

Park Homes (UK) Limited

Claremont Care Home

Inspection report

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Date of inspection visit:
13 July 2023
18 July 2023

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03 October 2023

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

About the service

Claremont care home is a care home providing personal care to up to 63 people. The home provides support to older adults and people living with dementia. At the time of our inspection there were 34 people living at the home.

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

Risks were not always managed safely to ensure people were kept safe. Potential infection risks were not always managed safely. Not all care plans and risk assessments had been completed when people required measures in place to keep them safe. We found care records were not always completed or accurate. Medicines were mostly managed safely, and audits were carried. However, we found some recording issues. We could not be assured environmental checks of the home were robust. The environment was worn and areas of the home unclean.

There were a variety of audits being carried out in the home however these had not always been effective in managing the necessary improvements required from our last inspection.

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

Systems were in place to safeguard people from the risk of abuse. Incidents and accidents were reported, investigated and measures taken to mitigate future occurrences. Staffing levels were sufficient to meet people's needs and staff were recruited safely. Relatives and friends were encouraged to visit the home and spend time with their loved ones.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 November 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out an unannounced focused inspection of this service on 13 and 18 July 2023.

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.

Enforcement

We have identified a breach in relation to the governance of the service.

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

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 governance specialist on the first day, and 1 inspector and an expert by experience on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 July 2023 and ended on 26 July 2023. We visited the service on 13 July and 18 July 2023.

What we did before the inspection

We reviewed information we had received about the home. We sought feedback from the local authority

and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 5 staff and 1 health care professional. We spoke with 7 people and 2 relatives about their views of the care provided. We reviewed the care records for 7 people, numerous medicines records, 3 staff recruitment and records related to governance systems and processes and other documentation relevant to the running of the service. 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for 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; Preventing and controlling infection

- Not all risk assessments had been completed when people required measures in place to keep them safe. For example, one person's risk assessment had not been completed to guide staff on how they should be transferred or repositioned as they were immobile.
- Potential infection risks were not always managed safely. One person had a catheter in place, and we did not see evidence of their catheter site being cleaned on a regular basis as stated in their care plan. The care plan informed staff to empty the persons catheter bag every 3-4 hours however, this was not always completed. One person with diabetes had their blood glucose checked on 3 occasions where their readings were outside of normal ranges however, no further testing of their blood glucose levels had been completed to determine if further measures were needed to ensure their safety.
- Another person was due to be repositioned every four hours however, records showed they were not always being repositioned correctly therefore putting them at risk of skin integrity. We identified one person whose air mattress was not set at the correct setting to protect skin integrity.
- People who were at risk of weight loss did not always have food preferences and their meals recorded to show what their intake had been to ensure weight gain.
- Equipment in the home had recently been checked to ensure they were safe to use. However, we found new slings had been used and staff had not recorded when these had been opened to ensure the correct dates for their safety checks when required.
- We found the home had checks for their gas and legionella however, the electrical test did not have a completed date recorded. Therefore, we could not be assured when this had been completed. We also observed one room where there was a loose electrical socket next to the persons bed.
- The home required renovation work to make improvements. There had been a leak and the large lounge was out of order. The garden was overgrown which would make it difficult for people to use and observed some of the plants were coming through windows in the home. One relative said, "They don't really go outside and I think it would be nice if they could go out." We saw paint had come away from the walls and doors.
- The home was not always clean. The home had a cat and we found faeces in one bathroom. This was cleaned immediately. During lunch, we observed flies around the food and some of the cutlery was chipped. The cups used were also dirty.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. However, we requested the providers fire risk assessment which was not sent to us. Therefore, we could not be reassured the risk assessment was in place.

The provider has failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of

service users and others who may be at risk which arise from the carrying on of the regulated activity. This was a breach of Regulation 17 Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the provider had failed to ensure proper and safe management of medicines. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation for medicines.

Using medicines safely

- Medicines were mostly managed safely.
- People received their medicines; however, we observed medicine rounds took a long time and some medicines were omitted due to this time delay.
- People with 'as required' medicines had protocols in place to provide staff guidance on how to administer this type of medicine. However, we did find some recording issues with 'as required' medicines. We have addressed this in the well led section of the report.
- Medicine audits were carried out on a regular basis to ensure medicines were managed safely. We found audits had identified issues with medicines and these were addressed with staff. For example, one person had not recorded a pain patch site. This was identified and a counselling session completed with the staff member.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they were safe. One relative said, "Yes I think mum is safe in there."
- Staff had access to safeguarding and whistle blowing policies and understood their responsibility to report any allegations of abuse.
- Staff were knowledgeable about the types of abuse and knew who to report any concerns to. One staff member said, "If there's a concern, we go to the care co ordinator or manager and tell them about the concern. We report everything, details of when and how it happened. They (management) would then look at it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- Systems were in place to assess people's capacity. If people lacked capacity to make specific decisions capacity assessments and best interest decisions were completed. DoLS applications to deprive people of

their liberty had been properly made and authorised by the appropriate body.

- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager monitored staffing levels to check they remained at a safe level. One staff member said, "I think there is enough staff."
- We received mixed feedback about staffing levels from relatives and people living in the home. Comments included, "Sometimes they (staff) help if I press the buzzer", "Dad tends to shout for help and if they're around they do come straight away" and "Sometimes I am looked after and sometimes I am not, it depends on how busy they (staff) are, I am just waiting for my medication. I have been here since January and not really met anyone."
- People were cared for by staff who had been safely recruited. References and checks were carried out before new staff began work at the home.

Visiting in care homes

- Visits to the home were welcomed by people and staff. One person said, "My wife and grandson visit and so does my son and he brings his dog."

Learning lessons when things go wrong

- Staff were aware of the incident reporting process. We saw that incidents were reported and reviewed by the manager. This included ensuring appropriate action was taken to maintain the safety of the person involved and prevent reoccurrence.
- The registered manager was open to feedback from people, relatives, staff and professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found governance systems did not effectively monitor the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- There were a variety of audits being carried out in the home however these had not always been effective in managing the necessary improvements required from our last inspection. At the last inspection the provider failed to keep accurate and complete records. At this inspection we found continued issues with poor record keeping.
- Risk assessments and care plans had not always been completed to guide staff on how they should support people safely. For example, 1 person had diabetes and there was no information to guide staff on what to do should their blood sugar levels change and how to manage this.
- Medicine records were not always accurately recorded. 'As required' medicines were not always recorded in line with the person's prescriptions. For example, 1 person's cream was to be applied twice daily however, records showed on the 27, 28, 29, 30 June 2023 and 1, 10 and 11 July 2023 this cream was only applied once daily. On one occasion staff had recorded a medicine had been given both by tablet and liquid form when it should have been one or the other. The registered manager told us this was a recording error.
- Safety checks within the home were not always completed or accurate. The electrical test had no date of when this was completed, and newly used slings had not been recorded to show when they had been opened for safety checks in the future.
- The home had a large improvement plan which was ongoing. The works required have been ongoing since our last inspection.

We found systems were either not in place or robust enough to maintain appropriate and contemporaneous records. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had an understanding of their roles and responsibilities.
- The registered manager knew their legal responsibilities for sharing information with CQC and other

bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC.

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

- Staff were encouraged to improve their practice. We saw evidence of counselling sessions being held with staff following incidents occurring within the home.
- Staff felt able to raise concerns with the management. One staff member said, "[Name of manager] is very nice and helpful. [Name of manager] listens if you need them. [Name of manager] has been a very nice manager."
- People's relatives were happy with the care their relatives received. One relative said, "We are pleased with the care and the provisions we have got. If we have any concerns, then they are dealt with straight away."

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

- During our inspection some activities were completed with people however, on observation we found staff did not always engage with people when sat in communal areas.
- Staff told us there were regular meetings held daily which gave the opportunity for people to raise any concerns and to discuss residents care. More formal meetings were held every 6 months with all staff.
- The home had a recently completed a resident and relatives meeting to gather people's views.

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 duty of candour was understood by the registered manager. One relative told us, "If you have concerns with the new manager, they are followed up."
- Incident management records we looked at during this inspection, showed appropriate action was taken including any additional measures when needed, to help prevent any reoccurrence.

Working in partnership with others; Continuous learning and improving care

- The home worked together with health and social care professionals to ensure people received support to meet their needs. We spoke with 1 health care professional who said, "Staff are very welcoming and helpful. We review all patients records and health care needs. We have links with a dietician and pharmacist."
- The provider had been working with an action plan set by the local authority to drive specific improvements within the service. We saw some progress had been made, however further improvements were required.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a failure to ensure systems in place to assess, monitor and improve the quality of the service were being carried out to identify shortfalls and there was a lack of accurate and robust care records.

The enforcement action we took:

Warning notice