

Crabwall Claremont Limited

# Claremont Parkway

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Claremont Parkway is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 66 older people. At the time of inspection 49 people were using the service.

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

The provider did not have sufficient systems in place to identify when care was not delivered in line with best practice. Staff did not always complete care in line with people's care plans and risk assessments.

Some people did not have appropriate care plans or risk assessments in place to promote person centred care. Records for people's food and fluid intake had not been consistently completed.

Feedback from people, relatives and staff was varied regarding staffing levels. Some felt there were enough staff to keep people safe whilst others felt additional staffing was needed. On the day of inspection there were enough staff to meet people's needs.

Appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people and arrangements were in place to safeguard people against harm. People said they felt safe.

People had their medicines managed in a consistent and safe way and received their medicines on time. Staff received appropriate training and checks to ensure they were competent to administer medicines.

The home was clean, and the environment was well maintained. Staff understood how to prevent and manage infections.

People's privacy and dignity was maintained, and their independence encouraged. They were supported by staff who knew them well and cared for them in a respectful and kind way.

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.

People had good health care support from external professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. People had access to a range of activities and leisure pursuits.

Staff felt supported by the registered manager, and people using the service knew how to complain and felt that any issues raised were acted upon.

The provider had displayed the latest CQC rating at the home. When required notifications had been completed to inform us of events and incidents.

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 requires improvement (published 3 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 12 and 9.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the systems and oversight for governance management.

This is the third consecutive time the service has been rated Requires Improvement and the provider had not sustained improvements in the well led domain since 2017.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Claremont Parkway

## 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

Our inspection was completed by one inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection, which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We sought feedback from the health and social care commissioners who monitor the care and support that people receive.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection

During the inspection

We spoke with nine people who used the service and eight people's relatives. We also spoke with nine members of staff, including support staff, nurses, domestic staff, the chef, the registered manager and the area manager.

We looked at various records, including care records for seven people. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were put at risk of harm as staff failed to follow risk assessments.
- One person whose risk assessment stated they required hourly checks as they could not use their call bell, did not receive hourly checks by staff. This failure to follow risk assessments placed people at risk of harm and serious injury.
- Equipment used to reduce risks to people, were not used correctly. Two people who had specialist mattresses to reduce the risk of skin damage. Both were on the wrong setting for their weight, which increased their risk of skin damage and developing pressure ulcers. These are preventable if managed correctly.
- We found that not all risks to people's individual safety had been assessed. One person who required a risk assessment to reduce the risk of harm from a relative did not have a comprehensive risk assessment in place.
- Plans were in place to assist people on an individual basis in the event of an emergency such as fire.

Following the site visit the registered manager implemented changes to ensure all the risks identified had been reduced and were recorded.

### Staffing and recruitment

- On the day of the inspection there were enough staff available to meet the needs of people. However, we received mixed views from people, relatives and staff regarding staffing levels.
- One person told us, "I feel safe as I think that there are enough staff here." Another person said, "There is not enough staff, you can't always get things when needed, I press the buzzer and they take a long time."
- We analysed the call bell log to identify if people were left waiting for long periods of time and found varied responses to call times. Call response times varied from one minute up to fifteen minutes. This meant that staffing levels needed to be reflective of 'key times' such as increase to staffing during morning and evening routines.
- People were protected against the employment of unsuitable staff. The provider followed safe recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to protect people from abuse. People told us they felt safe living at the home.
- Staff knew the procedures to follow regarding safeguarding and where to access information if they suspected bad practise or were concerned about anyone living at Claremont Parkway. Staff told us they had received safeguarding training and records confirmed this.
- Where required the registered manager and staff had followed local safeguarding processes and notified Care Quality Commission (CQC) and the local authority of the action they had taken.

#### Using medicines safely

- People received appropriate support with their medicines. We looked at people's medication records and this evidenced that staff managed medicines consistently and safely.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and staff knew what action to take if they made an error. Records we looked at confirmed this.
- People gave mixed views regarding how staff administered medicines to them. One person told us, "I am happy with the way I receive my tablets, they [staff] never forget to give me my medication." Another person told us, "When staff give medication, they would only give me a few sips of water instead of lots of water to wash down the tablets." The registered manager agreed to investigate this concern.

#### Preventing and controlling infection

- People were protected from the risks of infection as staff supporting them had undergone training in infection prevention and undertook safe practices when providing care. We saw staff using personal protective equipment (PPE) and effective hand washing techniques when providing care for people.
- The environment was clean and there were cleaning schedules in place to ensure regular cleaning took place.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, the registered manager audited all accidents, incidents and falls to check for trends and patterns and identify learning to share with staff.
- The registered manager reviewed the findings and used them to reduce risk and improve safety in the home.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Not all people's needs had been comprehensively assessed. One person did not have a completed care plan in place. Another person's pre-assessment had not identified the need for fortified diet which delayed this need being met. This meant that staff did not have the information required to care for people safely or meet their assessed needs. The registered manager completed the care plans immediately during the inspection.
- Staff had a good knowledge of each person, and their preferences. People told us that staff were good and knew what to do. One person said, "Staff know what they are doing when they look after me, they know what I like."

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

- Food and fluid records were not always completed when required. For example, records showed some people did not have a target amount to drink, their fluid intake varied which meant that people could be at risk of dehydration. There was no evidence that actions had been taken to address this. The registered manager implemented daily audits immediately after the inspection.
- Staff did not always follow best practice guidelines when supporting people to eat. We saw staff members sat to the side of people instead of facing them whilst physically supporting them to eat. Facing a person promotes a good posture, ensures the person can see what food is being offered and reduces risks associated with choking.
- The registered manager agreed to ensure all staff understood best practice in relation to support with feeding.
- People said they liked the food and always had a choice of what they wanted to eat. Drinks were accessible throughout the home and staff regularly offered drinks to people.

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Additional training was offered to keep up to date with best practice guidelines.
- Staff were confident in their roles and told us their training was "really good" and "informative." A staff member told us, "The training received is good, it supports us to know what is good practice and why."
- The registered manager completed competency checks to ensure staff understood the training provided.

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

- The registered manager had good relationships with healthcare professionals, such as district nurses and speech and language therapists. This helped to manage and monitor people's care and help them to provide safe and consistent care.
- Care plans documented people's healthcare requirements and clearly identified any involvement with healthcare services.
- Staff communicated well with each other, people and relatives. The management team ensured information from other agencies was promptly communicated to the staff team.

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

- The service provided equipment to support people's independence and the meeting of people's personal care needs, such as shower chairs, hoists and lowered beds to meet individual's needs.
- There were different areas within the service for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- People's bedrooms were personalised for them.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The registered manager had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.
- Where people lacked capacity decision specific mental capacity assessments had been completed and best interest decisions made in consultation with the person, key professionals and relatives taking into consideration legislation and people's wishes.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by a staff group who knew their needs and cared for them in a respectful way. People and their relatives told us the staff who supported them were caring and kind. One person told us, "They [staff] know what they are doing when they look after me." Another person said, "The care staff and nurses are excellent."
- The interactions we saw were positive, with staff and people engaging well with each other. One member of staff had been supporting a person who was confused and anxious. They engaged with the person in a non-confrontational way, talking calmly, standing so they were able to support the person with their mobility but not invading their space. After a few minutes they supported the person to engage in a different activity, the person became calmer.
- At the time of our inspection no one at the service had any specific cultural needs. However, the staff at the service told us they would support people should they have any wishes and there were policies in place to guide and support staff with this area of care.
- There was information on Advocacy services should people need this support. An advocate is an independent person who supports people make their views and wishes known. There was no one at the service who required an advocate at the time of our inspection.

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

- People's communication needs were documented in their care records, this supported staff to understand and communicate effectively with each individual person.
- Care records had consent forms regarding who could look at people's personal information as well as sharing information with others.
- People and relatives told us they were involved in the care planning. One person said, "I told them [staff] what and how I want my care, then they do it." A relative told us, "I was involved at the beginning to pass on all the information needed."

Respecting and promoting people's privacy, dignity and independence

- People and relatives were positive about the staff and said they were treated with dignity. One person told us, "The staff are very good, they are all pleasant when they speak to me." Another person said, "I don't feel awkward [regarding person care]."
- Family members and friends were made welcome when they visited the service and were offered refreshments. Visitors could join their family member or friend for a meal if they wished.

- Staff told us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care, knocking before entering a bedroom and discussing any personal tasks sensitively. A person told us, "They close the door and curtains before administering personal care to me." Another person said, "Staff treat me with respect."

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans that had been completed with people's needs and choices including information on their culture, region and faith. However, some care plans were not legible due to the handwriting and some did not have the personalised information required. For example, whether the person liked their teeth cleaned before or after breakfast.
- Staff told us how they supported person centred care, we were told of a person who used a microphone to allow the team to hear them as they spoke very softly, all staff ensured the microphone was within reach. Another person had a head-controlled call bell to support them. All of these pieces of equipment were sourced by the service.
- A member of the activities staff team was in the process of gaining detailed life history information for people, to support staff to deliver 'person specific care' and to arrange activities that suited individuals.

End of life care and support

- At the time of our inspection no one using the service required end of life support. However, when appropriate people had a 'do not attempt cardiopulmonary resuscitation order' [DNACPR] in place.
- Care plans did not always record the wishes of a person regarding any support leading up to their death, for example, if they wanted a priest or minister to deliver their last rights, or if there were any objects or sounds that they wanted played or in their room.
- Staff received training appropriate to their role in end of life care.

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.

- Policies, procedures and other relevant information could be made available to people in the format that met their needs, such as easy read styles, pictures or another language.

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 were supported to maintain relationships that were important to them.
- Staff were committed to enabling people to socialise and develop and maintain relationships.
- People took part in social events and their cultural and religious needs were met.

- The service employed activities co-ordinators who organised daily activities such as quizzes, games and bingo. They also spent time with people who did not want to engage in group activities.

#### Improving care quality in response to complaints or concerns

- People and relatives were confident in raising concerns. Where people had raised a concern or complaint they told us it had been dealt with to their satisfaction.
- The provider had a complaints procedure, which was accessible to people, relatives, visitors and staff. The complaints procedure included information about external agencies who could support people with complaints.
- Complaints were investigated, and action was taken to address issues and prevent recurrence in the future where possible. Information gathered from complaints was analysed within the service and across the provider's other services. This enabled any lessons learnt to be shared.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

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

- The provider did not have sufficient systems in place to identify when support and care was not delivered in line with best practice, which means there was a risk unsafe care would go unrecognised.
- We found risks to people. For example, there were risks to people requiring support with pressure care and those who were unable to use call bells to summon support as needed. These concerns had not been identified by the registered manager prior to this inspection.
- Staff were not provided with clear guidelines on how to support people.
- Quality assurance systems and processes were ineffective. They did not identify gaps or concerns in people's care records, risk assessments or fluid charts. This meant they did not identify where care standards fell short of those required to put actions in place to reduce risks to people

People were placed at risk of harm as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided. These failures showed a lack of clear oversight of the service and are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance

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 management team ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff had been sent surveys asking for their views about key aspects of the service. The responses received were generally positive.
- Staff told us they felt able to share their views with the management team and were confident action

would be taken if they raised concerns or made suggestions.

- People's relatives told us they were kept up to date if any changes occurred to their relatives.
- People and staff told us the manager was visible within the service and they could access them if needed.

Continuous learning and improving care. Working in partnership with others

- The provider was committed to continuous learning and improvement. The registered manager listened to feedback and made the necessary changes required.
- The management team attended training and provider forums within the care and support sector. They shared knowledge, experience and discussed best practice and new ideas to achieve the best possible outcomes for people.
- Staff worked in partnership with other agencies and made appropriate referrals to healthcare professionals and the local authority.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to put in place effective systems and processes to monitor and improve the quality of care.