferences, hobbies and interests, likes, dislikes and personal goals. People were involved in their care planning. Pre-admission assessments had been discussed and completed with people before moving into the service and these discussions were followed up with them when they arrived at the home.

We reviewed monitoring charts for people's food and fluid intake and whilst the majority of information had been completed we saw there were gaps in some records. For example, on one person's fluid chart there was nothing recorded for several hours. However we could see from their food monitoring chart that drinks had been offered during their meal time. We discussed with the head of care the importance of making sure records were accurate. The head of care took immediate action to resolve this by speaking with staff. They said they would make sure the checking of these records was also discussed during the daily handovers.
Information about people was shared effectively between staff. We saw a diary that was kept in the head of care's office which recorded any issues or requests and upcoming appointments for the day. An example of this was communication regarding a broken pair of spectacles with actions on getting these replaced or fixed. We observed one shift handover meeting. During the meeting we observed that important updates were given to staff regarding people's day to day care including any medical concerns. During this handover information was shared about a person who had become unwell during the day and had recently started some new medication. Details were given regarding GP involvement and how to monitor this further.
Staff had good links with other services and health care professionals. Where there were concerns or requests from people to access services, these were followed up. For example, in one person's care plan they had requested to see their GP to discuss their end of life care and we saw that this had been followed up with the GP. We were told about a person who had developed a rash and how quickly staff had responded to this. Through prompt contact with the person's GP, treatment had quickly commenced which promoted a fast recovery.
The home had an activity co-ordinator who organised activities throughout the week. There was a monthly newsletter which was distributed to people using the service. We saw this included what activities were planned for the month ahead including people's birthdays and also encouraged people to make suggestions for activities. We also saw flyers around the home which included pictures of events to support some people's understanding and choices.
Activities were offered on an individual basis. Activities included music, craft work, quizzes, a visiting animal zoo and seasonal functions such as Halloween and Christmas. The home had recently installed a hairdressing salon with a nail bar and an IT suite with Wi-Fi coverage. IT lessons were also provided by one of the staff. A daily newspaper was made available for people who use the service and an audio local newspaper for people who were visually impaired. The activities co-ordinator told us about a weekly knitting club was popular and gave people the opportunity to socialise and be creative. She also told us about outings, including visits to the local public house and garden centre which were offered regularly and when people wanted them.

People told us it was their choice if they wanted to join in with activities. Comments included "I can choose what activities I want to join in with. If I say no then that's ok but if I want to go then they will help me to get there" and "They do trips out, games and quizzes. I join in if I want to there is no pressure". One person told us "This place is not an institution. There are lots of things to do and it's fun here". They told us about the Halloween party which was held at the home. They said "It was a lovely party and we got to drink champagne" which they said they were very pleased about.
One relative told us "There is an activity chart which my mother can choose from. Christmas here was amazing. The home was beautifully decorated. It was amazing the effort they made. They said their mother had also had the opportunity to go and see the local Christmas lights which they had enjoyed.
During our inspection there were several activities taking place which included a visit from an animal zoo, holy communion and a clothes party where people could purchase clothing if they so wished. We observed the animal zoo activity which was an interactive session where people were encouraged to ask and answer questions on each animal. They had the opportunity to hold the animal if they wished and discussions took place on the animal's natural habitat and feeding habits. People were engaged and interested and shared jokes with each other.
The registered manager and people told us about the 'Living eggs' project they had recently held at the home. People living at the home had the opportunity to care for eggs until they hatched. The registered manager explained they had then decided to keep some of the hens which were to be housed in the garden. When we asked people if they had enjoyed the project comments included "I really enjoyed watching the chicks hatch" and "I saw the chickens as eggs and we got to hold the baby chicks. It's lovely to have chickens here".
The service organised regular meetings for people and their relatives to discuss the running of the service. Feedback on the meeting was provided by means of a newsletter which was distributed individually to everybody living in the service.
If people were not able to leave their rooms to attend these meetings, staff said they would go to them and talk through what has been discussed.

There was a procedure in place which outlined how the provider would respond to complaints. There were notice boards around the home which displayed information for people on how to make a complaint. People told us they knew what to do if they were unhappy with any aspects of care they were receiving. They said they felt comfortable speaking with the registered manager or a member of staff. We looked at the complaints file and saw all complaints had been dealt with in line with the provider's procedure. Comments from people and their relatives included "Nothing is so unimportant it can't be mentioned. They give it all of their attention. They've got to make sure it's right", "They wouldn't mind at all if I wanted to talk about my worries" and "I can chat to the manager or any staff if I have any concerns. I get to meet with the manager ad-hoc".
The service has also recently upgraded its facilities and six rooms have now been converted to have en-suite facilities (wet rooms) This was in response to the assessed need to encourage people's independence and also support privacy and dignity.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by the head of care. There were many positive comments about the registered manager and staff team. Comments included "We are very impressed. There is a stable staff team here and the carers really do care. They and the manager go beyond the call of duty", "Staff and the management are all lovely. I am so glad I have the chance to praise the home" and "Staff are very respectful. The manager is always on hand to discuss any issues I may have".
People, their relatives and staff were encouraged to give their views about the service they received. There was an accessible suggestion box where people could leave comments. Questionnaires were given to people using the service and their relatives each year. We saw the results from the latest survey which was conducted in February 2016. Overall the survey showed that people and their relative's satisfaction with the service had improved since the last survey results in 2015. However there was a general feel that people were dissatisfied with activity sessions. In response to this the registered manager was undertaking an additional survey to determine the activities people would like to take part in. They had also brought in new activities from the initial suggestions of people using the service.
The registered manager valued people's feedback and acted on their suggestions. An example of this was in 2015, a hair salon had been suggested to provide a more personal and relaxing experience. This had been implemented and was now successfully up and running. Following suggestions to implement IT facilities as more people coming into the home were computer literate, an IT suite and Wi-Fi was now available. This also enabled people to have greater access to friends and relatives through social media and video calls over the internet. There had recently been upgrades to the rooms which resulted in a further six rooms having en-suite facilities. In response to people's feedback the provider was planning further developments and improvements to the home. The registered manager told us that one plan was to upgrade the lounge and dining area to create a more homely feel.
The staff survey showed staff felt the service cared about its employees, they received training they needed to perform their job and staff were able to confide in their manager and received adequate support. Staff turnover was low and 96% of staff had stated they intended to continue their employment at Claremont residential home. All the staff we spoke with told us how they felt supported by the registered manager. Comments from them included "the management are approachable, "I wouldn't change anything", "everyone works well as a team" "there are always opportunities to raise issues and these are ironed out", "we get good support from management", it's great working here, I love it", "I always get support from the manager". When we asked a member of staff about the culture of the service, they said they felt it was all about "care consideration and love".

All the staff we spoke with said they had regular one to one time with the management team. They said this was helpful in their development and they had the opportunity for further vocational qualifications.

The service monitored the quality of care provided. We saw documentation of quality assurance systems and audits. These included safe management of medicines, infection control and health and safety.
The registered manager told us that they networked with external services and organisations and had recently joined a society for the control and prevention of infection for support and guidance to carry out best practice. They also have good contacts with advocacy services. There were regular staff meetings,

which were used to give the opportunity for staff feedback, share best practice and keep staff up to date.