

# Healthcare Homes Group Limited

# Claremont Nursing Home

## Inspection report

Claremont House and Lodge  
20a Yarmouth Road, Caister-on-Sea  
Great Yarmouth  
Norfolk  
NR30 5AA

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## 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

The inspection took place on 21 November 2016 and was unannounced.

Claremont Nursing Home provides residential and nursing care for up to 52 older people, some of whom may be living with dementia or a physical disability. The home is divided into two areas for those requiring nursing care or for those living with dementia. The home is purpose built and accommodation is over one floor. At the time of this inspection there were 50 people living within the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Processes were in place to help ensure only those people suitable to work within the home were employed. Staff received an induction, ongoing training and competency checks to help them meet the needs of those living within the home. Staff received regular formal and informal support.

People received care and support from staff that enjoyed their work and felt valued by the management team. Staff worked well as a team and supported each other. We saw that the home was organised and that it ran efficiently.

There were enough staff to meet people's individual needs. People told us that they received the support they needed and, during our visit, we saw that people received prompt assistance.

Staff were caring and thoughtful in their approach to supporting people who used the service. People's dignity and privacy was maintained and staff were respectful. People had choice in how they spent their day and their independence was encouraged as appropriate.

Processes were in place to help protect people from the risk of abuse and local safeguarding policy was adhered to. Risks to those that used the service, staff and others had been identified, assessed and managed. Premises were maintained and regular checks were in place. Accidents and incidents had been recorded and analysed to identify any trends or contributing factors in order to help mitigate future risk.

People received their medicines appropriately, safely and as prescribed. Healthcare provision was regular, prompt and received as required.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. People's capacity to make decisions had been assessed and DoLS applications made appropriately. Improvements were required in relation to assessments being decision specific. However, the service had identified this and were working towards introducing documentation to support

this.

People, and where appropriate their relatives, had been included in the planning of the care and support they received. Care plans were individual to each person and met their needs. People told us they received the care and support they required.

The service provided assistance with meeting people's social and leisure needs. The people we spoke with told us they enjoyed the activities provided by the service and there was enough for them to do.

People's nutritional needs were assessed and met. People received the diets they required and meals were provided at a time they wanted. Although they had mixed opinions on the quality of the food, they agreed they had choice in what they ate and assistance when and if required.

The provider had a robust system in place that monitored the quality of the service. It was used effectively, thoroughly, and drove improvement. People's feedback was sought, listened to and used to further develop the service. Actions required to improve the service were regularly monitored to ensure completion.

People spoke positively about the management of the home. They told us that the management team were approachable, helpful and visible. People had confidence in them to take the right action and respond to any concerns they may have. People told us that they would recommend the service.

## 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.

The risks to the people who used the service, staff and visitors had been identified and suitably managed to help mitigate the risk.

Processes were in place to reduce the risk of employing unsuitable staff. There were enough staff to meet people's needs.

People received their medicines as the prescriber had intended.

### Is the service effective?

Good ●

The service was effective.

People received care from enough suitably trained and supported staff who had the skills to perform their roles.

The service understood the requirements of the MCA and had recognised that they could further develop their adherence to it.

People's nutritional and healthcare needs were met and prompt referrals made to other professionals as required.

### Is the service caring?

Good ●

The service was caring.

Staff provided care and support that was kind, considerate and caring.

People's dignity was promoted, their privacy protected and their independence encouraged. Staff understood the importance of offering people choice.

People had been regular included in the planning of the care they received.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support in an individual manner as reflected in their care plans.

The service provided activities and people told us that their social and leisure needs were met.

Complaints or concerns were listened to, recorded, investigated and responded to in a robust manner.

**Is the service well-led?**

**Good** ●

The service was well-led.

People we spoke with were complimentary about how the home was managed. They told us the management team were visible, approachable and supportive.

Staff worked well as a team and enjoyed their roles.

The provider had a thorough quality monitoring system in place that was effective at driving improvement.

# Claremont Nursing 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 21 November 2016 and was unannounced. Two inspectors and an expert-by-experience carried out the inspection. 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 we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. 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 contacted the local authority safeguarding team and the local authority quality assurance team for their views on the service.

During our inspection we spoke with eight people who used the service, three visitors and one healthcare professional. We also spoke with the quality and compliance manager, the registered manager, two nurses, two senior care assistants, two care assistants, one cook and one kitchen assistant. We observed care and support being provided to the people who used the service.

We viewed the care records for five people who used the service. We also case tracked the care and support two people received and viewed the medicine administration records and associated documents for four people. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, quality monitoring audits, minutes from meetings, staff training records, risk assessments and complaints.

# Is the service safe?

## Our findings

The people who used the service felt safe living in Claremont Nursing Home. One person told us, "I feel very safe. It is all enclosed and staff are usually alert to watching the door." Another person said, "I definitely feel safe here. There is always someone around and you have a bell if you need it." One visitor we spoke with said, "I think [person who uses the service] is safe here. I haven't seen anything to concern me."

The provider had processes in place to help protect people from the risk of abuse. Staff had received training in safeguarding and could tell us how they helped to protect, prevent, identify and report any potential abuse. The staff we spoke with told us about the provider's whistle blowing policy and that they felt confident in using it should the need arise. The registered manager had knowledge of the local safeguarding procedures and their responsibilities in relation to reporting such incidents to the CQC. We saw records that demonstrated that the service referred any concerns they may have to the appropriate agency. Robust records showed what action had been taken and when with outcomes documented. The local authority safeguarding team confirmed the service reported concerns and took appropriate action in response.

The risks to the people who used the service had been identified, assessed, managed and regularly reviewed. These also included any associated risks to staff or others. We saw that these were individual to people and took into account their personal circumstances. They covered risks such as those associated with malnutrition, falls, mental health, pressure areas, choking and those risks associated with specific medical conditions. The service had processes in place to monitor, assess and manage people's skin integrity and these included the use of pressure relieving equipment and regular recording of any marks to people's bodies.

The risks associated with the building, premises, and working practices had also been identified and recorded. Appropriate measures had been implemented and these had been regularly reviewed. A business continuity plan was in place that gave staff information and guidance in the event of adverse incidents such as loss of utilities, failure of information technology and in the event of an evacuation. This helped to mitigate the risks associated with such incidents. However, some of the information contained in this document had not been updated. When we brought this to the attention of the registered manager they told us that they would ensure this was actioned.

Regular maintenance and checks of the premises and equipment took place. This helped to mitigate against the risks associated with this. The registered manager also completed a monthly health and safety audit to ensure the safety of the premises and those that used the service, staff and visitors. It covered areas such as utilities maintenance, lifting equipment and visual checks on the building including monitoring checks on fire exits to ensure they were free from hazards.

Any accidents and incidents were recorded and regularly monitored by the registered manager. A falls trend analysis was completed each month to help identify any patterns or contributing factors in relation to any falls that had occurred. Appropriate actions had been taken and recorded to demonstrate how future risk

had been mitigated.

Processes were in place to help reduce the risk of employing staff that were not suitable to work within the service. Two senior staff members interviewed potential employees and appropriate safety checks were carried out prior to staff starting in post. This included the completion of at least two references and a Disclosure and Barring Service (DBS) check. The staff we spoke with told us that these were in place prior to them starting in post. The three recruitment files we checked confirmed this.

The people we spoke with who used the service told us that there were enough staff to meet their needs. One person said, "Ninety-nine times out of one hundred there have been staff about to assist me and the bell is answered quickly". Another person told us, "Yes, I think there are enough staff; I don't have any bother. Usually the staff are up and down the corridor". The visitors we spoke with agreed. One said, "If you need to find someone there is always someone about". Another visitor told us, "From what I have seen there are enough staff about". The staff we spoke with also told us that there were enough of them to provide safe care and support to the people who used the service.

We looked at how information in medication administration record (MAR) charts and care notes for people living in the service supported the safe handling of their medicines. We looked at the MAR charts and associated records for four people who used the service.

Records and MAR charts were legible, accurate and complete. They assisted in ensuring people received their medicines as the prescriber had intended and followed good practice guidance. Identification sheets were in place for each person who used the service to reduce the risk of misadministration and aid safe management of medicines. These included up to date photographs of people, relevant personal details and any other important information needed to administer medicines. People's personal preferences on how they wished to receive their medicines were included.

Where people experienced pain, assessments had been completed to identify where this pain was and what support staff could provide to ease the discomfort before the administration of pain relief medicine. Where variable doses of medicines had been prescribed on an 'as required' basis, guidance was available to staff to aid the safe and appropriate administration of these. For those people who required their medicine to be crushed to aid swallowing, appropriate records were in place to address this. Where people received medicines that required them to be placed on the body, body maps had been completed to show where and when these had been administered.

Medicines were being stored safely and at the correct temperatures. Any medicines that required disposal had been suitably recorded and returned to the pharmacy. Relevant and up to date resources were available to staff to assist them in managing and administering people's medicines.



## Is the service effective?

### Our findings

The people we spoke with told us that staff had the skills and knowledge to deliver care and support. One person who used the service said, "Ninety-nine percent of staff know what they are doing and I feel confident in them." One visitor we spoke with told us, "Staff seem efficient and on the ball. Very friendly." Another visitor told us that they had confidence in the staff and how the home was managed.

Staff received an induction that was flexible to their needs and individual pace of learning. This consisted of four days training followed by at least three shadow shifts with a more senior member of staff. The staff we spoke with confirmed they had received this. The registered manager told us that staff worked a 12 week probation period where their competency to work within the home was regularly assessed and recorded. The staff recruitment files we viewed confirmed this.

The training staff received assisted them to provide appropriate care and support to those living at Claremont Nursing Home. This included training in dementia awareness, first aid, manual handling and infection control. One staff member said that, due to the dementia specific training they had received, they were confident that the needs of those living with dementia were met within the home. Another staff member told us that they were about to start a qualification in health and social care and that they were looking forward to developing their knowledge. We saw that each staff member had a personal development plan in place that assisted them in further developing their skills and knowledge.

Staff told us they felt supported in their roles and received regular supervision. One told us, "I get really well supported by the manager, they are really good, really helpful and know what they are doing." Another staff member described the senior care assistants as 'fantastic'. The registered manager told us that appraisals for staff were held in January where objectives were set and revisited in formal supervisions throughout the year. They told us that informal support was always available in between these sessions.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had made appropriate applications to the local authority for authorisation to restrict people's liberty in order to keep them safe. We saw that the principles of the MCA had mostly been adhered to and that people's capacity to make decisions had been assessed prior to the applications. These assessments,

however, were not always decision specific. However, the service had recognised that improvements were required in the recording of capacity assessments and had developed new documents to address this. These were due to be implemented and the senior staff we spoke with were aware of this.

The registered manager had a good knowledge of the MCA and was able to give us examples of when they would consider applying for a DoLS. Staff had received training in the MCA and DoLS although their knowledge varied in relation to it. However, we saw that people received care and support in the least restrictive manner and that staff gained consent before assisting people.

The people we spoke with had mixed opinions on the quality of the food provided. However, they all agreed there was a choice and that food and drink was available to them when they wished for it. The cook had recently completed a survey with the people who used the service to gain their views on the menu and make changes as necessary. We saw that these had been completed on an individual basis with people and had been used to introduce new dishes.

The service had assessed people's nutritional needs and these had been regularly reviewed. Where necessary, referrals had been made to healthcare professionals to assist people in maintaining their health and wellbeing.

For one person who was at risk of malnutrition, we saw that regular and appropriate measures were in place to manage this and promote the person's health and wellbeing. This included regular intervention from healthcare professionals, the supply of high calorie drinks and support at mealtimes. We also saw that the service had identified strategies to assist this person in relation to their nutritional health. We saw that the support documented in this person's care plan was delivered by staff.

During our inspection we observed lunch being served in both dining rooms of the home. Tables were attractively set and the menu was on display. We saw that people were assisted to sit where they chose and offered a choice of food and drink. For those that preferred it, small plated up portions of food were shown to them to help them choose. We saw that those people that required specialist diets received it as required. This included diets of varying textures, lighter options, finger food, those catering for allergies or specific medical requirements and personal choices.

The lunchtime experience in both dining rooms was observed as being sociable, unhurried, relaxed and efficient. People were given the dedicated assistance they required and time to enjoy their meal and the social aspect of the experience. Staff ensured that people received a prompt and attentive service throughout lunch. We saw that for one person who wasn't ready for their lunch at the time it was served in the dining rooms, the cook freshly prepared a hot meal for them mid-afternoon.

People received the support they required and wished for in relation to their healthcare needs. The service ensured that regular visits to the home were carried out by opticians and chiropodists. A GP visited the home on a weekly basis and we saw this take place on the day of our inspection. This was to ensure that people's medical needs were regularly assessed and reviewed to assist them in maintaining their health and wellbeing. The same senior staff member regularly assisted the GP in their weekly visits and this ensured continuity of care for people. When we spoke with the visiting GP they told us, "The care here is second to none. I am able to speak with relatives, either on the phone or in person, problems are sorted so well at this home. They are really proactive."

## Is the service caring?

### Our findings

The people who used the service told us that staff were caring, kind and considerate towards them. One person said, "Staff are very kind." Another person who used the service told us, "The staff go out of their way to try and please you." Whilst a third person said, "Staff are kind and considerate, in fact they have told me not to rush as they have plenty of time when I know they haven't." People's relatives agreed. One told us, "The staff are caring and respectful."

During our visit, we saw that staff treated people with respect, patience and warmth. We saw that staff ensured people had everything they needed and offered regular reassurance as people required it. When one staff member had to release the hand of the person they were supporting to get them a cup of tea, they explained what they were doing and why. On another occasion we saw a staff member compliment a person who used the service on how they looked, to which they smiled.

People received the care and support they chose. One person who used the service told us that their personal preferences in relation to assistance with personal care were adhered to by staff. The staff we spoke with understood the need to offer choice and assist people in an individual manner. One staff member told us, "We don't treat people all the same, we treat them as individuals. For example, don't assume people want to get up in the morning at the same time, or eat the same food." This staff member went on to give examples of how they meet people's individual needs and offer choice. Another staff member we spoke with said, "Always ask people before providing care, check with them first." A third staff member told us, "Make sure you give people a choice about what support they want."

People and, where appropriate, their relatives, had been involved in the planning of the care and support they required and wished for. The care plans we viewed confirmed this. One staff member we spoke with said, "We ask people what they want, families help with this. I get to know people when writing care plans with them." The service also had a 'resident of the day' system in place. This ensured that the people who used the service spoke with relevant staff about all aspects of the care and support they received and had input into its delivery.

The people who used the service told us that their dignity and privacy was maintained whilst receiving care and support. One visitor told us, "The staff are caring and respectful and treat [family member] with dignity." During our discussions with staff they demonstrated that they too understood the importance of maintaining people's dignity and gave us examples of how they promoted this. One staff member said, "We respect people's wishes, close doors when assisting them [with personal care] and make sure they are covered. We don't disclose personal information. We ask people before helping them or show people what you want to do, we get to know people's facial expressions." Another staff member told us how important it was to encourage people to make their own choices when providing support to them.

Staff assisted people to be as independent as they chose to be. One visitor we spoke with explained how staff assisted their family member with care only as needed and how they encouraged them to assist themselves. The visitor added that staff understood that the assistance their family member needed may

vary each day and that they respected this.

The service had no restrictions on visiting hours and people could visit their family and friends within the home when they wished.

## Is the service responsive?

### Our findings

The people who used the service told us that their needs were met. They told us they had choice over the care and support they received. One person told us, "Staff are very nice to me and very good, they never force anything on you. I get up and go to bed when I want to." Another person told us that their preference was met in relation to the gender of the staff that assisted them. One visitor we spoke with said, "As far as I know [family member's] needs are met and I'm sure they would speak up if not."

We viewed the care and support records for five people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. Each care plan was individual to the person and contained enough information for staff to provide care and support. For one person who had transferred from another care home, we saw that a full assessment had been carried out prior to them moving into the home. This was to ensure that the service could meet their needs. We also saw that care and support information was transferred with the person to aid continuity of care.

Care plans contained information on what support people required from staff and included any identified risks and how this impacted on the support provided. Care plans covered people's needs in areas such as personal care, nutritional requirements, mobility, communication, wellbeing, safety and mental health. Risks had been identified in relation to people's individual medical conditions, skin integrity, mobility, risk of falls, environmental factors and lifestyle choices. For those people whose care plans and associated records we viewed, we saw that they were accurate and up to date. We saw that the care and support being provided to those people we case tracked was delivered as stated in their care plans. Regular reviews of people's needs had taken place to take account of any changing circumstances.

For one person whose needs had changed significantly since they moved into the home, we could see the progress of their recovery documented well within their care plan and associated documents. For another person who was having a late breakfast at the time of our inspection, we saw that their care plan stated they often liked to lie in and therefore required a later breakfast. We saw that staff happily facilitated this and that the person was offered a choice of foods and drinks for breakfast.

Information was recorded that was important to the people who used the service. For example, family circumstances, hobbies, interests and life histories. For those living with dementia, this was recorded in a document entitled 'This is Me'. This included information on what the person liked doing, any current issues, working history and what was important to them. This information helped staff to develop meaningful relationships with those they supported.

All the people we spoke with were happy with the activities the service provided and how they were assisted to participate in their social and leisure pursuits. One person who used the service said, "Most times I go to the activities. I like crafts and I am attempting some knitting. I also listen to audio books. The activities staff take me out once a fortnight. I never feel bored." Another person told us, "There are two ladies who do activities, sometimes daily. We went bowling the other week. I play bingo and entertainers come in at least once a month." One visitor to the home said, "[Family member] goes down town and has a coffee, goes to

the beach, the post office, the library and to car boot sales. It all helps to maintain their independence. They also join in with the activities and like to go out with staff."

The service employed dedicated staff whose roles were to arrange and manage social activities. A plan of what activities were taking place and when was on display in the home. On the day of our visit this plan showed that a 'Pets for Therapy' dog was due to visit in the afternoon. We saw that this took place and that people enjoyed it. The home had also converted an area into a games room with a bar area, table tennis table, a television and DVD and CD player.

The service had processes in place to manage any concerns or complaints people may have. Written or verbal complaints were recorded, fully investigated and responded to. From the records we viewed, we saw that concerns were robustly investigated and that all associated records had been logged and maintained.

The people we spoke with all told us that they knew how to complain, to whom and that they would feel comfortable in doing so should the need arise. For one person who used the service who had made a complaint in the past, they told us, "There are suggestion cards in the reception to fill in. I have complained before and I took it straight to the [registered] manager and it was resolved straight away." One visitor to the home said, "I wouldn't be afraid to voice any concerns or complaints to the [registered] manager if we had a problem."

## Is the service well-led?

### Our findings

The people we spoke with were happy with how the home was managed and spoke positively about the registered manager. One person who used the service said, "I think it is very good here." Whilst another told us, "The management are very approachable. They have to come past this door so they always pop in and say 'good morning'." A third person said, "I like it here." One visitor we spoke with said, "It's a great home." One professional person described the registered manager as, "Hard-working and very conscientious."

The staff who worked at Claremont Nursing Home agreed. One staff member we spoke with described the registered manager as, "The most supportive [registered] manager we have ever had." Another told us, "To be honest this is the best care home I have worked at. The [registered] manager is so approachable, the seniors are fantastic, and it's like having good friends." A third staff member said, "The seniors have been really helpful as has the [registered] manager who is really nice."

Staff told us that they enjoyed their work and worked well as a team. One told us, "It's a great staff team here, really good. I like working here." Another staff member said, "It's really nice. Everyone is happy and easy-going. It's the way here. If you were in a bad mood and came here, it would cheer you up." During our inspection we saw that the atmosphere of the home was calm and organised. The home ran smoothly and efficiently. Staff understood their roles and worked as a team to provide care and support to the people who used the service.

A positive culture was encouraged. The registered manager told us they wanted to be, 'open and honest' with the staff team, people who used the service and others. They told us that they were proud of the staff team and the positive reputation they had within the local community. They said, "We have a good team and I think I have got the staff team I want to provide the service."

Regular meetings took place for staff. Minutes were in place for these and they showed that staff were involved in discussions, encouraged to participate and make suggestions to improve the service. Following each meeting, an action plan was developed that was discussed at each subsequent meeting. This monitored the progress of each topic point and ensured actions had been taken to achieve the required outcome.

The provider sought people's feedback on the service. Regular meetings were held for the people who used the service and their family members. Agendas were in place prior to the meetings and minutes distributed once completed. Action plans and progress monitoring forms were also in place for these meetings. These were detailed and showed what action needed to be taken, by when and whose responsibility it was to achieve it. This demonstrated that the service sought to improve and develop and involved others in achieving this.

The provider had an effective and robust system in place to monitor the quality of the service delivered. A number of audits were completed on a regular basis and we saw that these were thorough and effective at maintaining and improving the service. The audits were completed by the senior management team and

this ensured they had a good overview of the service, its strengths and where improvements could be made.

The registered manager completed a daily 'walk round' audit with other areas of the service being audited on a monthly basis. These had been completed each month and in detail. They covered areas of the service such as health and safety, infection prevention and control, record keeping, activities and food and drink provision. All areas of the service had audits in place.

The regional manager completed their own audit every three months with the last one being completed in September 2016. This audit was based on the key lines of enquiry used by CQC to help ensure the service was compliant with appropriate regulations. The service also had, in October 2016, a full internal inspection that shadowed those completed by the CQC. An audit had also been recently completed by a pharmacy on the medicines management system within the area of the home where those living with dementia lived. This had been positive with few actions required by the service. Any outstanding actions identified by the quality monitoring system were inputted into the home's development plan. This ensured all actions were organised into one place and gave the management a good overview of the service. The quality monitoring system in place was wide ranging and competent.

There was a registered manager in post at the time of our inspection that had worked at the home for many years. They told us that they felt supported and listened to by the provider. They told us, "Healthcare Homes are a good company for support." On the day of our inspection, we saw that the registered manager was supported by a senior manager for the provider. The registered manager told us that they worked well with other stakeholders and we observed this during our inspection. We know from the information held about the service that they had reported events as required in the past.

People spoke positively about the service provided at Claremont Nursing Home and told us that they would, and had, recommended the service. One person who used the service told us, "The [registered] manager very often comes round and asks if you have any problems, they are all very good here. I am happy being here." Another person said, "I think the home tries to improve because I suggested we have lasagne on the menu once in a while and they made it." A third person told us, "I would definitely recommend it here, I already have. I don't think anything could be better." A visitor we spoke with said, "I would recommend the home to people."