Crown Care VII Limited

Claremont House

Inspection report

Wingfield Way
Beverley
North Humberside
HU17 8XE

Tel: 01482874044
Website: www.crowncaregroup.co.uk

Date of inspection visit:
28 February 2018
05 March 2018

Date of publication:
12 April 2018

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 House is a newly purpose built care home in Beverley. 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 home can accommodate up to 73 people and facilities include a roof top café and terrace, a bar, cinema and a hair salon. The accommodation is across three floors with each floor having its own lounge and dining room. At the time of this inspection there were 53 people using the service.

The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

This was the first comprehensive inspection of the service since it opened in April 2017.

The environment at Claremont House was extremely pleasant, inviting and calm. The registered manager and the staff team were all welcoming and approachable. There was a strong commitment to developing and improving this new service.

Medicines were managed safely and staff had a good knowledge of the medicine systems and procedures in place to support this.

Staff understood how to safeguard people from abuse; they had training in this area and were able to put this into practice. There was sufficient staff to ensure people were kept safe and the provider advised how they were working proactively to continuously review the level of staffing required and was considering additional staff in certain areas of the service.

There was a positive caring culture within the service and we observed people were treated with dignity and respect.

People's electronic care plans showed that there was a strong commitment to person centred care and risks to people were assessed and managed. People were supported to make their own decisions; this was encouraged and reflected in their care plans. Care plans demonstrated that the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been applied. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People's nutrition and hydration needs were catered for. A choice of meals was available three times a day and drinks were made readily available throughout the day. The electronic care planning system highlighted any potential nutritional concerns, such as weight management and the management team responded in a

proactive manner.

We found that staff had been recruited safely and had developed a wide range of competencies which demonstrated they could perform their duties effectively. Training was provided to meet the needs of people; this enabled staff to develop their knowledge to provide person centred care. Staff received regular supervision and appraisal and told us they felt supported in their roles.

People's wider support needs were catered for through the provision of daily activities provided by activity officers, care staff and visiting community groups.

The management completed investigations into incidents and accidents. Investigations were thorough and comprehensive and lessons learned were reflected upon and recorded. This meant that the likelihood of future similar incidents was reduced.

The service was clean and infection control measures were in place. The management had robust audits in place to monitor the risk and spread of infection.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. All complaints were acknowledge and responded to within their set timescales.

There was a range of quality audits in place completed by both the management team and the provider. These were up to date and completed on a weekly and monthly basis. All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns. Staff told us they enjoyed working at the service and enjoyed their jobs.

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.

People received their medication safely from competent staff.

Recruitment checks were robust and ensured suitable staff were recruited to work within the service.

People had individual risk management plans in place to keep them safe. Incidents were analysed to reduce the likelihood of a reoccurrence.

The premises were well maintained and the environment was safe.

Is the service effective?

Good

The service was effective.

Care plans took into account the principles of the Mental Capacity Act 2005 and the provider had met their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS).

People's nutrition and hydration needs were met.

An induction programme and on-going learning and development plan ensured staff were trained and experienced to deliver effective care.

Is the service caring?

Good

The service was caring.

Positive feedback was received from people who used the service and their relatives. They commended the caring nature of the staff.

Staff had a good understanding of people's needs and were able to provide person centred support.

People's rights to privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received person centred care which focused on their individual needs.

People, and their relatives, knew how to raise concerns and were confident the registered manager would listen.

People had access to activities to meet their wider needs.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who understood the responsibilities of their role. Staff felt well supported by the registered manager.

There was a strong commitment to continuous improvement with extensive quality assurance systems in place.

The provider listened to, and acted on, feedback from people, their relatives and other professionals.

Claremont House

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 28 February 2018 and 5 March 2018 and was unannounced.

The inspection team consisted of three adult social care inspectors and two experts-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.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We also spoke with two professionals who visited the service.

During the inspection, we completed a tour of the building and spoke with the registered manager, deputy manager, regional manager, marketing manager, one senior care worker, four care workers and one activities coordinator. We also spoke with eleven people who used the service and five of their relatives and friends. We carried out a SOFI observation. This is a structured observation that helps us understand the experiences of people who aren't able to speak with us.

After the inspection, we contacted five professionals who visit the service to seek their views and opinions, two of whom provided feedback. We looked at four people's care records, four staff recruitment files, staff training and supervision information and records about the management of the service, including quality audits, surveys and development plans.

Good

Is the service safe?

Our findings

The service was safe. We asked people if they felt safe and they told us, "I haven't got a key to my room, but it doesn't matter my things are safe. Nothing has ever gone missing."

The administration of medicines was safe and staff were knowledgeable about the process and procedures in place. Medicines were stored securely and access was restricted to authorised staff. Staff had received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills.

Medication errors were recorded and reported to the relevant authorities. We saw errors had been thoroughly investigated, reflected upon and lessons learnt implemented along with additional training and competencies checks provided to the staff involved.

Accidents and Incidents were thoroughly investigated by the registered manager. Actions taken following investigations included additional monitoring of people and referrals to other agencies. Monthly audits were conducted by the registered manager and overseen by regional managers. This enabled patterns and trends to be monitored and, where appropriate, lessons learned could be implemented to improve future service provision.

On the day of inspection we observed sufficient staffing was available to meet the needs of people. People we spoke with confirmed, "Yes. There is always someone around." Staff confirmed they felt staffing levels were safe to meet the needs of people however staff felt on occasion, an additional member of staff was needed. Staff told us, "It is very busy and I like it like that. Sometimes we can't help people as quickly as we would like because we need another staff member with us. We have to wait for someone else to become free to assist." People told us, "At certain times there's not enough staff. I have to wait to go to the toilet. It makes me a bit anxious." A relative informed us, "There are always staff around. On occasions if staff are bathing someone there might not be enough and they have to wait." The provider advised they were reviewing staffing levels across the service to ensure people were deployed where most needed.

Systems were in place to identify and reduce risks to people living within the service. People's care plans included detailed risk assessments. Documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these.

Safeguarding and whistleblowing policies were in place at the service and staff we spoke with demonstrated knowledge of what to do if they had concerns. This meant the people who used the service were protected from potential abuse and neglect. Records showed us that safeguarding training had been provided. Staff told us the registered manager dealt with concerns promptly and effectively. The registered manager reported safeguarding concerns appropriately. Notifications had been made when needed to CQC, and the local authority safeguarding team were informed when required. We had been made aware of some safeguarding concerns which were being looked at by the local authority safeguarding team. These related to one individual.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced employment, this included Disclosure and Barring Service (DBS) checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands helping employers make safer recruitment decisions.

The implementation of infection control procedures was visible and this ensured people and staff were protected from the risk of infection. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves. The registered manager completed regular audits and daily checks.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans were in place for everyone and documented the support people required to evacuate the building safely. Premises and equipment safety checks were regularly carried out such as those for installed fire alarms, electrical installation and gas. A door leading to a first floor balcony was unlocked and posed a risk for people. The registered manager advised that all staff had keys to ensure this door was locked. On the second day of inspection this door was locked.

Good

Is the service effective?

Our findings

The service was effective. A person told us, "The staff all seem to know what they are doing. I think that they are skilful."

Electronic care plans we looked at during the inspection showed that people's needs were assessed and evaluated on an ongoing basis. People's care plans gave information about their health needs and how they were to be addressed. We saw records which detailed community health professional's involvement, for example GPs, district nurses and chiropodists. Health professional's involvement was timely and responsive to changing needs; examples included contacting emergency services, the GP or district nursing staff. A relative told us, "They will call doctors out in the middle of the night if need be. The staff seem to monitor my relative's health very closely. They are very well cared for."

People had an individualised 'hospital pack' which was generated on the electronic system to include important details about their health needs, medication, communication needs, religious beliefs and a summary of their risk assessments. The system also collated recent handover information to accompany this document. This would be handed over to hospital staff on admission and supported the continuity of care for that person, outside of the service.

The premises were extremely well-appointed and pleasant throughout. We saw people's bedrooms were personalised with photos, pictures and belongings.

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

We checked whether the service was working within the principles of the MCA. Records we examined showed that the restrictions were deemed to be in the person's best interests and the least restrictive option. Best interests meeting records evidenced that the decisions were made in consultation with staff and relatives.

The staff knew people's dietary requirements, including those who required a soft diet. We were told that people had choice in what they wanted to eat and they would choose their lunch in advance either the evening before or in the morning. We discussed with the registered manager whether this offered real choice to people with memory impairment and how a visual aid could assist in making an informed choice. On the second day of inspection the registered manager had introduced a pictorial menu.

People told us that they were generally happy with the food. One person said, "There is nothing wrong with

the food. I don't complain, so it must be alright." Staff distributed plates of food promptly but were not rushed. People who required assistance had support and we observed people choosing where to eat their lunch, either within the dining room or their bedrooms. One relative told us, "I don't think there is enough room at the tables to accommodate for people with wheelchairs. The tables are too small and the chairs narrow." We passed on their concerns to the registered manager who assured us they would continue to review their furniture in line with people's equipment and make changes promptly where necessary.

The service was proactive to meet people's nutritional needs. We observed how the electronic care planning system recorded and flagged up concerns regarding fluid and food intake. It also reminded care staff when people were to be weighed and calculated their BMI's. The managers reviewed this information daily and if they had concerns, people were assessed and the necessary action taken.

Staff received training which provided them with the skills to meet people's needs. The staff we spoke with throughout the inspection were positive about the training provided. One member of staff told us, "The training is of good quality and I always learn something from it."

New staff were supported to understand their role through an induction which included a number of eLearning modules. The registered manager told us how people were encouraged to complete this learning prior to starting work. One staff member told us, "I completed all but one of the 19 eLearning modules before I even started." Following induction, all staff entered into an on-going programme of training. Training records confirmed that the provider had a wide variety of courses available to the staff team to meet the needs of the people using the service.

Staff told us that they felt supported in their roles. A staff member told us, "They [the registered manager and deputy manager] have an open door policy and I can go see them at any time." Another said, "The seniors are really supportive, they take time to explain new things to me, giving me on the spot support and training." Records observed on inspection showed that staff received supervision and this this was tracked and monitored.

Good

Is the service caring?

Our findings

The service was caring. People we spoke with told us, "This place is first class. I have no complaints at all." A person said, "I am quite happy in here." Relatives we spoke with confirmed this. Their comments included, "Yes this service is caring, because the staff are always there with people. Staff sit and talk to them", "A very good care home. Staff are kind. I like the fact they have a uniform and name badges, as they look professional" and "The staff are more interactive with the residents here than in other homes. They will stand and chat and have a bit of banter with people."

People's friends and relatives were welcome to visit and there were no restrictions to the amount of time they could spend at the service. Relatives we spoke with said, "Yes you can come and visit at any time. My family member comes at 20:00 or 21:00 sometimes" and "Yes you can visit at any time."

People's cultural and religious needs were considered when support plans were being developed. We observed how people completed an initial assessment with the managers when they first moved into the service. This document contained personal history information and cultural and religious needs, which was then incorporated into their care plan.

Staff evidenced that they had good knowledge of the people they cared for. Staff told us how they made time to sit and talk to people and get to know them. Staff told us, "I like to get to know people and their likes and dislikes." One staff member told us a person liked to talk about their days in the army. Their care plan reflected this information. People's care plans recorded their life history. One file we looked at included information about family, previous employment and holiday's abroad. This information enabled the reader to gain a better understanding of the person they were supporting. Care plans provided staff with information on how people communicated their needs and choices. One file detailed how a person communicated when they were in pain and this included a description of the sounds they made and their facial expressions. Discussions with staff evidenced that they had time and opportunity to read through these documents ensuring they had knowledge of the person to enable them to provide good care.

We carried out a SOFI observation in one of the communal lounges of the service. During this time staff demonstrated a commitment and ensured people were able to engage in activities and communicate with staff. This was demonstrated through respectful and patient interaction with people. We observed care being delivered in line with people's care plan.

At the time of inspection one person had an advocate in place. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. The registered manager demonstrated understanding of the role and the importance of promoting the use of advocates.

People's privacy and dignity was respected and promoted. Examples of this included that staff knocked on doors, ensured doors/curtains were closed when people were changing and stood behind doors (if suitable) whilst supporting with personal care tasks.

Staff training records showed that staff still needed to attend dignity in care training. People and their relatives told us they felt their privacy and dignity was respected. A person told us, "I suppose they do respect my privacy and dignity, yes." A relative told us, "The staff are very good at respecting dignity. They wouldn't let people wander about with nothing on. They do take [family member] to their room and close the door if they go to the toilet. Sometimes [family member] would say just leave me. And they stand outside."

People and their relatives felt that their independence was promoted. When speaking to relatives about whether people were encouraged to be independent they told us, "Yes. They help them stand up and encourage them to get in a high chair and then to get themselves out. My relative gets their clothes out in the morning and staff encourage them to dress themselves." We saw people's abilities were recorded in their care plans such as '[Name] is able to make simple day to day decisions, can eat independently and chooses their own meals.'

Good

Is the service responsive?

Our findings

The service was responsive. People told us they enjoyed the activities on offer, "The activities are very good. I'll try anything. They ask you for ideas of what they should do. You're given a choice; I can stay by my bed or join in. I like bowls it's a laugh." And "We've been making a blanket for charity, we even got it the paper for doing it. It's good to think you can still help others even though you can't do much for yourself."

People were supported to maintain relationships that were important to them. Relatives were welcomed to be part of events at the service creating a family feeling atmosphere. This included being consulted and involved in the three wishes initiative. This initiative looked at what the person wished they could do. Examples of this included a Scottish themed bagpipe's evening for two people and their families and a Jaz party for another person with their family and friends invited.

The service created a special day for one person who was supported to attend a family member's wedding via skype. On this day staff and people dressed in wedding attire to help celebrate the occasion. There was a champagne reception with confetti and a wedding cake made by the kitchen staff. This person said at the time, "I can't thank the staff enough for making such a special time for me. It has been truly wonderful."

People were enabled to engage in activities both within their home and in the local community. There were two activities coordinators who worked at the service. Activities were both group based and individual including knitting, arts and crafts, quizzes, balloon tennis, singing and reading. An activities coordinator told us the service had good links with the local community. This included religious sermons being brought into the service, links with the local schools and visits to the dementia friendly cinema. The activity coordinators had recently attended an event about sharing best practice across other services and new ideas and techniques for activities. Some staff felt that more activities needed to be offered to those people who could not leave their room.

The staff routinely listened to people to improve the service on offer. Meetings took place regularly for people who used the service and topics discussed at these meetings included; activities on offer, shopping people would like and food options. Relatives were invited to attend regular meetings at the service. There were 12 attendees in January and discussions included food, activities and the three wishes initiative.

The service was responsive to concerns or complaints raised. The provider had dealt with all complaints received in the year prior to our inspection, quickly and effectively, conducting an investigation and taking disciplinary action if appropriate to do so. The provider had a complaints policy and procedure in place and information on how to make a complaint was on display. Complaints were audited monthly by the registered manager and the provider. We spoke with the provider as we felt some responses to complaints were defensive. We were assured that the provider would respond to future complaints together with the registered manager and responses would be person centred and open.

Care plans included a section for social needs. This included key information about the person's social interests such as hobbies, any spiritual/religious needs, likes and dislikes, skills and abilities, strengths and

important relationships. It was evident that staff had knowledge of people's interests through discussion and observation. For example, one care plan told us a person liked to be in the communal lounge, look their best and carry a tissue with them at all times. Staff were observed supporting this person into the communal lounge, smartly dressed and recognised their communication that they wanted a fresh tissue.

People's end of life preferences were recorded in some of the care plans that we saw and the registered manager informed us that this was due to individual choice. Where information was recorded it provided person centred information about who was to be informed, the person's religion and funeral preferences. End of life preferences were also recorded in the 'hospital grab sheet' which ensured that their wishes and preferences were communicated outside of the service.

Good

Is the service well-led?

Our findings

The service was well-led. People were positive about the registered manager and deputy manager and told us, "I say happy staff come from management. They practice what they preach. They cover shifts and it's not unknown to have a manager on duty at night." Relatives told us, "Yes I think the service is well run" and "If I've got any concerns, they always listen."

All of the staff we spoke with felt able to approach the registered manager and said there was an open door culture in the service. Staff told us, "I see the deputy manager on the floor a lot, they are friendly and approachable" and "I never feel I can't say anything to the management, it's refreshing to have such a supportive management team."

The registered manager had good communication with the staff team. Staff meetings were held regularly and separate department meetings were recorded including, catering, activities, domestic, and night staff meetings. The registered manager also held daily flash meetings with heads of departments attending so that information could be shared. Minutes of meetings included a section for staff input and it was evident that staff members were encouraged to participate and engage in the discussions.

Feedback from people and their relatives was sought through meetings. Surveys were distributed at these meetings and people were encouraged to respond. Recent surveys completed by people included feedback on privacy and dignity, cleanliness and activities. 15 people had responded to these surveys with responses predominately positive. There was evidence that these surveys had been reviewed by the registered manager and any actions resulting from the feedback were added to the registered manager's monthly action plan.

We found that leadership within the wider organisation was visible at different levels. During the inspection we met with one regional manager who had recently joined the organisation. They advised that they visited the service weekly. We saw evidence that the previous regional manager had attended the service weekly and their visits were business focused with regional audits being carried out. These audits included monthly checks on, for example, staffing, accidents, falls and complaints and any actions to be completed were also noted. Staff told us, "I know the director and speak to them when they visit. If I ever had to, I would feel happy contacting them directly."

There was a culture of continuous improvement and the registered manager was supported with this by the regional manager and director. There was a quality monitoring system in place to help monitor and drive improvements to the care that people received. The registered manager and deputy manager completed a large number of weekly and monthly internal audits to ensure that they understood what was happening directly with people and establish how they could learn from any mistakes made. The audits included; medication, care plans, pressure sores, accidents and falls, staffing, complaints and safeguarding. These audits were checked and signed off by the regional manager monthly for their oversight. Seniors care workers had their own daily and monthly audits to complete and share with the registered manager.

Feedback we have received confirmed that staff were building positive relationships with visiting professionals including, "We are happy with the reception we receive when we attend the service" and "Prior to the care home opening the registered manager and deputy manager made an appointment to visit me. They introduced themselves, explained what their service requirements were and discussed how we could work together for the benefit of their residents. This established a positive working relationship that has continued. The staff always seem friendly and engaged."

The manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities.