

Crabwall Claremont Limited

# Claremont Parkway

## Inspection report

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## 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 Parkway is a nursing home providing personal and nursing care to 57 people at the time of the inspection. The service can support up to 66 people.

The home is purpose built and set out in wings across two floors with communal areas and dining on each floor. Floors are accessed by a lift or stairs. One of the wings specialises in providing care to people living with dementia.

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

Risks to people's health were not always mitigated. The provider and management team had not consistently maintained effective oversight in this area.

We were not reassured that there was consistently enough staff to meet people's needs. We have recommended that the provider keeps their dependency tool and staff numbers under review to ensure there are enough staff deployed across all shifts.

People did not consistently feel involved in the care planning process. However, they were making their own decisions and choices around their daily care and were encouraged to share ideas for service improvement which were acted on by the provider and management team.

People were protected from the risk of abuse. Staff were trained in recognising signs of abuse and people spoke positively of the atmosphere in the home and found staff kind and caring. Relatives spoke positively of the home and were kept well informed of accidents and incidents. People were supported to stay in regular contact with families throughout the pandemic.

Medicines were managed, stored and disposed of safely by trained staff who received regular supervision and training.

The home was clean and well maintained. The manager was committed to improving the home and quality of care provided, this was supported by the provider. Policies and procedures reflected current guidance including government guidance in preventing the spread of COVID -19. A refurbishment plan had commenced which included improvements in dementia care.

The management and staff team had worked in partnership with other healthcare professionals.

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 requires improvement (published 20 November 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three

consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

#### Why we inspected

We received concerns in relation to staffing numbers and infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. 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 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well sections of this report.

Following our inspection, the provider took action to mitigate risks to people and updated us on recruitment progress.

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

#### Enforcement

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

We have identified breaches in relation to the safety and managerial oversight of the service at this inspection.

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

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 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 two inspectors, an assistant inspector, a specialist nurse advisor 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 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 the Care Quality Commission. However, a manager was in post who was in the process of registering. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and eight relatives about their experience of the care provided. We spoke with twelve members of staff including the manager, a director, a housekeeper, three nurses, four care assistants, an activities co-coordinator and a maintenance person.

We reviewed a range of records. This included three people's care records and multiple medication records and recording charts. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at pressure area, diabetic care and training records.

# 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 requires improvement. At this inspection this key question has remained the same.

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

- Risks around diabetes were not consistently well managed. We identified one person to have consistently high blood sugars. Although there was evidence of previous specialist involvement, from the diabetic nurse specialist and GP, further guidance had not been sought in a timely manner for this ongoing issue.
- Care plans and protocols in place had not been followed by staff. For example, the care plan stated that the person's blood glucose should be monitored twice daily but records showed this had not consistently taken place and there was no evidence of action taken for high blood sugars in line with the care plan guidance. This meant the person had remained at risk of diabetes associated health complications.
- Risks around choking were not consistently well managed. A recent incident around choking had been internally investigated and actioned. However, risks for other people had not been fully assessed and mitigated. For example, we identified one person's records to contain conflicting information around their level of risk. A staff member told us they were concerned around the choking risk for another person, as they did not have clear guidance on a suitable breakfast for the person, they said, "I am just sort of guessing." This meant that some people had remained at potential risk of choking.

We found no evidence that people had been harmed however, systems were either not in place or 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.

We highlighted our concerns with the manager who following the inspection provided evidence of action taken to mitigate risk.

- Risks in the environment were well managed. The building was well maintained, and repairs were actioned promptly. Fire risks were well managed with regular checks and servicing of fire safety equipment taking place. People had individualised personal emergency evacuation plans (PEEP's) to support with safe evacuation in the event of an emergency.
- Risks around falls had been assessed and mitigated. Equipment was in place to support people who were at high risk of falls and regular checks were recorded.

### Staffing and recruitment

- We were not reassured there was consistently enough staff to meet people's needs. Staff told us there was not always enough staff to meet people's needs. One staff member said, "They (people) get their basic level

of needs met, [continence care], washed, but I don't have time to talk to them, or simple things like cutting their nails." A person told us, "They used to do my nails, but they left and now they (nails) need doing." Staff told us they did not always have time to read people's care plans.

- People gave us mixed feedback on staffing numbers with some feeling there were enough staff and others feeling there were not enough, and staff were rushed. One person told us, "There is enough staff and they understand my needs." Another person told us, "There seems enough staff, but they seem too busy." Another person said, "Sometimes there is not enough staff." People had had the opportunity to share their concerns with the management team at resident meetings, comments included, concerns around not being repositioned on time and concerns around care being compromised due to staff rushing around. One person's repositioning records evidenced that they were not always supported with repositioning at the planned times.
- The provider used a dependency tool to calculate staffing numbers and staff rotas evidenced that the staff numbers deployed were in line with the tool's calculation. The manager and provider were aware of the need to recruit more permanent staff and was actively recruiting staff at the time of the inspection. An interim plan was in place using the provider's internal bank staff.
- Following the inspection, the manager confirmed several new staff members including registered nurses, care assistants and domestic staff had either now commenced employment or were due to start imminently. The manager advised they would continue to recruit to ensure a pipeline of staff to replace any leavers.

We recommend that the provider keeps their dependency tool under review to ensure it is accurate and there are enough staff available to meet people's needs.

- Staff were recruited safely. The provider had a system and process in place to ensure only suitable people were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff demonstrated a good understanding of recognising the signs of abuse and how and where to report it. We observed people appeared comfortable around staff and there was a relaxed atmosphere. One person told us, "I feel very safe because the staff look after us." Another person said, "I feel safe because the staff are kind and they are caring."
- Staff had received training in safeguarding and recognising abuse and had access to a safeguarding and whistle blowing policy and procedure. One staff member told us there is a phone number displayed on the notice board that staff can call to raise concerns anonymously. There were also posters displayed to support staff with whistleblowing.

Using medicines safely

- Medicines were managed, stored and disposed of safely. Medicines were administered by trained members of staff and record keeping was accurate. Where people required specialist routes for medication such as transdermal patches or PEG (A percutaneous endoscopic gastrostomy) clear guidance was in place for staff which was being followed.

Preventing and controlling infection

- Regular testing, flushing and descaling of water outlets took place to prevent the risk of legionella and water was stored appropriately.
- People and staff were on a regular testing program to prevent the spread of COVID-19.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Lessons had been learned when things went wrong. Staff understood the importance of reporting accidents and incidents to the management team. Accidents and incidents were recorded and monitored for trends and patterns. For example, people were monitored for patterns around falls and measures put in place to mitigate risk.

# 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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not have adequate systems or processes in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17, good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider remained in breach of this regulation.

- Systems and processes had not identified the concerns we found around diabetic care prior to the inspection. Risk mitigation around choking remained inconsistent, therefore people remained at risk of harm.
- Errors in record keeping had not consistently been identified via internal systems and processes. For example, we identified one person's repositioning was sometimes late and staff recorded inconsistent information around current pressure area damage. Another person's care plan did not contain current information around their required continence care. This meant the provider and management team were not consistently maintaining effective oversight of people's care.

We found no evidence that people had been harmed however, systems were either not 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.

- The manager was relatively new to post at the time of the inspection and was in the process of registering with the care quality commission. They demonstrated a good understanding of regulatory requirements and were focussed on improving the service with some improvement actions already underway. The manager felt well supported by the provider who was actively involved in monitoring the safety and quality of the service.

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

- People's care plans reflected their likes, dislikes, religion, preferences and relationships. We received a

mixed response from people if they felt involved with care planning. One person said, "They do not discuss my care with me." Another person said, "Very occasionally they discuss things with me but not very often." Another felt their care was discussed with them. However, people were making their own decisions and choices with day to day care. One person told us, "I can make my own choices and feel independent". Another person told us they were supported by staff with personal care on request and chose when to shower etc.

- People spoke positively of the atmosphere and staff in the home. We observed staff had developed good relationships with people and were kind and caring. One person said. "The nicest thing is the [staff] they are very good; they talk to me every day." Another person said, "I am happy here it is a nice atmosphere."

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 manager and provider had a good understanding of the duty of candour and were open and transparent when things had gone wrong. There was evidence of thorough investigation into accidents and incidents and the findings and actions shared with those involved. A relative told us, "They always call even for the slightest thing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- Staff had received supervision and appraisal and were invited to provide feedback and share ideas. Staff feedback was recorded and there was evidence of the provider acting. For example, where staff had shared concerns around staffing levels the management team had demonstrated how the dependency tool worked and shared future recruitment plans to offer reassurance.

- Regular people and relatives meetings took place. Relatives felt well informed about their loved ones, they received regular contact and were included in people's care. One relative told us, "If they (staff) are struggling to get [person] to eat, they will ring me to help find something to tempt [person]."

- People were encouraged to share ideas which were recorded and actioned as much as possible. For example, people requested a copy of the weekly activities schedule and the manager arranged for weekly activity packs to be distributed, including a copy of the schedule. Where COVID – 19 had restricted some activities, people were kept informed around when these were likely to be resumed, this included pet therapy and visiting schools and nurseries.

- The management team worked in partnerships with other professionals such as GP's, tissue viability nurses, physiotherapists and speech and language therapists.

Continuous learning and improving care

- Regular auditing was scheduled and took place, this included daily walk arounds to monitor the cleanliness, safety and suitability of the environment. Areas identified had been actioned and improvements put in place. For example, the manager and provider had identified a need to improve the building to ensure it was more dementia friendly and were in the process of renovating part of the home specifically to support people with dementia. A relative told us, "The new manager is trying to improve things".

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure that risks to people's health were consistently mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to consistently maintain effective oversight of the safety and quality of the service.