Care Quality Commission

Hope Care Limited

Claremont Care Home

Inspection report

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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

This inspection took place on 06 April 2016 and was unannounced.

Claremont Care Home is a privately owned care home providing personal care and support to up to 17 older people most of who were living with dementia. At the time of the inspection there were 16 people living at the service.

The service is run by a registered manager who is also the registered provider and who was present during our inspection. 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. The registered manager was supported by two deputy managers.

People told us that they felt happy and safe living at the service. Staff knew how to protect people from the risk of abuse and the action they needed to take to keep people safe. Staff were confident to whistle blow to the registered manager or other organisations if they had any concerns and were confident that the appropriate action would be taken.

Risks to people's safety were identified, assessed and managed. Risk assessments recorded people's specific needs, and how risks could be minimised. People received their medicines safely and when they needed them. Accidents and incidents were recorded, analysed and discussed with staff to reduce the risks of them happening again.

Recruitment processes were in place to check that staff were of good character. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff who had worked at Claremont Care Home for a long time and knew people well.

People were supported to have a healthy diet. Choices of meals were displayed in the dining room and pictures were used to support people in making their dining choices. Their dietary needs were monitored and appropriate referrals to health care professionals, such as dieticians, were made when required. People were supported to maintain good health.

People received their care in the way that they preferred. Care plans contained information and guidance so staff knew how to provide people's care and support. Staff were familiar with people's life stories and were knowledgeable about people's likes, dislikes, preferences and care needs.

People and their relatives were involved with the planning of their care. Care and support was planned and delivered in line with people's individual care needs. People spoke positively about staff and told us they were and caring and kind. One person commented, "Staff are really helpful. They get shopping for me on

their way into work". Privacy was respected and people were able to make choices about their day to day lives. Staff were compassionate, respectful and caring when they were supporting people.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Applications for DoLS had been made in line with guidance and were kept under review.

People were involved in activities they enjoyed. Relatives told us they were able to visit when they wanted to. One relative said "I regularly visit at different times and am always made to feel welcome" and another commented "They make me feel welcome and offer me a drink". People, their relatives, staff and health professionals were encouraged to provide feedback to the registered manager about the quality of the care delivered. The registered manager analysed the results and used this to continuously drive improvements.

Staff had developed positive relationships with people and their relatives. There was a friendly and relaxed atmosphere in the service. One person told us, "There's lots of laughter. Staff cracking jokes and everyone joining in"

Plans were in place so if an emergency happened, like a fire or a flood, the staff knew what to do. Safety checks were carried out regularly throughout the building and there were regular fire drills and people knew how to leave the building safely.

The registered manager and management team coached and mentored staff through regular one to one supervision. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the management team.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. People and their relatives told us that the service was well led. A relative commented, "We have a good impression of the home. The care is very good. The staff are good".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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.

People felt safe living at Claremont Care Home and were protected from the risks of avoidable harm and abuse. Risks to people's safety were identified, assessed and managed appropriately.

People received their medicines safely. Accidents and incidents were recorded and monitored to identify any patterns so that action could be taken to prevent reoccurrences.

The provider had a recruitment and selection process in place to make sure that staff were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Is the service effective?

Good

The service was effective.

Staff understood that people should make their own decisions, and followed the correct process when this was not possible. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff received sufficient training, supervision and appraisal to ensure they had updates with current care practice to effectively support people.

People were supported to maintain good health and had access to health care professionals when needed. People were provided with a choice of healthy food that they liked.

Is the service caring?

Good

The service was caring.

People told us they were happy living at the service. People and their relatives told us that staff treated them with dignity and respect.

Staff were kind and caring. They were aware of, and took into account, people's preferences and different cultural and religious needs. Staff spoke and communicated with people in a compassionate way.

People were supported to be as independent as possible. People's records were securely stored to protect their confidentiality.

Is the service responsive?

Good

The service was responsive

People received the support, encouragement and care they needed and the staff were responsive to their needs. Staff knew people and their preferences well.

Care plans were reviewed and kept up to date to reflect people's changing needs and choices. People enjoyed the activities offered.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Good

The service was well-led

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People, their relatives and staff were positive about the leadership at the service.

Audits were completed on the quality of the service. These were analysed to identify any potential shortfalls and action was taken to address them.

Care Quality Commission

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 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 was an unannounced inspection carried out on 6 April 2016. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed a detailed 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 reviewed information we held about the service and looked at previous inspection reports and notifications received by the CQC. Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We looked around all areas of the service. We met most of the people living at the service; spoke with eight people and four people's relatives. We spoke with six members of staff and the registered manager.

During our inspection we observed how staff spoke with and engaged with people. Some people were not able to explain their experiences of living at the service because of their health conditions so 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 how people were supported throughout the inspection with their daily routines and activities and observed if people's needs were being met. We reviewed six care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

We last inspected Claremont Care Home in October 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Claremont Care Home. One person said, "I feel safe here. There are always people around and if I press my call bell someone comes quickly. I can see that I have pressed it right because it lights up". People's relatives told us their loved ones were safe. People told us there were enough staff and that they knew them very well.

Staff knew how to keep people safe. Restrictions were minimised so that people felt safe but had as much freedom as possible. People were able to move freely around the service and staff kept rooms and corridors free from obstacles which could be hazardous. There were risk assessments in place for staff to follow on pressure care and moving people safely. These identified possible hazards and documented what staff should do to reduce risks to people. For example, when people had difficulty moving around the service staff supported them to use specialist equipment, such as walking frames to help them stay as independent as possible.

Staff knew how to recognise signs of abuse and how to report any concerns. They completed training on how to keep people safe. There were procedures and guidance for staff to follow so that they could keep people as safe as possible. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Staff reported incidents and accidents to the registered manager. They reviewed and analysed these to identify any trends. When a pattern had been identified action was taken by the registered manager and staff to refer people to other health professionals to reduce incidents and keep people safe. For example, staff monitored when people had a fall and, when appropriate, worked with the community nurses and GP with the aim of reducing falls.

The provider had a business continuity plan in place and there was clear guidance in place for staff to follow in the event of a major incident, such as, a flood or a gas leak. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. Regular fire drills and a six monthly evacuation were completed to make sure staff knew what to do to keep people as safe as possible in an emergency.

There were enough staff on duty to meet people's needs and keep them safe. The duty rota showed there were consistent numbers of staff working on each shift. There were arrangements in place to cover unexpected shortfalls, such as, sickness. On the day of the inspection the staffing levels matched the duty rota and there were enough staff to meet people's individual needs. The registered manager and / or deputy managers were always available to provide support to staff.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider's recruitment policy was followed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable. Information had been requested about staff's employment

history, including gaps in employment. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff had been completed. Information about candidate's physical and mental health had been obtained.

People received their medicines when they needed them. People's medicines were managed by staff who had been trained in medicines management. The registered manager regularly checked staff competency on supporting people to have their medicines. Medicines were stored in a locked room and were administered from a medicines trolley. The medicines trolley was securely stored when not in use. The medicines trolley was clean, tidy and not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. Some people were prescribed medicines to take now and again on a 'when needed' basis. There were clear guidelines for staff to follow about when to give these medicines. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Standards of hygiene and cleanliness were appropriate. Staff completed training on infection prevention and control. Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were clean and tidy and well maintained.

Good

Is the service effective?

Our findings

People told us the staff looked after them well and knew what to do to make sure they got everything they needed. Relatives told us their loved ones received good, effective care. They said staff had the skills and knowledge to give them the care and support they needed. They said that communication with the staff was very good and they were kept up to date with their relative's changing needs. A relative commented, "Staff do listen to what we have to say and inform us if any changes to [our loved one's] care is needed".

Staff worked effectively together and they communicated well and shared information. Staff handovers between shifts made sure that staff were kept up to date with any changes in people's needs. Staff told us that they felt supported in their roles.

Staff had an induction into the service when they first began working there. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

People were supported by staff who completed a range of training to develop the skills and knowledge they needed to meet people's needs. The registered manager used a training schedule to check that staff had been completed training and when it was due to be renewed.

Staff had completed the training they needed to perform their duties, including moving and handling, health and safety and fire safety training. They had also completed special training, such as dementia awareness, to support people's care and treatment needs. Staff were encouraged and supported to access ongoing professional development by completing vocational qualifications in care for their personal development. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove they have the ability (competence) to carry out their job to the required standard. Staff told us they completed regular training. A comment from the most recent staff survey noted, 'We are provided with support and training which in turn enables us to continue providing excellent care to our residents'.

The service took part in the 'Thanet Pilot – Paramedic Practitioner collaboration between Primary Care Clinicians and Residential Care Home Practitioners'. This scheme aimed to reduce the number of unnecessary admissions to the Accident and Emergency department at the local hospital. The registered manager and staff had built a strong working relationship with the paramedic practitioner and there had been a reduction in hospital admissions. The registered manager told us the staff had worked very closely with the paramedic practitioner and had benefitted from additional training in general health observations.

Staff told us that they felt supported by the registered manager and deputy managers. Members of the management team reviewed the effectiveness of the training by observing staff providing care and treatment to people. Staff received feedback from their observations immediately and at regular one to one

meetings. Any changes needed to staff practice were discussed at these meetings and managers supported and coached staff to provide good care.

The one to one meetings were planned in advance so that staff could prepare and enabled the management team to track the progress towards the staff member's objectives. Staff's achievements were recognised and they were praised. Staff progress towards changing their practice following any concerns was also discussed and the registered manager quickly identified staff who were not able to provide the service to the standard required.

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 the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. The Care Quality Commission monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Applications for DoLS authorisations had been made in line with guidance.

People were able to make choices about how they lived their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. One person told us, "At night I choose what clothes I want to wear the next day. Sometimes I am too tired so the carers and I do it in the morning".

When people were not able to give consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA and staff understood the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

If people did not have the capacity to make complex decisions meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was documented and noted in people's care plans so that the person's wishes could be acted on.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians and speech and language therapists. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care

records showed relevant health and social care professionals were involved with their care. Care plans were in place that detailed people's needs in these areas and were regularly reviewed. People's changing needs were monitored to make sure their health needs were responded to promptly.

People told us that they enjoyed their meals. They said, "The food is good. They ask me what sort of things I like best" and "There is always plenty of it. I get a nice cup of tea in the mornings". Staff supported people to have sufficient to eat and drink and maintain a balanced diet to make sure they were as healthy as possible. Choices of hot and cold drinks were given throughout the day and people were encouraged to drink to make sure they remained hydrated. A member of staff commented, "We have regular training and meetings and we involved people when we talked about the food they would like to eat".

Lunchtime was a relaxed and social time and staff were observant and attentive. Cups were brightly coloured and there were table cloths and napkins on each table. The food looked appetising and was well presented. When people needed support to eat this was done discreetly, sensitively and respectfully by the staff. Staff took their time when supporting people and focussed on the person's experience. People were not rushed and ate at their own pace.

The cook told us that they asked people what foods they liked best and then compiled the menus around these choices. They said, "People don't like pasta but things like dumplings and puddings with custard. These are things they have always been used to". The cook had a large selection of pictures of different meals and used them to support people to make their choice of meals. They said, "Visual aids are really important as people recognise them rather than me saying 'lunch is fish and chips'. Some people need to have their food pureed and I like to keep it as colourful as I can as it makes it look good to eat".

The design and layout of the service was suitable for people's needs. The premises were maintained and adapted so people could move around and be as independent as possible. There was clear pictorial signage around the service to help people remember what was in each room. Large notice boards displayed information, in a clear format, relevant to people and their relatives. Photographs of the staff team were displayed and staff wore a name badge. People's rooms were personalised with their own belongings. One person said, "It's a proper home. I have all my own things in my room and I can go out with a visitor if I want to. I enjoy being here with others and I am never lonely, which I was before and got very depressed". Lounge areas were comfortable and were suitable for people to take part in social, therapeutic, cultural and daily living activities.

Good

Is the service caring?

Our findings

People told us they were happy and content living at Claremont Care Home and their comments about the management team and staff were positive. One person said, "People are so kind. It's a real proper home. I'm never lonely; there are people to talk to". A visiting health professional commented, "The care is really good here. The staff have been here a long time and are excellent. They know people very well".

The registered manager told us that people completed a 'Quality of Care' survey each year 'To determine resident's views, opinion and perception of the standard of care they are receiving'. Comments on the surveys included, 'Very caring and friendly staff', 'Kind and understanding', Calm and peaceful atmosphere' and 'It is a very nice caring home'.

People received care and support that was individual to them. Staff had built strong relationships with people and their loved ones and knew them well. They understood their preferences, needs, likes and dislikes. One person said "I asked if I could have a cuppa in the mornings before I get up and I get that every day". A member of staff told us, "I enjoy talking to residents. I think it is important to be able to talk about their lives before they came here".

People and their loved ones were involved in making day to day decisions and in the planning of their care. People told us they felt listened to and that their views were taken into account. The registered manager told us that, because some people were living with dementia, their families played a key role in supporting them to make decisions. The providers' 'Philosophy of Care' noted, 'We aim to provide a homely, comfortable and above all happy environment where care is planned with the active involvement of the residents themselves as well as their relatives, friends, medical professionals and others wherever appropriate'.

People's relatives told us there were no restrictions in place, that they visited when they wanted to and they always felt welcome. One relative said, "We can visit at any time and it's such a friendly place to be in". There was a friendly and relaxed atmosphere and people were chatting and laughing with each other and staff. Relatives told us, "The staff are very caring towards [our loved one] and that is very important to us", "The staff are very friendly and caring towards [my loved one]. It's always a nice atmosphere and they always offer us a drink when we visit" and "The staff are caring. They pat people's arm as they go by and always chat to people".

Staff spoke with and supported people in a respectful and professional manner that included checking that people were happy and having their needs met. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff respected people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. A relative commented, "Respect is shown because they always knock on doors and gently check that everything is ok".

People were supported to be clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were neatly shaved. This promoted people's personal dignity. People told us a hairdresser visited the service regularly. A relative told us, "[Our loved one] is well cared for and is always clean and tidy".

Staff showed concern for people's wellbeing in a caring and meaningful way. During the inspection one person became distressed and said they didn't know where they were. A member of staff immediately sat with them and gently reassured them, telling them they were safe at home. They visibly relaxed and became calm.

People moved freely around the service and could choose where they wanted to spend time. Staff knew that some people preferred to have their own space and this was respected. Staff supported people to develop and maintain friendships and relationships. People told us they had formed good friendships with other people living in Claremont Care Home. A member of staff said, "It's just like being at home. Everyone gets on well together".

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Care plans gave staff guidance of what people could do for themselves, what assistance was needed and how many staff should provide the support. Some people were not able to communicate verbally due to their health conditions. There was clear guidance for staff of how best to support people in the way they preferred. For example, staff used pictures or objects to offer people choices. Pictures and photographs were used to support people to choose the meals and activities.

People's preferences and choices for their end of life care were clearly recorded and kept under review. Relatives told us they had been involved in the planning of their relative's end of life care. People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy. Staff told us that people were able to attend local church services if they wished and they supported them to do so.

Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. Staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

Good

Is the service responsive?

Our findings

People received the care and support they needed and the staff were responsive to their needs. Staff knew people and their relatives well and had developed positive relationships with them. People were relaxed in the company of each other and staff. People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person.

People received consistent, personalised care, treatment and support. When they were considering moving into the service people and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. The registered manager told us the initial assessment included discussing people's dementia and how this may influence their behaviour. This information was used so that the registered manager could check whether they could meet people's needs or not. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Each person had a detailed care plan which was written to give staff the guidance and information they needed to support the person. Care plans were personalised and contained details about people's backgrounds and life events. Staff knew about people's life history so they could talk to them about it and were aware of any significant events. Plans included details about people's personal care needs, communication, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. When people's needs changed care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care. Referrals to health professionals were made when needed, for example, to speech and language therapists and dieticians. Staff were aware of the content of people's care plans and provided support in line with them.

Staff had a good knowledge of the people they were caring for. People were assigned a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. The registered manager told us that documented key worker meetings had not taken place for a few months. They were aware this was an area for improvement and had a plan in place to rectify this.

People and their relatives told us they were confident to raise concerns about the service, felt that they would be listened to and their concerns would be acted on. One relative told us "Sometimes their clothes are not always theirs but that is quickly sorted out and we just have a laugh about it" and another relative commented that sometimes their loved one was not always appropriately dressed to take the weather into account but that it was always resolved by staff. The complaints procedure was discussed with people when they moved into the service. The provider had a policy which gave staff guidance on how to handle complaints. When compliments were received the registered manager made sure that all the staff were aware.

People were supported to keep occupied and there was a range of activities available, on a one to one and a group basis, to reduce the risk of social isolation. The activities co-ordinator told us people generally preferred the noisier activities like ball games and exercises. They said quieter activities such as card games, pamper sessions, one to one chats and reminiscence sessions were also offered.

During the inspection there were a number of activities that took place including ten pin bowling and ball games. There was a lot of cheering and laughter. People and staff encouraged others to join in. The atmosphere was relaxed and fun and people enjoyed themselves. Relatives told us they joined in at parties, barbecues and other events. One relative told us they and another relative had started a 'sing song' one day and people joined in and had a good time. Relatives said they regularly took their loved ones out for the day and that this was always encouraged by the staff.

Good

Is the service well-led?

Our findings

People knew the staff and management team by name. People and their relatives told us they would speak to staff if they had any concerns or worries and knew that they would be supported. One person noted on a quality survey 'An excellent leadership and family atmosphere'. One relative told us they were very impressed with the service and commented, "You know you can discuss anything with the staff and they will listen".

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. Relatives said they felt the service was well-led and they could rely on the staff to help and support their loved ones. Relatives said, "It's very homely here and I know [my loved one] is in good hands" and "The communication is good. I am always told what is going on".

The registered manager and staff were clear about the aims and visions of the service. The 'Philosophy of Care' was on display in the service and noted, 'The ethos of the home is to help our residents' lead happy, dignified lives and to become and remain as self-reliant and independent as possible within a safe environment'. Staff actively promoted people's independence allowing people to do as much as they wished to do. Staff were observant and noticed when people required support.

Staff said they were 'very well supported' by the registered manager. They were encouraged to question practice and to suggest ideas to improve the quality of the service delivered. The registered manager held regular staff meetings. Staff told us they were able to give honest views and the staff were invited to discuss and issues or concerns that they had and that the management listened and responded. Staff told us they felt valued and that most of them had worked at Claremont Care Home for a long time. Staff commented "We all have a good working relationship. It's a real family home" and "I enjoy working here and have a good rapport with everyone".

There was a clear and open dialogue between the people, staff and registered manager. The registered manager knew people well, was sensitive and compassionate and had a real understanding of the people they cared for. The registered manager monitored staff on an informal basis and worked with staff each day to maintain oversight of the day to day running of the service.

The registered manager had systems in place to seek the views of a wide range of stakeholders about their experience and views of the service. 'Quality of Care' surveys were completed each year by people, their loved ones, staff and health professionals. The results of these, which were all very positive, were analysed. A conclusion was noted and an action plan was put in place to support staff to drive improvements in the quality of service delivered. When there was no particular area of concern the registered manager still looked for ways to improve. For example, the staff survey noted 'No particular area in this questionnaire has received an unsatisfactory response. Manager to continue to ensure that it engages with staff to explore how to improve response satisfactory to good or very good and continue to encourage an open and transparent culture within the organisation'.

The registered manager and staff worked closely with key organisations and health professionals to support care provisions and to promote joined up care. The registered manager told us they were working with social services, community nurses and community mental health nurses to pilot a collaborative integrated care plan. To keep up to date with good practice the registered manager received regular information and advice from relevant national societies relevant, such as, Alzheimers UK, My Home Life and Dementia UK. The registered manager was a member of the Chartered Institute of Personnel Development and accessed relevant material to support staff leadership and development.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.