

# Claremont Lodge Care Limited

# Claremont Lodge

## Inspection report

66 Claremont Road  
Salford  
Greater Manchester  
M6 7GP

Tel: 01617370864

Date of inspection visit:  
23 September 2021  
28 September 2021

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26 October 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Claremont Lodge is a residential care home located in the Salford, Greater Manchester and is operated by Claremont Lodge Care Limited. The service is registered with the Care Quality Commission (CQC) to provide care for up to 18 people. At the time of our inspection, there were 17 people living at the home.

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

We found the premises were not well maintained. This included some windows being in a poor state of repair and there was damage to the flooring and ceiling in the sluice room following a leak. There was lots of chipped paintwork on people's bedroom doors and handrails. Some people's bedroom furniture was broken, including drawer handles which were hanging off. Other areas of the home presented an infection control risk and were difficult to clean effectively such as raised flooring, cracked sinks and a damaged upstairs toilet.

Both the five-year electrical installation and annual gas safety check had expired at the time of our inspection. Further improvements to the building were also required following the recent fire risk assessment. Arrangements had been made for this work to be completed.

People told us they felt safe living at Claremont Lodge. Safeguarding allegations were reported to the local authority for further investigation. People received their medication as prescribed and staff wore appropriate personal protective equipment (PPE) throughout the day. There were enough staff to care for people safely and correct recruitment procedures were followed.

At the time of the inspection, the home was without a registered manager, although a manager had been in post since May 2021 and had submitted an application to register with CQC. We found improvements were required to provider level governance systems, particularly regarding the environment and we were told no recent audits had been undertaken to ensure premises were safely maintained.

Staff meetings took place which enable staff to discuss their work to drive improvements, although we noted topics of discussion at a recent meeting had included long delays regarding maintenance work being completed and the home appearing 'tired'.

Staff said they enjoyed their work and spoke of a positive culture at the home. People told us the home was well-led since the new home manager had commenced their employment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published October 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the upkeep of the premises and the environment potentially being unsafe. A decision was made for us to inspect and examine those risks.

Prior to this inspection we reviewed the information we held about the service. No areas of concern were identified in the other key questions (effective, responsive and caring). We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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](http://www.cqc.org.uk).

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Claremont Lodge

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. 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.

#### Inspection team

This inspection was carried out by an inspector.

#### Service and service type

Claremont Lodge 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 did not have a manager registered with CQC at the time of the inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was announced.

Inspection activity was carried out between 23 and 28 September 2021 and we visited the home on both of these days.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Salford local authority. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We also spoke with five members of staff including the home manager, area manager and three care staff.

We reviewed a range of records. This included five people's care records and a selection of medication administration records (MAR). We also looked at two staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also considered as part of the inspection.

#### After the inspection

We continued to seek clarification from the service to validate evidence found following our site visit.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good, although has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- We found the premises had not been properly maintained. Prior to our inspection, we received information of concern about parts of the home being in a poor condition. We looked around the environment to check if there were any risks presented to people living at the home.
- Several areas of the home were unsafe and needed repairing. This included broken windows which in some cases had been nailed shut because there was a risk they might fall from the frame. Some windows were also cracked and one had cloth in the frame due a draft coming through into the home.
- Following heavy rainfall earlier in July 2021, water had leaked through the sluice room roof, causing damage to both the ceiling and flooring. A number of people's bedroom doors and handrails had chipped paintwork on them. Furnishing within bedrooms also required attention, including broken drawers and damaged sink cupboards.
- The last gas safety inspection at the home was completed in April 2020, although the next annual check had only been scheduled to be done in October 2021. The Health and Safety Executive (HSE) state this needs to be done each year. The last five-year electrical installation check was undertaken in July 2016, however the next one had not been arranged until the end of September 2021. The HSE state business owners should complete this every five years. Following the recent fire risk assessment in September 2021, improvements were required to several areas of the home including fire doors and the loft compartmentation. Arrangements had been made for this work to be completed shortly after our inspection.

This meant there had been a breach of regulation 15 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Premises and equipment. This was because the premises were not properly maintained.

- People had a range of risk assessments in place regarding their care such as falls, waterlow (for skin), nutrition and moving/handling. Where any risks were identified, there were details for staff to follow about how to keep people safe.
- People had the necessary equipment in place to help keep them safe, including pressure relieving cushions and mattresses if they had been assessed as being at high risk of skin break down.
- Where people had been assessed as being at risk of choking, or aspiration, the home had good links with other health care professionals, such as speech and language therapy (SALT).
- We observed staff wearing appropriate personal protective equipment (PPE) throughout the day. Staff completed regular COVID-19 testing and there was a procedure for visitors to follow on arrival to home, such as having their temperature taken and completing lateral flow testing (LFT).

### Using medicines safely

- Prior to our inspection, we received information from the local clinical commissioning group (CCG) that the storage and documentation could be improved following their last visit to the home in June 2021. We were informed the manager had been proactive and took immediate steps to address these concerns.
- We found medicines were stored, recorded and administered safely. We looked at four medicines administration records (MAR's) which were all completed accurately with no missing signatures by staff. A photograph of each person was in place to ensure medicines were given to the right people.
- Medicines were stored in secure trollies, within a treatment room which was always locked when not in use. Medication fridge temperature checks were completed to ensure medicines did not spoil and remained safe to be administered.
- PRN (when required) medication plans were in place to guide staff as to when certain medicines needed to be given and under what circumstances. Both people living at the home and their relatives told us they felt medication was given safely and on time.

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

- People living at Claremont Lodge felt the home was safe. Staff had received safeguarding training and when spoken with, displayed an understanding about safeguarding procedures and how to report concerns.
- Allegations of abuse were reported to the local authority for further investigation.
- Accidents and incidents were recorded, with information detailed about actions taken to prevent re-occurrence.

### Staffing and recruitment

- Appropriate recruitment checks were carried out such as requesting disclosure barring service (DBS). checks, carrying out interviews and obtaining references from previous employers.
- There were enough staff to care for people safely and feedback from both staff and people living at the home was that current staffing levels were sufficient. One member of staff said, "It can get busy, but so can any job. We are still able to meet people's care needs."



# 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 the last inspection this key question was rated as good, although has now deteriorated 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.

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

- At the time of our inspection, the home did not have a registered manager, however the current home manager had been in post since May 2021 and had submitted an application to register with CQC. The home manager had completed regular audits since being in post and had implemented an action plan regarding the environmental concerns following a recent 'Walkaround' inspection.
- The last provider audits had been completed in April and August 2020, although none had been undertaken since then. The audits completed in 2020 did not provide a focus on the upkeep of the environment and if maintenance certificates were still in date, such as gas safety.

This meant there had been a breach of regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good governance. This was because there had been a failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

- Systems were in place to involve people using the service, relatives and staff in how the home was run. Staff and resident/relative meetings were also held so that feedback could be sought and used to make improvements. However, we noted topics of discussion at a recent meeting had included long delays regarding maintenance work being completed and the home appearing 'tired'. This had also been commented during staff surveys, where staff had also remarked about things being broken.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from everybody we spoke with about management and leadership at the home since the new home manager had commenced in post. One member of staff said, "The manager is very approachable and I feel supported in my job." Another member of staff said, "The manager is on the ball and knows what she is doing. Management is good here at the minute."
- Staff said they were enjoying working at the home, although did comment about the current appearance of the home. A member of staff said, "Things are going well at the minute, although updates to the building are required, but we are moving forwards."
- People living at the home told us they were happy with the care provided which helped good outcomes to be achieved. One person said, "The care is good and I feel well looked after. The staff are fine, kind and

caring." Another person said, "The care is not bad here and the staff are very good and hard working."

Working in partnership with others; 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 home worked in partnership with a number of other agencies in the Salford area, including social workers, GPs and district nurses. Referrals were also made to other professionals when there were concerns about people's care.
- Notifications were submitted to CQC following any incidents such as deaths, or safeguarding concerns.
- The ratings from the last inspection were displayed at the home, which is a legal requirement.

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 15 HSCA RA Regulations 2014<br>Premises and equipment<br><br>(1) (e) - Appropriate systems were not in place to ensure the premises were properly maintained. |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>(2) (b) - Appropriate systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. |

**The enforcement action we took:**

We issued a warning notice regarding this regulation.