Hope Care Limited

Claremont Care Home

Inspection report

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Date of inspection visit:
10 January 2019

Date of publication:
15 February 2019

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

We inspected the service on 10 January 2019 and the inspection was unannounced.

Claremont Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Claremont Care Home is registered to provide accommodation and personal care for 17 older people and people who live with dementia. There were 16 people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. The company was owned by a single director who was also the registered manager. 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. In this report when we speak about both the registered provider and the registered manager, we refer to them as being, the 'registered persons'.

At the last comprehensive inspection on 6 April 2016 the overall rating of the service was, 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found that the service remained, 'Good'.

People were safeguarded from situations in which they may be at risk of experiencing abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. There were enough care staff to provide people with the care they needed. Background checks had been completed before new care staff had been appointed. Suitable steps had been taken to prevent and control infection. Lessons had been learned when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people. Care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included providing reassurance to people who lived with dementia if they became distressed. People were supported to eat and drink enough to have a balanced diet. Suitable steps had been taken to ensure that people received coordinated care when they used or moved between different services. The accommodation was designed, adapted and decorated to meet people's needs.

People had been supported to live healthier lives by having suitable access to healthcare services. People were supported to have maximum choice and control of their lives. People only received lawful care that was the least restrictive possible. Policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion. They were also supported to express their views about things that were important to them. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that promoted their independence. Information had been presented to them in an accessible way so that they could make and review decisions about the care they received. People were supported to pursue their hobbies and interests. The registered manager and care staff promoted equality and diversity. There were arrangements to ensure that people's complaints were resolved so that problems could be put right to improve the quality of care. Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

The registered manager had promoted an open and inclusive culture in the service to ensure that regulatory requirements were met. People who lived in the service, their relatives and care staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered manager was actively working in partnership with other agencies to support the development of joined-up care.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Claremont 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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 10 January 2019 and the inspection was unannounced. The inspection team comprised a single inspector. We spoke with eight people who lived in the service and with two relatives. We also spoke with four senior care staff, a housekeeper and the chef. In addition, we met with the deputy manager and the registered manager. We looked at the care records for four people who lived in the service. We also examined records relating to how the service was run including health and safety, the management of medicines, obtaining consent and the delivery of training. In addition to this, we examined the systems and processes used to assess, monitor and evaluate 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 three people who lived with dementia and who could not speak with us.

Good

Is the service safe?

Our findings

People felt safe using the service. A person who lived with dementia and who used sign assisted language to express themselves smiled and gave a 'thumbs up' sign when we asked them about what is was like to live in the service.

People were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

Risks to people's safety had been assessed, monitored and managed. This was so they were supported to stay safe while their freedom was respected. People were helped in the right way if they were at risk of developing sore skin. They also were safely helped if they experienced reduced mobility and needed assistance to move about. The accommodation was fitted with a modern fire safety system to detect and contain fire so that people could be kept safe. Hot water was temperature controlled and most radiators were guarded to reduce the risk of scalds and burns.

Medicines were ordered, stored, administered and disposed of in line with national guidance. Care staff who administered medicines had received training and had been assessed by the registered manager to be competent to safely complete the task. We saw medicines being given to people in the right way.

On the day of our inspection there were enough care staff on duty to enable people to promptly receive all the care they needed. Records showed that there had been the same number of care staff on duty during the two weeks preceding our inspection visit.

Safe recruitment practices were in place to ensure that only suitable people were employed to work in the service. These included obtaining references and a 'police check' from the Disclosure and Barring Service to establish applicants' previous good conduct.

Steps had been taken to prevent and control infection. The accommodation, fittings, furniture, beds and bed linen were clean. Care staff used disposable gloves and aprons when necessary and understood the importance of promoting good standards and hygiene.

Lessons had been learned when things had gone wrong. Accidents and near misses had been analysed so that action could be taken to help prevent the same things from happening again.

Good

Is the service effective?

Our findings

People and their relatives told us that they were confident that the care staff knew what they were doing and had their best interests at heart. A relative said, "I've no concerns about the staff at all. They make this place feels like being a big family. I think that they do wonderful work."

People received care that achieved positive outcomes in line with national guidance. Care staff had received introductory training before they provided people with care. They had also received ongoing refresher training and guidance to keep their knowledge and skills up to date. Care staff knew how to care for people in the right way. This included helping people who lived with dementia if they became distressed so they did not place themselves and others around them at risk of harm.

People who needed help to eat and drink enough were assisted in the way they preferred. There was a choice of dish available at each meal time and if necessary people were given individual assistance to eat and drink. Care staff specially checked how much some people were eating and drinking if they were at risk of not having a balanced diet. Advice from healthcare professionals had been sought and followed if people were at risk of choking. This included specially preparing food and drinks so that they were easier to swallow.

People received coordinated care if they moved between services. In addition to this, the registered manager and care staff ensured that people had suitable access to healthcare resources.

National guidelines had been followed to promote positive outcomes for people by seeking consent to care and treatment in line with legislation. The Mental Capacity Act 2005 provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People had been supported to make decisions for themselves. When people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests. When necessary, the registered manager had made applications for DoLS authorisations to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

A small number of areas of the accommodation were not designed, adapted and decorated to meet people's needs and expectations. In two bedrooms the doors to the ensuite bathrooms were damaged. They had been crudely repaired with filler that looked unsightly. The lock fitted to one of the communal bathrooms was broken and could not be operated. This reduced people's ability to use the bathroom in private. A further shortfall was that on the day of the inspection visit the central heating had not been set to switch on at the correct time. As a result, by the early afternoon parts of the accommodation were

uncomfortably cool.

We raised each of these concerns with the registered manager. They assured us that the damaged doors and broken lock had already been noted and were about to be repaired. Furthermore, they immediately established why the central heating had not operated at the correct time, switched it on and assured us that it would be checked each day. The registered manager also told us that the problem with the central heating had been a 'one off' occurrence and so had not happened before. In addition to this, immediately after the inspection visit, the registered manager sent us evidence to show that each of the shortfalls noted above had been addressed.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff are very good to me." Another person remarked, "I find all of the staff here to be top notch."

We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff reassuring a person who had become upset. The person was anxious because they could not remember when their family member was next due to visit them. The member of care staff gently explained that their relative usually visited them at the weekend after which the person became relaxed.

Care staff were considerate and recognised that people benefited from being supported to personalise their home. We saw that each person had been encouraged to decorate their bedroom with pictures and ornaments they had chosen.

People had been supported to express their views and be actively involved as possible in making decisions about things that were important to them. Most of the people had family and friends who could support them to express their preferences. Relatives told us that the registered manager had encouraged their involvement by liaising with them on a regular basis. The registered manager had also developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Care staff recognised the importance of not intruding into people's private space. This included them knocking and waiting for permission before going into rooms bathrooms, toilets and bedrooms that were in use.
People could spend time with relatives and with health and social care professionals in private if this was their wish. Care staff had assisted people to keep in touch with their relatives by post, telephone and visits.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People and their relatives told us that the care staff provided them with all the assistance they needed. A relative said, "The care staff are genuinely caring people. I can see with my own eyes that my family member is well cared for here."

We saw and records confirmed that people received a wide range of practical assistance that met their needs and expectations. This included assistance with washing, dressing, using the bathroom and keeping their clothes clean. The registered manager and care staff had consulted with people and their relatives about the care they wanted to be provided and had recorded the results in an individual care plan. Parts of the care plans presented information in an accessible way using pictures and diagrams. This helped people to make and review decisions about the care they received. The care plans had been regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Care staff recognised the importance of respecting people's individuality. This included supporting people who wished to meet their spiritual needs through religious observance. Care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities.

People were helped to pursue their hobbies and interests. There was an activities coordinator who invited people to participate in a range of small-group activities such as playing board games and enjoying arts and crafts. They also provided individual assistance for people such as reading from the newspaper, hand care and chatting about subjects of interest.

There were arrangements in place to resolve complaints so that problems could quickly be put right to improve the service. People had been informed about how to make a complaint. There was a procedure for the registered manager to follow when investigating a complaint. Records showed that the registered persons had not received any complaints since our last inspection.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people and their relatives to establish what medical care they wanted to be provided.

Good

Is the service well-led?

Our findings

People considered the service to be well run. One of them said, "I like it here and the staff are lovely." Relatives were also complimentary about the service. One of them remarked. "I do think that the service is very well run. It's organised without appearing to be so. It feels like a big family."

There was a registered manager in post who had promoted an open and inclusive culture in the service. Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered manager if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The service complied with regulatory requirements. Care staff were clear about their responsibilities and there was a senior member of staff on call during out of office hours to give advice and assistance. Care staff had been invited to attend regular staff meetings to develop their ability to work together as a team. In addition to this, care staff had been provided with up to date written policies and procedures to give them up to date guidance about their respective roles.

Suitable arrangements had been made for the service to learn, innovate and ensure its sustainability. Records showed that quality checks had regularly been completed to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way and that people's health and safety was promoted. Furthermore, people who lived in the service, their relatives and staff had been invited to make suggestions about how the service could be improved.

It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included the registered manager working with commissioners so that they quickly knew when a vacancy had arisen so that people could be offered the opportunity to move into the service as soon as possible.