

Crabwall Claremont Limited

Claremont Parkway

Inspection report

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21 November 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Claremont Parkway is a care home that provides nursing and personal care for up to 61 older people. At the time of our inspection there were 40 people using the service including those living with dementia. The care home accommodates people in one purpose built building.

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

People, their relatives and staff told us Claremont Parkway was a safe place to live and work. Risks to people were regularly assessed and reviewed. This meant people could take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were enough appropriately recruited staff to meet people's needs. Trained staff safely administered medicines and prompted people to take them. The home used Personal Protection Equipment (PPE) effectively and safely and the infection prevention and control policy were up to date.

People and their relatives said effective care was provided, they were not subject to discrimination and their equality and diversity needs were met. Staff received good training and were supervised. People and their relatives thought staff provided good care that met people's needs. Staff encouraged people to discuss their health needs, any changes to them and concerns were passed on to the management and appropriate health care professionals. People were protected by staff from nutrition and hydration risks and were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People felt respected and staff acknowledged their privacy, dignity and confidentiality.

Staff were responsive to people and their needs were assessed, reviewed and care plans were in place that included any communication needs. People were provided with person-centred care. People had choices, and were encouraged to follow their routines, interests and maintain contact with relatives, friends and interact with others living at the home so social isolation was minimal. People and their relatives were given suitable information about the home to make their own decisions regarding whether they wished to move in. Complaints were recorded and investigated.

The home's management and leadership were visible with a culture of openness, positivity and honesty. The provider's vision and values were clearly set out, understood by staff and followed by them. Areas of staff and management responsibility and accountability were identified, at all levels and a good service maintained and regularly reviewed. Thorough audits took place and records were kept up to date. Where possible community links and working partnerships were established and kept up to further minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Professionals told us the service was well managed and met people's needs in a professional, open and friendly way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service was requires improvement, published (1 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider kept their dependency tool under review to ensure it was accurate and there were enough staff available to meet people's needs. At this inspection we found the provider had acted on our recommendations and they had made improvements by adopting the use of a dependency tool at the service, which calculates the care hours required per person across a 24 hours.

Why we inspected

We carried out an unannounced focused inspection of this service on 9 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and 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 covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, 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 Parkway 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.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Claremont Parkway

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 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

Our inspection was conducted by one inspector, a pharmacist specialist 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 Parkway is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Claremont Parkway is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We visited the location's service on 16 and 21 November 2022.

What we did before the inspection

In planning our inspection, we reviewed information we have received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about) and sought feedback from the local authority. We also 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 observed people's care and support in the shared areas of the home. We spoke with 4 people using the service and 4 relatives. We had discussions with the registered manager and 6 care and support staff. We reviewed a range of records. This included 7 people's care records, their risk assessments and twenty medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, accident and incident analysis, the complaints log and quality assurance records.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to have systems in place or were not robust enough to demonstrate diabetic care and choking risks were consistently managed safely. This placed people at risk of harm. This was a breach of regulation 12, Safe Care and Treatment 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 12.

- People were risk assessed and their safety monitored. People could take acceptable risks and enjoy their lives safely. This was because staff were aware of and followed risk assessments that included all aspects of their health, daily living and social activities. To keep people safe, the risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed.
- People's care plans addressed important areas such as people's mobility, nutrition and hydration needs, risk of falls and personal care.
- The home had a well-established staff team, who were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. We observed two staff work in tandem to support a person transfer from a wheelchair to an armchair in a safe way. The staff were patient and continuously explained to the person they were supporting exactly what they were doing and why.

Staffing and recruitment

At our last inspection we recommended the provider kept their dependency tool under review to ensure it is accurate and there was enough staff available to meet people's needs. The provider had made improvements.

- Staffing arrangements and recruitment was safe.
- People told us there were enough staff on duty to meet their support needs. One person said, " There seems enough staff. I have never used my call bell". A relative told us, "No delays from staff at all. I come every day so I know". Staff were visibly present throughout this inspection providing people with the care and support they needed, and we observed staff respond quickly to people's requests for assistance or to answer their questions throughout this inspection.
- The registered manager completed and regularly monitored a detailed dependency tool to ensure there

were enough staff to meet the needs of people supported by the service. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely.

- The provider had a thorough staff recruitment process that records demonstrated was followed.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives said Claremont Parkway was a safe place to live and staff treated them with kindness and in a respectful way. This was reflected in our multiple observations throughout the inspection of people and their body language, towards staff and the registered manager which was relaxed and positive indicating they felt safe. One person said, " I do feel safe, yes. The people are nice, it makes me feel safe". A relative told us, " Absolutely safe, [our relative] has had no falls".
- Staff were trained how to identify abuse towards people, knew the appropriate action to take if encountered, and were aware of how to raise a safeguarding alert. Staff were given a copy of the provider's safeguarding policy and procedure.

Using medicines safely

- People received their medicines on time and there were no unaccounted for gaps in people's medicines administration records (MAR), showing people received their medicines as prescribed.
- Nurses ensured people who were taking time sensitive medicines received them correctly. We saw they treated people with kindness and dignity.
- We found 'when required' (PRN) medicines were administered, care staff did not always document the reason or outcome for the person receiving the medicine. This meant the effectiveness of the medicine could not always be reviewed. The registered manager acted upon this feedback immediately during the inspection and care staff were reminded to document this, as detailed in the providers policy.
- There were known systems for ordering, administering and monitoring medicines.

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 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 the provider's infection prevention and control policy was up to date.
- People told us, and we found that the home environment was kept clean and hygienic.

Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was they could receive visitors safely. During the inspection we saw staff ask visitors to wear their face masks when they were in the care home.

Learning lessons when things go wrong

- The registered manager and provider regularly reviewed accident and incident records to reduce the possibility of reoccurrence. There was a whistle-blowing procedure, staff said they were confident in and prepared to use.
- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed, and care provided appropriately. This meant their needs were met effectively.
- People told us, and our multiple observations during the inspection indicated the service was effective. People's positive and relaxed body language confirmed this.
- People's physical, mental and social needs were assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- Staff conducted a thorough assessment of people's needs before people moved in. People and their relatives were invited to view the service and were introduced to people using the service and staff to identify if they would to move in.

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training. This enabled them to support people in a way that met their needs effectively.
- The provider's staff training records identified when mandatory training required updating. There was specialist training specific to people's individual needs, with detailed guidance and plans. This included dementia awareness, and diabetes.
- Staff told us the training they received was a mixture of e-learning and in-person practical training courses that were refreshed at regular intervals. This ensured staff's knowledge and skills remained relevant. This improved their knowledge of people, their routines and preferences.
- People and relatives told us they had confidence in the ability of staff. Their comments included; "It's well organised care. I'm happy with my care", "It's very good, the care couldn't be better" and "Staff go that extra mile".
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from the registered manager to perform their duties well. There were also appraisals and regular staff meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficiently to maintain a balanced diet. This meant they kept healthy.
- People told us they enjoyed the quality and choice of meals they were offered at the care home. One person said, " The food is lovely, I choose which table I sit at, there's a choice. I like to sit in the same place".

A second person said, "The food is good there's choices available".

- The atmosphere in the dining room during lunch remained relaxed and pleasant throughout the mealtime. A relative said, "Good choice of food, it's nicely presented and very acceptable".
- Staff demonstrated a good understanding of people's dietary needs and preferences. We saw staff prepare a range of soft and vegetarian meals to meet the needs and wishes of people with specific dietary and nutritional requirements.
- Staff observed and recorded the type of meals people ate and encouraged a healthy diet to ensure people were eating properly. Whilst prompting people to eat healthily staff also supported people to eat meals they enjoyed.

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted, equipped and decorated and furnished to a high standard following a recent interior refurbishment of the building.
- People told us and we observed, the service was a relaxed and comfortable place to live. A person said, "It's a lovely place".
- As well as having easy access to their bedrooms people also had access to a choice of communal areas to spend their time. Bedrooms and communal areas were well furnished and decorated, bright and spacious. The layout of the premises promoted safe freedom of movement for people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to keep healthy by staff maintaining good working relationships with services.
- Staff understood people's healthcare needs and responded quickly to any changes to their health and wellbeing. A relative told us; " The staff make referrals to the Parkinson's doctor for [my relative]".
- People received health checks and referrals were made to relevant health services, as required. Everyone was registered with a GP and a dentist. People's oral hygiene was checked daily. People had access to health care professionals, such as dieticians and speech and language therapists, (SALT).
- Care records detailed people's healthcare needs and services they were registered with. Staff supported people to attend routine and specialist healthcare appointments and they maintained a record of appointments and outcomes. Care plans were updated to reflect any advice and/or guidance from other professionals.
- There was written information provided and staff accompanied people on health and hospital visits as required.

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 MCA 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 authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- For people assessed as lacking mental capacity for certain decisions staff recorded assessments and any best interests decisions. Staff demonstrated good practice around assessing mental capacity, supporting

decision-making and best interests decision-making.

- Where people were at risk of being deprived of their liberty, the provider applied for the necessary legal authorisation under the MCA.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care which meant they had choice, control and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received. One person said, "Whatever I need they give me".
- The registered manager and staff at all levels of seniority made themselves available to people and their relatives to discuss any wishes or concerns they might have. People and relatives told us staff met their needs and wishes in a timely way and manner that people were comfortable with and enjoyed. A person said, "I'm happy with my care, my room and the washing of my clothes is outstanding". A relative said, "The nurses keep me updated [on my relatives care] and [my relative] gets care [when they need it]".
- People and their relatives were encouraged and supported to participate in their care planning. A relative said, "They discuss [my relative's] care plan with me all the time".
- People's care plans were individualised and recorded their interests, hobbies and health and life skills needs. This was as well as their wishes and aspirations and the support required to achieve them.
- People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set. Care records were kept secure.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, understood and met.
- The standard was being followed by the provider and staff with easy to understand written information provided for people and their families.
- People had access and used assisted living technology to enable them to communicate. For example one person was unable to use their hands, however they were able to use their head to use the call bell system at the service, which enables them to be able to access their telephone and press the call bell, when they needed staff assistance.
- Care plans detailed people's communication needs and staff understood how to best communicate with people in a way they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships, and this meant they avoided social isolation. They were supported by staff to participate in various recreational activities at the care home and in the local community, which reflected their social interests and wishes.
- People told us they were able to pursue leisure activities they enjoyed. One person said, "There are varied activities here, there's a weekly sheet [that tells you all about them]".
- People had access to a range of facilities and dedicated spaces within the care home where they could take part in organised activities or just relax. They participated in activities that were individual to them and as a group. People were also observed during the inspection enjoying chatting and just interacting with staff and each other.
- The activities coordinator planned and delivered appropriate social activities and events people had expressed a wish to participate in. Weekly activity schedules indicated people could choose to take part in a variety of meaningful activities every day if they wished. This included regular quiz's, music appreciation, animal care and day trips to the local garden centre.
- Additionally, during seasonal holidays, the management team and staff organise themed activities based on what people want in the home.
- To prevent people who were cared for in bed becoming socially isolated the activities coordinator offered these individuals regular one-to-one support, which included hand massages or listening to their favourite music.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People said any complaints or concerns were appropriately addressed. One person told us, "I told the [registered manager] about the timing of medication and [they] came back to me to tell me this could be changed. It was". A relative said, "I had to speak to the [registered manager] about an issue. It has improved".

End of life care and support

- End of life care was planned around people's wishes and preferences and family members were involved where this was appropriate.
- Staff received end of life care training and had links with specialist nursing teams.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

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. At this inspection the rating has 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.

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

At our last inspection the provider had failed to have systems in place or robust enough to consistently maintain oversight of the safety and quality of the service. This 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and staff clearly understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People living at the care home and staff working there all spoke positively about the way the service was managed. One person told us, "[The registered manager] is a good manager, [their] door is always open. [They are] very busy but [they] make time". Another person said, "[The managers] have good ideas, [they] always say hello, [they are] very approachable".
- We also received positive feedback from staff about the leadership style of the registered manager and how well the care home was run. A staff member said, "[The registered manager] is a leader. People work for people".
- The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. Staff knew they had specific areas of responsibility such as record keeping and medicines management and carried them out well. This was reflected by the praise from people and their relatives.
- The provider, registered manager, regional manager and staff carried out regularly reviewed audits that were thorough and kept up to date. These included care plans, falls audit, weight charts, dependency levels, documentation and health and safety. There were also regular provider visits and a development plan. This meant people received an efficiently run service.
- Records evidenced safeguarding alerts, complaints and accidents and incidents were investigated, documented and procedures followed. Our records told us appropriate notifications were made to the Care Quality Commission in a timely way.

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

- The home had a person-centred culture that was open, inclusive, and empowering.
- People told us the home was well-led and this was reflected in people's positive, relaxed body language we observed during the inspection, towards the registered manager and staff indicated the service was provided in a way that met their needs. One person said, " The service is very good, nothing to improve at all. 10 out of 10".
- Relatives said the registered manager was very good and the home well organised and run. Staff worked hard to meet people's needs, make their lives enjoyable.
- The services provided were explained to people and their relatives so they understood what they could and could not expect from the home and staff. This was reiterated in the statement of purpose and guide for people also set out the provider's vision and values. They were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

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 provider understood their duty of candour responsibilities and was open and honest with people when things went wrong.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff contributing a positive and proactive attitude.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- People, their relatives and staff told us they had the opportunity to voice their views about the service. The registered manager, and staff checked throughout our visit people were happy and getting the care and support they needed in a friendly family environment.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual supervisions and team meetings and work performance appraisal meetings with their line managers.
- The home provided people with access to advocacy services and advice, if required and sent out surveys to people, relatives and staff and suggestions made were acted upon.
- Relatives said they visited regularly and had frequent contact with the home. They also told us they were kept informed, and up to date with anything about people, good or detrimental and adjustments were made from feedback they gave. There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing.

Continuous learning and improving care

- The management team, with staff improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- Managers and staff established good relationships with partner agencies including GP's, local authority

commissioners and safeguarding teams and worked well with them to meet people's needs.

- External professionals feedback the home was well managed and there were good lines of communication.