Care Quality Commission

Royal Bay Care Homes Ltd

Claremont Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 12 and 13 May 2015 and was an unannounced inspection.

Claremont Lodge Care Home provides accommodation and nursing care for up to 35 people, although some double rooms were used for single occupancy. At the time of our visit there were 29 people living at the service. The home is purpose built and well-equipped. All of the downstairs bedrooms have patio doors and some upstairs rooms have balconies. One staff member told us, "The surroundings are nice. A lot of the residents think they are in a hotel".

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified issues with the management of topical creams and found gaps in the topical medicine administration records. Other medicines were managed properly and safely. **We have made a recommendation around written advice concerning 'as needed' medicines.**

There was an open and friendly atmosphere at the home. People appeared relaxed and visitors were warmly welcomed. The registered manager was working to increase links with the local community by supporting people to go out and welcoming local people to join the home's activities and outings.

People were full of praise for the activities at the home. There was a dedicated activities' coordinator who organised a varied and interesting programme, tailored to people's individual interests. Staff were encouraged to spend time with people and were able to assist them with tasks in their rooms, to enjoy the gardens or to chat. People told us that the staff were very kind.

There were enough staff to meet people's needs. Staff had received training and were supported by the management through regular supervision and appraisal. They told us that the registered manager was approachable and that the home was well-led. Staff were clear on their roles and responsibilities and were kept up-to-date via handovers and regular staff meetings.

People were involved in planning their care and were supported to be as independent as they were able. Where there were changes in people's needs, prompt action was taken to ensure that they received appropriate support. This often included the involvement of healthcare professionals, such as the GP, Speech and Language Therapist (SALT), Physiotherapist or specialist nurses. A GP told us, 'I think Claremont is excellent all round'.

People felt safe. Risks to people's safety were assessed and reviewed. Any accidents or incidents were recorded and reviewed in order to minimise the risk in future. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse.

People were treated with kindness and respect and were involved deciding how they wished to spend their time. Staff were quick to notice when they required assistance or reassurance. Staff understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Mealtimes were a sociable experience. Staff were attentive to people's needs and supported those who required assistance to eat or drink. People's weight was monitored and prompt action taken if any concerns were identified.

The registered manager had a system to monitor and review the quality of care delivered and was supported by monthly visits from a representative of the provider. The registered manager received regular feedback from people, their relatives, staff and visitors. This included direct feedback, meetings and annual surveys. Where improvements had been identified, action plans were in place and used effectively.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

One aspect of the service was not safe.

Topical creams were not managed properly. Other medicines were managed safely.

There were enough staff to meet people's needs and keep them safe.

Risk assessments were in place and reviewed to help protect people from harm.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs. They had received training to carry out their roles and received regular supervision and appraisal.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care and encouraged to pursue their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Activities and outings were tailored to people's individual needs and interests.

People were able to share their experiences and were assured of a swift response to any concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and inclusive. People and staff felt able to share ideas or concerns with the management.

The management were visible and available. Staff were clear on their responsibilities and told us they were listened to and valued.

The registered manager used a series of audits and unannounced checks to monitor the delivery of care that people received and ensure that it was consistently of a good standard.

Claremont Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 May 2015 and was unannounced.

Two inspectors and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed two previous inspection reports and notifications received from the registered manager before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We observed care and spoke with people, their relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at seven care records, seven staff files, staff training and supervision records, five staff recruitment records, medication administration records (MAR), monitoring records for food, fluid and weights, quality feedback surveys, accident and incident records, staff handover records, activity records, complaints, audits, minutes of meetings and staff rotas.

During our inspection, we spoke with 13 people using the service, two relatives, the registered manager, the deputy manager, one registered nurse, four care staff, the activity coordinator, the chef on duty, the administrator and the hairdresser who was visiting. Following the inspection, we spoke with a regular volunteer at the service and contacted professionals to ask for their views and experiences. These included two GPs, a Speech and Language Therapist (SALT), two specialist nurses and a Chiropodist who had involvement with the service. They consented to share their views in this report.

Claremont Lodge Care Home was last inspected in October 2013 and there were no concerns.

Requires improvement

Is the service safe?

Our findings

Some medicines were not managed properly. Topical creams, such as prescribed barrier or moisturising creams, were not consistently administered or recorded. Care plans included instructions on the application of topical creams. In one we read, '[Person] has a barrier cream applied to her skin to help protect integrity which is recorded daily in her topical cream chart, kept in her room'. One person's record showed that the cream had last been administered on 7 May 2015, five days earlier. The cream had subsequently run out. Another person's cream, prescribed for daily application, had been signed for on two of the 12 days in the month to-date. A third person's prescribed cream was not present for care staff to use. In a fourth room we found topical cream that had not been prescribed for the person. The inconsistent application and recording of topical creams could mean that risks to people's skin integrity were not managed appropriately.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other medicines were managed safely. Medicines, including controlled drugs (controlled drugs are drugs which are liable to abuse and misuse and are controlled by legislation), were stored safely and accurately recorded. We observed part of the medicines round during lunchtime. Records included details as to how people took their medicine, for example, from a teaspoon or with thickened fluid. The nurse provided clear information for people regarding their medicines and administered them in accordance with the instructions from the prescribing GP. Ointments and creams were dated when opened to ensure that they remained effective and were stored in line with the manufacturer's recommendations. Records for the disposal of medicines were complete and up-to-date. Where people had been prescribed medicines on an 'as required' (PRN) basis, there were no instructions available for staff. This could mean that PRN medicines were not administered consistently, especially where people were unable to request or say if they needed them. **We recommend that individual plans for the administration of PRN medicines are made available to ensure that medicines are given as intended.**

Before a person moved to the service, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified these had been assessed and actions were in place to mitigate them. Moving and handling risk assessments considered the person's physical and psychological factors, pain they might experience, details of the equipment to be used and the space available to manoeuvre. If a person was a risk of falling from bed, options such as bedrails or a low bed with a mattress beneath had been evaluated and put in place to reduce the risk of injury. The documentation prompted staff to consider appropriate actions. In the falls risk assessment one consideration was the medicines prescribed to the person. If staff identified that the person was taking a medicine identified on the list known to increase the risk of falling, they were prompted to arrange a review with the GP. Where people were at risk of skin breakdown, equipment such as pressure relieving mattresses were in place. These were checked regularly to ensure they were working and were at the correct setting for the individual.

Where monitoring was required, such as bowel monitoring to reduce the risk of constipation or checks on catheter changes to minimise the risk of infection, these were in place and used effectively. If a person's health or needs changed, a review of risk was undertaken. A scan had revealed that one person had a severe reduction in bone density. As a result their moving and handling risk assessment and care plan were reviewed. Staff were advised and made aware of the risk of a stress fracture. Risks to people were managed by the service.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and that they took time to engage with them. One member of staff said,

"We've got enough time to sit and have a chat or to walk in the garden with them". They told us that the registered manager arranged cover if a shift was short of staff. One said, "If someone rings in, the shift is almost always covered. I often do extra because I like it". The registered manager had reduced the number of shifts covered by agency staff. Where agency staff were employed, they tended to be the same staff which helped to promote continuity of care for people. In addition to nursing and care staff, the home employed activity, kitchen, housekeeping, garden, maintenance and administration staff. This meant that nursing and care staff were able to focus on supporting people.

Requires improvement

Is the service safe?

The registered manager told us, “Because I know my residents really well, I know if I need more staff”. We noted that a dependency assessment was completed for each person on a monthly basis. The registered manager explained that this would be used to support any change in the staffing level if required. There was a daily allocation of staff. This helped to ensure that all areas of the service were covered and that specific tasks, such as assisting people to bath or to eat their meals in their bedrooms, were completed safely.

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work at the service, checks were made on their previous employment history and with the Disclosure and Barring Service. In addition, two references were obtained from current and past employers and their qualifications were checked in line with information supplied on the application form. This helped to ensure that new staff were safe to work with adults at risk.

People told us that they felt safe. One person who had recently moved to the service said, “I’m safe here, the room’s nice, I sleep well”. A relative had sent a card which read, ‘Thank you so much for looking after mum, it’s such a relief to know she’s safe’. Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Learnings from a Serious Case Review into failings at an unrelated service had been discussed with staff at individual performance meetings. One member of staff had written, ‘Read full case review for better understanding of safeguarding adults and whistleblowing’. Staff told us that they felt able to approach the registered manager if they had concerns. They also knew where to access up-to-date contact information for the local authority safeguarding team.

Good

Is the service effective?

Our findings

People had confidence in the staff who supported them. One told us, "All of them are good at the job". In the provider's survey of professionals from April 2015 we read, 'You provide a consistently high standard of care'. Staff received regular training, including safeguarding, mental capacity, first aid, health and safety, nutrition and falls. Some staff had attended additional courses to learn about specific conditions such as stroke, Parkinson's and diabetes or to improve their skills in end of life care and supporting people living with dementia. More than half of the staff team had completed or were working towards diplomas in health and social care. Nurses were supported in their continuing professional development. There had been a recent nurses' meeting where the registered manager had discussed changes in the Nursing and Midwifery Council (the professional body) requirements. Nurses had attended specific courses, including syringe driver training at a local hospice. This helped them to keep their practice up-to-date.

Staff attended one full supervision and one appraisal meeting each year. In addition there were monthly meetings, known as individual performance reviews, focused on specific topics. These included team work, communication, safeguarding, challenging behaviour and record keeping. Staff told us that they felt supported in their work and were able to ask for additional support or training if required. We noted an example of a staff member who had asked for training in dementia care. In the subsequent appraisal meeting we saw that this had been arranged.

New staff completed an induction course which included self-led workbook training alongside classroom training in areas such as moving and handling. Staff then completed a period of shadowing experienced staff. This helped them to learn and gain confidence in their role before working independently. Staff were satisfied with the training that they received. Where the home used agency staff, we saw that profiles detailing their skills and experience were received. They then received an induction to the home to ensure that they were aware of policies such as moving and handling and procedures including fire and other emergencies.

People told us that they had, "complete choice" over when they rose in the morning and went to bed at night, and that breakfast would be served whenever they were ready. During our visit we observed that staff involved people in decisions and respected their choices. One staff member told us, "We encourage but if they don't want to do something, that's their choice". Staff understood the requirements of the Mental Capacity Act (2005) and put this into practice. For example, staff followed the presumption that people had capacity to consent by asking if they wanted assistance and waiting for a response before acting on their wishes. One person had refused to use footplates on their wheelchair. Their capacity had been assessed and a risk assessment completed. We read, 'X informed of the risks involved, has capacity to choose not to use them'.

People's capacity had been assessed. In one care plan we read, 'X is able to retain information long enough to make informed decisions'. Where people had been assessed as lacking capacity to make specific decisions, we saw that this was recorded and that appropriate action had been taken. The provider was aware of a revised test for deprivation of liberty following a ruling by the Supreme Court in March 2014 and had taken action in respect of this. A deprivation of liberty occurs when 'the person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements'. We saw that applications had been submitted for four people who lived at the home. The home had not yet received decisions on these applications from the local authority.

Lunchtime appeared to be a relaxed, pleasant and sociable occasion for both people and staff. People were seen enjoying conversation with each other. Staff were available and ready to assist. Some people used adapted cutlery or plates to enable them to eat independently and those who required assistance to eat were supported by staff. We observed two people being helped to eat in their bedrooms. Staff took time, patiently encouraging them and ensuring that the pace was comfortable for the person. Meals were presented in an appetising way and a range of drinks, including alcoholic options, were available. At the time of our visit there was one main menu option, with a range of alternatives such as jacket potato or omelette available. The chef received direct feedback from people. There was also a comments book and a food survey had also been completed. As a result menus were under review

Good

Is the service effective?

and a second hot meal option was to be introduced to the daily menu. The chef also told us, "They've asked for more rice dishes". On a monthly basis there was a themed meal based on a chosen national cuisine.

The chef had up-to-date information about people's dietary needs, likes, dislikes and preferred portion size. People's weight was monitored, usually on a monthly basis. Where there were concerns, referrals to healthcare professionals such as the Dietician or Speech and Language Therapist (SALT) had been made. Guidance for staff was included in the care plans, for example on food textures, the most suitable position for the person when eating and nutritional supplements. Staff had noted that one person was coughing when they ate. They were seen by the SALT who advised a fork mashable diet. In a review one month later we read, 'X is managing much better with his diet, rarely coughs now at mealtimes'.

During our visit we observed that drinks were available and that staff encouraged and supported people to drink. We heard a staff member encourage a person to drink their thickened fluid by saying, "You'll find it has a slightly silkier taste on the palate". One person told us, "You get drinks when you want them". A member of staff said, "There's one person allocated on each floor so we make sure that fluids are done". Another told us, "I always offer a drink when I go into a room". We noted that fluid monitoring was in place but that some records were not always completed in full. One staff member told us that as records were stored in people's rooms they sometimes omitted to complete them with the drinks given in the dining area. We discussed this with the registered manager and a nurse on duty who took prompt action to ensure that improvements in fluid record keeping were made.

People had access to healthcare professionals and the service worked in collaboration to ensure that people's needs were met. Professionals told us that staff contacted them promptly if they had concerns. A specialist nurse said, "They will phone me if they have any concerns. They are proactive and make sure their patients get the right level of care". The SALT told us, "I went back to follow up and I was really encouraged to see they'd followed everything to the letter". We noted that when one person was displaying behaviour that could be described as challenging; professionals including a memory nurse and bereavement counsellor had been contacted and had provided further support.

Good

Is the service caring?

Our findings

People spoke enthusiastically about the home and staff. One said, "This place is super, the people are very pleasant. They're very kind". Another told us, "She [referring to a particular staff member] does anything for you without you asking. Staff are very friendly". Staff also spoke positively. One said, "It's very nice here. Everyone is jolly and very supportive". Another told us, "We have a bit of a laugh with some of the residents". A GP who visited the service wrote, 'I've always seen them be extremely caring, pleasant and polite to their patients".

There was a regular staff team and each person had a keyworker. As a keyworker, staff spent extra time with two or three residents, to get to know them and ensure that they had everything they needed. One staff member told us, "I like to sit and chat with them so I can really get to know them". They explained how they spent a long time with one person after their dog died. They said, "We spend time with them, it's really important to make a big effort with things like that". We observed that people and staff were relaxed in each other's company. During lunch the staff member clearing plates said to one person, "Have you finished with those chips, or are you still picking?" The person laughed and replied, "Still picking!" Another person returning from the chiropodist was asked, "Now your feet are all nice and shiny, how about going to Bingo?" – which the person did. It was clear that staff knew people well. One person told us how they enjoyed feeding the birds. They told us, "That's my job!" when referring to a particular bird table in the garden. During lunch we noted that this person was seated at the table where he could see his bird-table. Another person was becoming anxious about moving to the dining room for supper. As the carer passed, they stopped, gently touched the person on the shoulder and said, "You'll be next, [Person's name]". The person visibly relaxed.

People were involved in decisions relating to their care. Everyone had been asked whether they preferred male of female care staff to assist them with personal care. One person told us that they had been offered a downstairs room, but had elected to stay upstairs as they liked their room so much. Another explained that they were informed about regular blood tests they needed due to taking a particular medicine. They said, "I get copies of the blood forms, so I'm fully informed and involved; my son also never misses a residents/relatives meeting, so he feels involved as well".

During the day we heard staff asking people how and where they wished to spend time. One person was asked if they would like assistance to return to their room, or if they preferred to stay downstairs for lunch which was in one hour. People were encouraged to maintain their independence. One person was struggling to stand using their frame but was adamant they did not wish to use the hoist. Staff were patient and supported the person to try a couple of times and to try again after a break. When they were unable to stand, staff offered reassurance saying that, "We all have off days". The person relaxed and was successfully transferred using a hoist to their wheelchair. Another person told us, "I walk better now than I did before. They encourage me to do as much as I can. I'm here for rehab, so that's good".

There was information in people's care plans to help staff understand their communication. In one we read, 'Take the time to listen to [Person's] answers. Encourage her to express herself and to feel comfortable in making requests'. In another it was noted that the person, 'Needs aural clues rather than visual ones' and said, '[Person's] body language is very obvious and tells us how she is feeling. When she is agitated she will shake her hands to and fro'. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They positioned themselves so that eye contact was made, and repeated questions if necessary in order to be satisfied that the person concerned understood the options available. Staff told us how they supported people in their daily routines. One said, "It's a home from home. Some people are used to pottering in the morning and it's only fair that we help them to do that so I help them with little jobs in their rooms"

All of the people we spoke with told us that they were treated with respect. People were called by their preferred names, including one person who didn't like to be called by their first name. A specialist nurse who visited the service told us, "They look after them in such a lovely way". The premises were purpose built and each room was equipped with an ensuite wet room. This meant that people could wash and dress in the privacy of their rooms. There was a reversible sign on each door which was used to alert other

Good

Is the service caring?

staff and visitors when personal care was being delivered, asking them to return later. As we looked at medicines with one of the nurses, we noted that they consistently knocked on doors, spoke directly with each person, explained who we were and asked the person's permission to look at their records. The home had two staff nominated as 'dignity champions'. These staff members received additional training and provided support to their colleagues. Dignity was also covered as part of the induction programme for new staff.

Good

Is the service responsive?

Our findings

Staff knew people well and understood how they liked to be supported. Each person had a named nurse and a keyworker. When a person moved to the home they and their relatives were asked for information about their experiences and interests. This was added to by staff as they got to know people better. In a residents' survey from April 2015, one person had commented, 'Nothing is ever too much trouble to make our lives happy'. Care plans included details as to people's needs and preferences, including nutrition, moving and handling, sleeping, oral health and medicines. One staff member told us, "I can look at their care plan and know exactly what to do from start to finish". Staff reviewed people's needs on a monthly basis, or sooner if needed. One staff member told us, "If there is an issue it is reported over and it is dealt with". Another explained how they felt a new cup was not helping a person to drink. They told us, "I felt it wasn't working and I fed that back at the weekend. I came in today and it's sorted, we've gone back to the beaker. I feel that's been dealt with".

During our visit, we observed a nurse in discussion with one person regarding their care plan. We noted examples of action taken in response to changes. For example, when one person appeared to be experiencing pain during transfers, staff had arranged a medicines' review with the GP to help alleviate pain and a pain chart was commenced to check levels of pain and effectiveness of medication. The person had also been referred for an x-ray of their hip joint which had been injured at an earlier date. Another person's mobility had improved. They had been referred to the physio to see if they could safely use a stand-aid in place of a full body hoist. We read, 'X has been assessed by the physios as competent to use the stand aid hoist'. Staff told us that the handovers were useful. One said, "You feel like you've got the time to discuss. I feel I can leave and there is good continuity. There is good care". Another told us, "I know exactly what happened yesterday and who needs what".

People were full of praise for the activities on offer at the home and spoke highly of the activity coordinator. One said, "She works so hard for us" and said, "She sorts things out for you". A volunteer who regularly supported activities said, "I love working with [activity coordinator]. She is so dedicated. She has such a wonderful understanding". There was a wide variety of activity on offer, both in house and in the community. There was bunting in the home from recent VE day celebrations. One person told us, "All the staff are very caring – they dressed up for VE Day – it was magic!" On the day we visited, some people went on a weekly visit to a local supermarket and during the afternoon there was a lively game of bingo. On the second day we visited, butterflies from a 'butterfly farm' people had been cultivating from caterpillars were released in the garden. This project followed the success of a previous scheme, where chicken eggs had been studied in an incubator, and baby chicks hatched. Before the butterfly release, one person with limited verbal communication was clearly fascinated by them, sitting by their table and watching them, smiling and showing them to other people. The home used the council's minibus for outings, such as a day trip to a local wetland centre. Individual outings were also arranged. One person had been taken to a tea room they used to visit and another had attended a film première. There was a programme of visiting entertainers and we saw photographs of people involved in gardening, or in birthday celebrations. One person said, "[Activity coordinator] provides a programme for us. Lots of things to do".

People who preferred to stay in their rooms or who were not able to get out of bed were supported. They spoke about activities they had enjoyed and how the activity coordinator and staff spent time with them. Staff told us that they were encouraged to spend time with people outside of delivering care, to chat or to walk in the garden with them. In the activity notes for one person we read, 'Enjoyed having a chick taken up to her room on occasion for a cuddle as she is unable to come down to attend activities'. In another, 'I pop in during the week for small chats and to play her music, open her windows so she can hear the birds'. This person's love of birds featured prominently in information about their interests and hobbies. The activity coordinator told us, "The care plans are updated monthly, and I can develop interests that people have enjoyed". They were currently working with one person in particular to understand what, "makes him tick" and what he might like to do.

There were regular resident and relative meetings. These meetings included refreshments and often had guest speakers, such as healthcare professionals. We saw that points raised during the meetings were followed up. In January 2015 some issues were raised around the food at the home. In the April 2015 minutes we read, 'Everyone was

Good

Is the service responsive?

happy with the food, everyone agreed it had improved'. The chiropodist told us, "They make time to listen to residents and listen to their concerns". We observed that the registered manager was available during the day, for example at lunchtime she was chatting with people and checking all was well. One staff member told us,

"She's [the registered manager] very on the ball. If something needs to be done, it's got to be done". Another told us, "You can go straight to them [management] and it is dealt with". In a card of thanks received by the home we read, 'My problems were dealt with patience and understanding at all times'.

The provider had a complaints policy which was clearly displayed in the home. We saw that the few complaints received had been dealt with appropriately and in accordance with the timescales set out in the policy. One person told us that they had complained and that, "Things did change for the better". Others told us that they had not had cause to complain. One said, "I can't find a thing wrong personally". Another told us, "I have no complaints whatsoever. I've been here just over a year, and I'm well looked after. Staff are very friendly – it's an excellent place!"

Good

Is the service well-led?

Our findings

There was a very friendly and welcoming atmosphere at the home. People were relaxed and engaged. Some people were busy in their rooms and others were involved in organised activities or reading in the lounge. Some preferred to be in the garden and were seen relaxing in the sunshine. On the second afternoon we visited, one person was enjoying a gin and tonic before supper. As another person entered they said, "Talk nicely to [staff member] you might get one". Once they were both seated and enjoying their drinks, one was heard saying to the other, "It's not bad here is it!" The registered manager told us that their aim was, "To give people a good life. To give them choice and independence".

People, relatives and visitors spoke positively about the service. The chiropodist said, "I look forward to going, they are all so friendly and helpful". In a card of thanks we read, 'We appreciated [the registered manager] and every single person on her team at Claremont Lodge Fontwell, all the care, laughter and professionalism given to my mother made it a joy to be part of the Claremont's family'. Almost all of the staff spontaneously told us that they would choose the home if a member of their family needed care. One said, "If I had a parent or grandparent needing care, here would be the place". In the previous year the registered manager had initiated a staff appreciation day where certificates were given for a range of fun awards. The registered manager explained that this year she hoped to involve people in thinking up the awards and making nominations.

The registered manager was looking at ways of further involving the local community, such as by inviting local people to join the home's weekly cinema. The provider had recently launched the 'Friends of Royal Bay' initiative which encouraged relatives and friends to join in trips and be involved in the life of the home. A regular volunteer told us, "Claremont is a wonderful place. I feel part of the family there". We observed that visitors were welcomed. One relative wished to stay for lunch and was cheerfully accommodated. There were details of activities and events displayed in the home. This included fundraising events, a communion service and information about the summer fete. In the provider's relative survey from April 2015 we read, 'It is always a pleasure to walk into Claremont Lodge and feel such a welcoming atmosphere'.

People and staff spoke positively about the registered manager. They told us that she was available, keen to listen and quick to take action. One staff member said, "Her door is always open if you want to discuss something. She is there and does listen". Another told us that she was, "Very good, very calm, very approachable" and said, "I feel I can talk to her about anything". The registered manager had appointed staff members to hold specific responsibilities, such as for bedrails, mattresses, fire, people's weights, wheelchairs, dignity or infection control. There were regular staff meetings and staff told us that they were asked for their views and opinions. Nurses were allocated time for administrative tasks such as care plans and management tasks including supervision. The deputy manager explained that they were given a number of supernumerary shifts. Visiting professionals told us that in their experience the home was well run. One said, "It's well led, one hundred percent". Another, "I think it's a very good standard. The management are very professional and that filters down".

Staff were encouraged to speak up if they had any concerns. There was a whistleblowing policy in place and staff told us that they felt able to approach the registered manager. One said, "If we've made a mistake we can go straight and say, "That was me, I've made a mistake"". Another told us, "We can sound off each other, there's a lot of camaraderie".

Surveys were sent to people, relatives staff and professionals on an annual basis. The most recent surveys had been sent in April 2015 and had not yet been analysed. We noted that improvements had been made in response to the previous feedback received. In the last survey, dated July 2014, staff had raised concerns about staffing levels. In the new surveys returned we noted improved satisfaction among staff over staffing levels. The registered manager explained that they had recruited new staff and reduced their reliance on agency staff. One member of staff told us, "We've got a real good team. I love it". Another said, "I've only been here for three months and I love it".

The registered manager had a system of audits which were used to monitor the quality of the service. An annual manager's assessment, last completed in August 2014, looked at the regulations the service was required to meet under the Health and Social Care Act 2008. There were monthly checks on health and safety, medicines and a review of any accidents that had occurred. The registered manager worked a nurse shift approximately once a

Good

Is the service well-led?

month. She told us, "I need to know what's going on on the floor". She had also carried out unannounced spot checks at night, most recently in January 2015. A representative of the provider visited the home on a monthly basis. These visits included a discussion with the registered manager about actions from the previous visit, along with time spent talking to people, staff and an inspection of the premises. There was evidence of action taken as a result of these meetings, such as the projector used for home-cinema being repaired and the purchase of a new computer for the nurses' office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Some medicines were not managed properly. Regulation 12 (2)(g).