

Parkcare Homes Limited

# Claremount House

## Inspection report

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25 February 2020

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Claremount House is a residential care home providing personal and nursing care for up to 26 people. At the time of the inspection there were 21 people in the home, some of whom were aged over 65 years and were living with dementia, and others who were younger and had mental health needs. The home is purpose built with bedrooms located over two floors and communal areas on the ground floor.

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

People and relatives were happy with the care provided which they said had improved since the last inspection. A relative said, "Things had gone downhill when [CQC] last came, but they're settling down now. It's much calmer and there are more staff."

There were enough staff to meet people's needs and keep them safe. Regular bank and agency staff were used to ensure continuity of care whilst the provider recruited a permanent staff team. Staff were recruited safely and received the induction, training and support they needed to fulfil their role. Effective communication systems ensured staff knew people's needs and how to meet them.

People and relatives were involved in planning and making decisions about their care. Care records had improved and reflected people's needs. Medicines were managed safely. Staff were aware of risks to people and knew how to manage them. Safe systems were in place to manage any allegations of abuse and complaints.

The home was clean and well maintained. Infection control had improved although additional facilities were needed in some bathrooms and toilets for the safe disposal of clinical waste. The manager was taking action to address this.

Communal areas had been redecorated and refurbished providing a comfortable and homely environment. Some work had begun on refurbishing bedrooms, with people and relatives involved in choosing colour schemes. However, this work needed to be progressed as many of the bedrooms remained stark with few personal effects or homely touches to make the room comfortable for the person occupying it. The provider was taking action to address this.

Staff were kind, caring and compassionate. They treated people with respect and maintained their privacy and dignity. People enjoyed a variety of activities and had started to go out into the community. People had access to healthcare services and their nutritional needs were met.

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

Leadership and management had improved. People, relatives and staff praised the manager who had been in post since November 2019 and is in the process of registering with CQC. A relative said, "[Manager's] only been here a short time but has proved herself; very pro-active, all the time looking at how things can be improved."

Quality assurance systems were effective. Senior managers carried out regular reviews and provided assurances that actions were being taken to address these. The provider recognised these improvements need to be sustained and developed further to ensure the service is consistently well-led.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 27 August 2019) and there were multiple breaches of regulation.

This service has been in Special Measures since 27 August 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# Claremount House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

On 18 February 2020 two inspectors, a medicines inspector 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. On 25 February 2020 one inspector carried out the inspection.

#### Service and service type

Claremount House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager left the service in May 2019. A new manager started in post in November 2019 and is in the process of applying for registration with the Care Quality Commission. Once registered, this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of the inspection was unannounced. The second day was announced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group (CCG) and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the manager, nurses, care workers, the activity coordinator, the managing director, housekeeping and catering staff.

We reviewed a range of records. This included four people's care records and nine people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 12.

### Using medicines safely

- Medicines were managed safely.
- People's medicines were administered by staff in a safe, caring and responsive way.
- Medicine records were detailed and accurate.
- Medicines were stored securely and kept at the right temperature.
- Audits were effective in maintaining a high standard of medicines management.
- Staff administering medicines were appropriately trained and competent for this task.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely.
- Staff understood the risks to people and how to manage them. Risk assessments were in place and up to date.
- Pressure relieving equipment was used safely and appropriately for people who were at risk of skin damage. Staff followed safe practices when moving and handling people, using equipment such as hoists and slings appropriately.
- Equipment and the environment were safe and well maintained.
- Fire safety had improved. Building works had been completed to meet the requirements of the fire authority. Staff knew the fire procedures and had taken part in regular fire drills; fire marshalls worked on each shift. People had individual emergency plans which showed the equipment and support they required from staff if they had to evacuate the building.

At our last inspection people were inappropriately restrained and were not protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood how to recognise and report abuse. They had received safeguarding training and carried

safeguarding flash cards to prompt and guide them.

- Systems were in place to record and monitor any incidents. Appropriate referrals had been made to the local authority safeguarding team and notified to CQC.
- Concerns and allegations were acted on to make sure people were protected from harm.
- Accident and incident recording had improved and any follow up action required was recorded and implemented. Safety huddles were held with staff to share learning and make sure everyone knew how to mitigate any risks to people.

At our last inspection there were insufficient staff to meet people's needs and keep them safe. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

#### Staffing and recruitment

- There were enough staff to meet people's needs and staff were recruited safely.
- There had been significant staff turnover in the last 12 months and there was an ongoing recruitment drive to employ permanent nurses and care staff. Agency and bank staff were used to maintain safe staffing levels and the provider ensured the same staff attended to help provide consistent care and support for people.
- Relatives felt there were enough staff and told us staffing levels had improved.
- Staff worked well together as a team with permanent staff working alongside agency and bank staff. Staff were present in communal areas and carried out regular checks on people who chose to stay in their rooms. One staff member said, "There's enough of us. We know what we're doing now and we can rely on each other."
- The manager kept staffing levels under review and adjusted them according to people's needs.
- Recruitment processes were safe with all required checks completed before new staff started employment.

At our last inspection infection prevention and control systems were ineffective placing people at risk of infection and ill health. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 12.

#### Preventing and controlling infection

- Infection control was well managed.
- Recommendations made by the local authority infection control team had been implemented. However, we found some communal bathrooms and toilets did not have facilities for staff to dispose of clinical waste such as soiled continence products. The manager addressed this when we raised it.
- Staff had received infection control training and followed safe practices; washing hands and wearing gloves and aprons appropriately.
- The environment was clean. Cleaning staff were on duty every day and followed robust schedules to make sure good standards of cleanliness were maintained.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection people were not supported to have enough to eat and drink. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 14.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met.
- The catering team knew people's dietary needs well and prepared appetising, fortified meals and snacks, including high calorie smoothies. The cook had developed a good rapport with the care team and all worked together to make sure people received enough to eat and drink.
- People enjoyed the food and ate and drank well. We saw staff encouraged and supported people, replacing food and drinks that had been left and offering different choices throughout the day. We saw people enthusiastically tucking into plates of fresh fruit and other snacks taken round by staff.
- People's weight was monitored and appropriate action was taken in response to significant loss or gain. Food and fluid charts were completed appropriately and reviewed by senior staff.

At our last inspection the provider failed to ensure staff had received effective training and support to carry out their role competently. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 18.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to meet people's needs.
- New staff were supported and completed a comprehensive induction. One recently employed staff member said, "I had a full induction and then had two days where I just observed and was given time to get to know the residents."
- Staff training had improved. Training the provider deemed mandatory had been completed by 86.1% of staff and action was being taken to make sure all staff achieved compliance.
- Thirteen staff had completed training in non-abusive psychological and physical intervention (NAPPI) to help them manage people whose behaviour may become challenging. A further NAPPI course had been booked for staff to attend in April 2020. Other specialist training had been provided including catheter care and end of life care.
- Relatives said staff were well trained. Comments included; "Staff are calmer now and know what they're

doing" and "Staff are a lot better trained than they were before."

- Staff said they received supervision which was confirmed by the records we reviewed.

At our last inspection there was a lack of effective systems to ensure the principles of the MCA were followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 11.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have choice and control of their lives as staff understood and applied the key principles of the MCA.
- Systems were in place to monitor DoLS authorisations, ensure conditions were met and make sure re-applications were timely. We checked conditions on three people's DoLS and found these had been met.
- Mental capacity assessments and best interest decisions were recorded where people lacked capacity to make particular decisions. However, one person who had sensor equipment in place did not have a capacity assessment or best interest decision recorded for this decision. The manager took action to address this when we raised it.
- Staff explained to people what they were proposing to do and gained consent before proceeding.

Adapting service, design, decoration to meet people's needs

- A redecoration and refurbishment programme was underway. Lounge and dining rooms and the main reception area had been completed, providing a more comfortable and homely environment for people.
- The provider was consulting with people and their relatives about the décor and refurbishment of their bedrooms. Some decoration had begun, however this was in the early stages. The provider recognised this needed to be progressed as many people's rooms were stark and bare, with few personal effects.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs and ensure they could be met by staff before anyone was admitted to the home. There had been no new admissions since the last inspection in July 2019.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had developed good relationships with other agencies to ensure people received the specialist support they required, including health care.
- People had specific care plans for medical conditions such as epilepsy and diabetes with clear guidance for staff about the support they required.
- People had access to timely and appropriate support with their health needs and this was clearly documented in their notes. We saw advice given was acted upon. For example, speech and language

therapist (SALT) recommendations were reflected in care plans and followed by staff.

- The service worked closely with mental health specialists to ensure people's mental health needs were regularly reviewed and managed appropriately. For example, a consultant psychiatrist had recently visited and reviewed people's medicines.
- People's oral care needs were assessed and met. Care plans showed the equipment and support people required to maintain good oral health. The manager had recently made arrangements for people to be registered with a dentist.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection people were not always treated with compassion and their privacy and dignity was not respected. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with respect and were kind, caring and considerate. One person said, "I am very happy here."
- Relatives spoke positively about the staff and said the care provided to their relations had improved. One relative told us, "[Staff] make sure [family member's] eating. Before they used to leave food in [family member's] room and no one would check [family member] was eating, now staff monitor and encourage [family member]. [Family member's] far more comfortable now [they're] being looked after properly."
- Staff were calm, patient and attentive. They recognised when people needed support and were gentle and compassionate with them. We saw staff engaged with people; comforting one person when they were upset and sitting with them chatting quietly until they were calm.
- One staff member talked about building relationships with people and said talking to people's families had helped. They said, when they had been having a chat about one person's life history, "[Person's] face lit up and it was nice to be a part of that."
- The service treated people equally and ensured their rights were protected. Staff respected people's beliefs and wishes. Staff supported one person by reading the bible to them and attending services with them at a local church.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved and supported in making decisions about their care. One relative said, "I was involved in a review of [family member's] care about a month ago. We went through all [family member's] care records. There had been gaping holes before but now it's up to date."
- People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink.
- People were supported to keep in contact with family and friends. Relatives said they could visit when they wanted and were made to feel welcome.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained.

- People received the support they required from staff to maintain their appearance. People looked clean, were well groomed and comfortably dressed in clean clothes.
- Any personal care was carried out in private and staff were discreet and sensitive when asking people about their care needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection people did not receive personalised care and their needs and preferences were not met. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care. One relative told us they were very happy with the care provided to their family member and said, "[Family member] is well looked after here."
- People's care needs, preferences and the support they required from staff was clearly documented. Care plans were well structured, up to date and person-centred.
- People, relatives and other professionals, such as social workers, had been involved in care reviews. Where the review had recommended actions, we saw these had been addressed.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers and daily meetings.
- Care plans showed some discussions had taken place with people around end of life care, however, information about people's wishes and preferences was limited. The manager recognised that this was an area for improvement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities. This included one-to-one time as well as group sessions.
- Activities had improved with the recent employment of an activity coordinator who was passionate about the role and was continuously looking at ways to make people's lives more enjoyable. They talked enthusiastically about a recent "Silent Disco" where people wore headphones and enjoyed listening and dancing to music. A staff member told us about one person who was in bed and how their face lit up when they put on the headphones and heard the music.
- A weekly activity programme was displayed in communal areas and on individual planners in people's rooms. The provider had recently introduced an activities newsletter which provided further information about events planned for the month.
- We saw people engaged in different activities such as ball games, a sensory tasting experience and gentle exercise. We saw staff also spent one to one time with people; reading poetry to one person, engaging in doll therapy with another and taking another person out for a walk and a coffee.
- Community links were being developed. For example, joint working with a community group who were developing a dementia friendly garden. Plans were also in place to buy a minibus to provide increased

community access.

At our last inspection processes in place to deal with complaints were not effective. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 16.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints.
- People and relatives we spoke with had no complaints, but felt confident any issues they raised would be dealt with appropriately. One relative told us, "In the past things happened with [family member] and we weren't told about them. We are now, we're kept informed of everything. I've no complaints, if I had I would go to [manager] and I'm sure she would sort it out."
- The complaints procedure was displayed in the service. The complaints log showed complaints received since the last inspection had been dealt with appropriately and a written response had been sent to the complainant.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred method of communication was recorded and known by staff.
- Some documents and records were available to people in pictorial form. The manager told us information could be provided in alternative formats such as other languages, braille or spoken format, if required.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the lack of consistent and effective leadership and robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Leadership and management of the service had improved. The manager who was in post at the last inspection left and the provider had brought in a temporary manager to make improvements. In November 2019 a permanent manager was appointed and they were in post when we inspected. They were registering with CQC.
- Staff and relatives spoke highly of the new manager, who they said led by example and had improved the service for people. One staff member said, "[Manager] is very good, she's always available. She was here till 11pm last night. What comes across is she cares – about the residents and us."
- The senior management team included a quality improvement lead who had been brought in to work alongside the manager and staff providing support and guidance.
- Staff were clear about their roles and understood their responsibilities. The provider recognised the need to recruit and build a permanent staff team to ensure people received consistent and reliable support from staff who knew them well.
- Effective communication systems had been implemented, ensuring staff were kept informed of any issues and actions required and also providing them with an opportunity to raise any matters.
- Quality assurance systems had improved. Regular audits were carried out and any issues identified had been addressed.
- The provider recognised these improvements need to be sustained to ensure consistency in how well the service is managed and led, and to ensure continuous improvements in care for people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were involved in discussions about the running of the service.
- Resident and relative meeting minutes showed the provider had kept people informed of the action they were taking to improve the service and given them an opportunity to share their views. One relative said, "Last year the home was going in the wrong direction but since then they've upped their act and completely turned it around. Their action plan is working."
- Monthly staff meetings discussed where things were going well and what needed to improve.
- Satisfaction surveys were sent out to people and relatives quarterly. None had been received since the last inspection.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.