

Crabwall Claremont Limited

Claremont Parkway

Inspection report

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Date of inspection visit:
07 September 2016

Date of publication:
14 October 2016

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on January 2016 and rated the service as overall good.

In July and August 2016 the Commission was made aware that concerns had been raised about staffing, poor record keeping, concerns in relation to medicines, delays in responding to call bells and that people had been moved from the home without planning, consultation and involving other stakeholders.

The Commission carried out a focused inspection on 7 September 2016, this inspection sought to look at the concerns that had been raised. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Claremont Parkway on our website at www.cqc.org.uk

This service is registered to provide accommodation and personal care for up to 66 people; at the time of our inspection there were 46 people living in 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.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely.

Staffing levels ensured that people received the support they required at the times they needed and records relating to care and support were completed accurately and in a timely manner.

The registered manager was approachable and was fully involved in the day to day running of the home. The organisation has used the recent move of people from the residential part of the building as a learning tool to help develop a more informed and structured approach in the future.

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

There was enough staff to meet people's assessed needs in a timely manner.

There were safe systems in place for the administration of medicines.

Is the service well-led?

Good ●

This service was well-led

The registered manager was approachable and was fully involved in the day to day running of the home.

The organisation has used the recent move of people from the residential part of the building as a learning tool to help develop a more informed and structured approach in the future.

Claremont Parkway

Detailed findings

Background to this inspection

We undertook an unannounced focussed inspection of Claremont Parkway on 7 September 2016. This inspection was completed in response to concerns relating to staffing, poor record keeping, concerns in relation to medicines, delays in responding to call bells and that people had been moved from the home without planning, consultation and involving other stakeholders. This report only covers our findings in relation to those topics

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 was completed by two inspectors. Before the inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of some people using the service.

During our inspection we spoke with three people who used the service, four members of care staff, two relatives, a team leader, the registered manager and the regional support manager.

We looked at documentation relating to medicines, staffing, record keeping and information relating to people moving from the home.

We also undertook observations of care and support and monitored the call bells.

Is the service safe?

Our findings

There was enough staff deployed to meet the needs of the people living at Claremont Parkway. One person said "There is always staff when I need them; and when I don't need them they always stop by to see if I need anything." We discussed with the registered manager and team leader the concerns that had been raised with us about staffing and viewed the staffing rota for the current week and previous weeks. The service used a dependency tool which calculates the staffing required to meet people's assessed needs and we saw that the staffing levels exceeded this figure. The service was supporting 20 people less than its maximum number and it was clear that some staff believed the service should continue to operate with the numbers of staffing that it would have if the home was full to its registered capacity. We observed staffing levels throughout the day and saw there was enough staff to meet people's needs in a timely manner and the calls bells were answered promptly.

There were safe systems in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Staff gave people suitable support to take their medicines in a way that they preferred. Records were well maintained and regular audits were in place to ensure that all systems were being safely managed.

There were a range of risk assessments in place to identify areas where people may need additional support and help to keep safe. For example, people who had been assessed for support with moving had a risk assessment in place which gave detailed instructions to the staff as to how to reposition the person to mitigate against the risks of pressure ulcers developing. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was used to support people. We saw that that repositioning charts were completed in a timely manner and it was clear what position the person was supported to move to; for example: on the left hand side.

Is the service well-led?

Our findings

People using the service, the staff, and relatives said that the registered manager was approachable and knowledgeable. We saw that throughout the day the registered manager interacted well with people and made time for people and staff. A relative told us "[name of registered manager] is good; they make sure we are kept informed about [name of relative] care and we have had no complaints at all."

The registered manager informed us about the 'Transfer to discharge contract' which is a partnership with Kettering General Hospital (KGH) where people in KGH no longer require medical intervention but still need some care and support or equipment to be put in to place before they can return home or until a place is available for rehabilitation at other sites. There was a clear admissions pathway for each person who came to the service from KGH and care plans, risk assessments, moving and handling assessments, falls assessments, skin integrity and food and fluid monitoring charts were put in place within the first 6 hours of each admission. There was a clear initial 24 hour audit in each file to ensure this essential paperwork had been completed within the timescales. Each person admitted to Claremont through this route also had a discharge plan in place. The people were supported by Nurses and consultants from KGH alongside the established Claremont team of staff.

The provider had made a decision that the home would no longer accommodate people who required residential care only and the new focus was on nursing care. To enable this transition to take place people were currently moving out of the residential care area of the building and were moving to another home operated by the provider. People and their families had been involved in this planned move and people's moving dates were flexible to meet the needs of the people and their families. For example, one person's family was going on holiday and they requested the move be delayed for few weeks to allow for them to be available to support the person to move. People were supported to view their new home, choose their room and meet staff. The activities co-ordinator at Claremont Parkway also supported people with the move and continued to visit once people had moved to provide some continuity of care.

The registered manager and the regional support manager were transparent about how they hadn't involved stakeholders like the local county council with the plans to move people on from the residential part of the building. This was an oversight on their behalf because they were focussing on the move being a positive experience for people. The whole organisation has used this experience as learning tool and will assist with developing a 'check list' to ensure any future moves for people are completed with the full involvement of stakeholders.