

Claremont Care Home Limited

Claremont Care Home

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

We inspected Claremont Care Home on 6 and 8 February 2017. The first day of the inspection was unannounced. This meant the home did not know we were coming. Our last inspection took place on 18 and 22 December 2015. At that time we rated the service as requires improvement overall.

Claremont Care Home is a privately owned residential home for older people. The home accommodates up to 24 residents in 22 single and 1 shared rooms. It is situated on a main road and has small car parks to the front and rear of the premises.

At the time of our inspection there was a registered manager employed by the service. 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.

Feedback received from people using the service we spoke with was generally complimentary about the standard of care provided. People living at Claremont Care Home told us the manager was approachable and supportive.

People's healthcare needs were being met, however, we found medicines were not always being managed safely. Staff were not always signing medicine administration records (MAR) to confirm they had administered people's medicines. We also noted one person's medicines had been left with the person to take, however this was not safe practice because the senior on duty could not be assured the person had taken their medicines.

Potential safety hazards were identified as we walked around the home. The owner of the home acknowledged our concerns and was keen to address these issues.

Appropriate plans were in place to guide staff in how to minimise risks to keep people safe. Staff knew what action to take to ensure people were protected if they suspected they were at risk of harm. They were encouraged to raise and report any concerns they had about people through safeguarding and whistleblowing procedures.

We found that risks assessments were updated when risks had been identified, however, care plans did not always capture people's assessed needs.

Three of the four care plans we looked at did not have information about people's particular preferences at the end of their life and whether they had been given the opportunity to discuss this. We have made a recommendation that the service takes advice from a reputable source, about end of life training for care staff and on supporting people to express their views and decisions about their care, treatment and support

at the end of life.

We observed staff interacting with people in a positive, respectful and friendly manner. People told us staff were kind and caring. Staff were able to describe how they would support people to retain their independence and we observed aspects of this during the first day of inspection, particularly during the lunch time meal.

The requirements of the Mental Capacity Act 2005 (MCA) were not being fully met as staff lacked knowledge of the Act. The registered manager had submitted Deprivation of Liberty Safeguards applications where appropriate.

People's nutritional needs were met and people had a varied diet, and opinions about the quality of the food were positive. Staff ensured that people had enough to eat and drink. Staff ensured people were supported to maintain their health and wellbeing and people received support from specialist healthcare professionals when required.

We found staff received regular supervision; however there were gaps in the provision of training. We noted gaps in health & safety, first aid, dementia awareness, and food hygiene training. The provider told us they had booked additional training shortly after our inspection. However, we found the registered manager's training audit had failed to identify these shortfalls prior to our inspection.

We noted that the environment within the home had not been developed to make it as enabling an environment as possible for people living with dementia. We made a recommendation about seeking guidance from a reputable source on adapting the home's environment to support the independence of the people who were living with dementia.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

We saw that a range of organised activities were being made available to people and that staff had been actively involved in supporting people with activities that had been arranged.

The service lacked robust governance systems to assess, monitor and improve the quality of the service. There were shortfalls identified during this inspection that had not been identified by the provider or registered manager.

There were systems in place to investigate and respond to any complaints received by the service. Although there was a complaints system, we noted many of the complaints were difficult to determine the outcome due to the template they were recorded on.

Residents' meetings were held to enable people to comment on the care provided at the home. All the people we spoke with told us they would feel confident to raise any concerns they might have with the manager.

Equipment checks were undertaken regularly and safety equipment, such as fire extinguishers and alarms, were also checked regularly. However, we asked the registered manager to provide their assessment in relation to the testing of waterborne conditions such as Legionella. This information was not provided during or after the inspection. Therefore we could not be assured the provider was carrying out the appropriate Legionella checks.

The overall rating for this service is 'requires improvement'. During this inspection we found three breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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.

We noted a number of potential safety hazards on the first day of our inspection. The owner of the home acknowledged our concerns and was keen to address these issues.

Medicines were not always being managed safely. Staff were not always signing medicine records to confirm they had administered medicines.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not have a clear understanding of the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS).

Staff had not always received appropriate training support relevant to their roles.

Assessments of nutritional requirements had been made and people had a choice of meals, drinks and snacks.

Requires Improvement ●

Is the service caring?

The service was caring.

People using the services told us they liked the staff and found them helpful, friendly and kind. We saw staff treating people in a patient, dignified and compassionate way.

People looked well cared for and their privacy and dignity were respected and maintained.

The environment was welcoming, but did not fully support the independence of the people who were living with dementia.

Good ●

Is the service responsive?

The service was not always responsive.

Care plans were complete and regularly reviewed. However, they lacked detail in areas such as how to effectively support people living with dementia and long term conditions such as diabetes.

Although there was a complaints system in place, we noted many of the complaints were not recorded on the homes complaints template. Therefore some complaints did not clearly provide an outcome.

People had access to activities that were important and relevant to them.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

A registered manager was in place as required by the service's registration with the CQC.

There were a wide range of systems in place for assessing and monitoring the quality of service provided. However, we found these were not always effective enough to identify and address potential risks to the health, safety and welfare of those who lived at Claremont Care Home.

Staff we spoke with told us the manager was approachable and they felt supported in their role.

Requires Improvement ●

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 8 February 2017, and was unannounced. This meant the home did not know we were coming.

The inspection team consisted of one adult social care inspector 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 service.

We sought feedback prior to the inspection from the local authority commissioners as well as the local Healthwatch board.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine staff, including the director, registered manager, deputy manager, two senior care workers, three care workers and the chef. We spoke with 13 people who lived in the home and three visitors. We also spoke with one visiting healthcare professional.

We observed how staff and people living in the home interacted and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. We observed support provided; in the communal areas including the dining room and lounges during lunch, during the medication round and when people were in their own room. We looked in the kitchen, laundry and staff office and in all other areas of the home.

We reviewed four people's care files and looked at care monitoring records for personal care, body maps used to monitor injuries and accident records. We reviewed medication records, risk assessments and management information used to monitor and improve service provision. We also looked at meeting minutes and three personnel files.

Is the service safe?

Our findings

All the people we spoke with in the home said they felt safe. People told us, "I feel safe as there are people around me who can help me" and "Yes it's not bad here, I do feel safe."

One relative told us, "I prefer my mother to live here than at home, because she kept falling."

As part of our inspection we looked at whether medicines were being administered, stored and disposed of safely. We saw an up to date medicines policy was in place. Training records showed, and we were told, that the senior care workers responsible for the administration of medicines had received the appropriate training. However we did not see evidence of competency checks. NICE guidance Managing medicines in care homes 1.17.5 states 'Care home providers should ensure that all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines'. The registered manager acknowledged this observation and confirmed they would begin to carry out competency checks for all senior care workers who administer medicines.

We looked at a sample of medicine administration records (MAR) and found overall they were well completed. However, we saw some gaps where staff had not signed the MAR, yet our checks showed the medicines had been administered. There were individual photographs and information about allergies and how people liked to take their medicines was recorded.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines were kept securely and records were completed correctly. We checked the stock balance of one CD and it was correct.

We looked at the provider's current guidance with regard to administering non-prescription and over-the-counter products (homely remedies). We saw each person had a record of which homely remedies could be administered and under what conditions. The administration of these medicines was with the written approval of the person's GP.

We observed the senior care staff member for part of the morning medicine round. The staff member was calm and efficient and followed good practices to ensure medicines were administered safely. For example, the medicine trolley was locked between administration and the MAR was signed once the medicines had been taken. We saw the staff member was patient and kind with each person giving them support where needed and staying with them until the medicines had been taken. The senior staff member told us no one received their medicines covertly.

During the first morning of our inspection we found medicines had been left with a person in their room. We discussed this with the senior care worker who had administered this medication, they commented that the person had full mental capacity and didn't require observing when taking their medication. We brought this to the registered manager's attention who confirmed the person did not lack capacity, but acknowledged the senior care worker should have observed this person take their medicines, because the home was

responsible for administering for this person. Furthermore, we noted this person's medication care plan did not state they could independently administer their own medication. This meant there was a potential for this person to drop or not take their medicines as prescribed, due to the senior care worker not being present to observe the medicines being taken.

We were also approached by a relative during the inspection who raised concerns about their family member's medication being left on the side table in their bedroom. We brought this to the registered manager's attention who stated this was not the case, but advised that one tablet had been found on the floor in this person's bedroom a number of weeks ago. The registered manager met with this family member during the inspection to discuss further.

During the inspection we noted the medicines file which contained peoples confidential medication records were left unattended on two separate occasions. We brought this to the attention of both the senior care worker and registered manager who commented that they struggled to store the medicines file, but shortly after this stated they had found a place inside the medicines trolley where the file could be safely stored.

Medicines were not managed safely. The provider did not ensure medicines were administered safely. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to 12(2)(g).

We found areas of the home were in need of repair and refurbishment. For example, on the first floor of the home the banister on the hallway leading to the stairs was low; we identified this as a potential hazard to someone falling over the banister. We also identified part of the stairs banister had recently come away from the wall. We noted the stairs carpet leading to the first floor had begun to thread and could present a trip hazard. We discussed these potential hazards with the owner who acknowledged our concerns and agreed this work would be carried out.

We looked around the home on a number of occasions to see if it was clean. We found that the communal areas such as the lounges and dining areas were clean as were the bedrooms we visited. Bathroom areas were clean, and had recently benefited from new bathing facilities. However, we found some areas of the home would benefit with being refurbished, for example carpets in the communal areas were stained and the curtains in some people's bedrooms were in need of cleaning or being replaced. We noticed areas around the home would also benefit from re decoration, such as the two lounges, stairwells and hallways.

We saw a domestic staff member cleaning and they told us there were schedules in place to make sure all areas of the home were kept clean. The home ensured a domestic staff worker was on duty Monday to Friday. At the weekend the cleaning duties were completed by the care staff. Staff wore aprons and plastic gloves when they were cleaning. We saw the latest infection control audit by the local authority in August 2016, a number of recommendations were identified. An action plan had been put in place and the home were working to address some of the issues raised in the audit; for example the installation of a macerator for the management of disposable bed pans and urinals. We noted some of these tasks were still outstanding such as the installation of a hand wash basin dedicated for staff use only. The registered manager confirmed this would be discussed further with the owners of the home.

Systems were in place to check the water temperatures at the home. However, we asked the registered manager to provide their assessment in relation to the testing of waterborne conditions such as Legionella. This information was not provided during or after the inspection. Therefore we were not assured the provider was carrying out the appropriate Legionella checks.

Appropriate checks for Legionella had not been carried out. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to 12(2)(h).

A policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding service users from abuse or harm'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

We checked the safeguarding records in place at Claremont Care Home. We noted that a tracking tool had not been developed to provide an overview of incidents of safeguarding referrals which had been made and the outcomes of these. We noted, one safeguarding concern had been reported in the last twelve months. The registered manager was aware of her responsibilities to manage and report any safeguarding concerns via a first account report to the local authority.

The training records we saw showed that a large majority of the staff team had undertaken training in safeguarding vulnerable adults. Six members of the staff team had been booked on the next training course in February 2017. The staff members we spoke with confirmed this and were able to clearly explain the correct action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform the registered manager and were confident that appropriate action would be taken. We saw safeguarding was discussed as part of team meetings and staff supervisions. This should help ensure that the people who used the service were protected from abuse.

Staffing levels set by the provider for Claremont Care Home were one senior care worker and three care workers on duty from 8am to 8pm. During the night it was recorded on the rota that there was a senior care worker and one care worker on duty from 8pm to 8am. The registered manager, owners, activities organiser and other staff such as the housekeeper and cooks were also available mainly in the day time.

The registered manager informed the inspection team that she felt confident with the current staffing levels and would immediately respond to increase the staffing, if she felt people's needs had changed in order to ensure the quality of service provision. We noted that a staffing dependency tool to calculate staffing hours and people using the service had not been devised to support this decision making.

None of the people we spoke with or their relatives had any complaints about the level of staffing and we did not see delays in providing personal care for people during our inspection. Staff told us that it could be busy at times but did not feel that staffing levels were inadequate. One person living at the home commented, "There are always staff around and if I need anything they help me."

An accident and incident log had recently been implemented to record accidents and falls and to maintain an overview of incidents. The information recorded for January 2017 captured evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. The registered provider had developed a 48 hour monitoring form that monitored the person closely after any falls.

We saw risk assessments had been completed that considered potential risks to people's health and wellbeing. These included risks such as choking, malnutrition, risks to skin integrity, falls, mobility and bathing. Risk assessments had been regularly reviewed and where risks had been identified care plans were in place that detailed steps required, helping ensure these risks were appropriately managed and reduced where possible.

During the inspection we looked at the records of three newly recruited staff to check that the recruitment

procedure was effective and safe. Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out. These included Disclosure and Barring Scheme checks, health clearance, proof of identity documents, including the right to work in the UK, and two references, including one from the previous employer. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups.

We saw that staff wore personal protective equipment (PPE) when undertaking personal care tasks.

At the last inspection we found a number of issues relating to the fire safety at the home. We contacted the Greater Manchester Fire and Rescue Service to advise the provider on fire safety arrangements in the home. We noted the Greater Manchester Fire and Rescue Service issued a number of enforcement notices in relation to the fire risk assessment not being updated, regular testing of emergency lights had not been carried out, suitable and sufficient fire safety training had not been provided to staff.

At this inspection we found all of these aspects had been addressed and checks had been made in line with the home's policies and procedures. The home had risk assessments in place for all relevant aspects of the building. People had personal emergency evacuation plans on file and an up to date list of those living at the home was present in the emergency file located in the office. This meant the system of safety checks had improved since the last inspection making the home safer for the people.

We reviewed records relating to the maintenance and safety of the environment. Required tests of electrical and gas systems were up to date and any required remedial works had been completed. Equipment such as the lifts had been recently serviced.

Is the service effective?

Our findings

We spoke to four members of staff during the inspection, who confirmed they had access to a range of induction, mandatory and other training, relevant to their roles and responsibilities. However, we found a number of key training subjects had not been completed by all staff.

Examination of training records confirmed that some of the staff had completed key training in subjects such as first aid; moving and handling; fire safety; safeguarding; medication; health & safety; infection control; and food hygiene. However we noted a number of key training subjects had not been completed by staff. For example, the provider employed 20 members of staff, 15 staff members had not completed health & safety, 10 staff members had not completed first aid, 11 staff members had not completed dementia awareness, and 13 staff members had not completed food hygiene.

Since the inspection the deputy manager has provided us with assurances that a number of training courses has been arranged to ensure the staff are safely trained.

We noted that the registered provider did not have systems in place for new staff to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The registered manager was not aware that the Care Certificate should be covered as part of induction training for new care workers.

The provider had not ensured that training was in place and attended in a timely manner to make sure staff were appropriately trained and competent to meet people's needs. When training was out of date or staff failed to attend there was no system in place to show how this was addressed, or that any analysis of training had been completed regularly by the registered manager or provider to address any shortfalls. This meant the provider could not evidence how they ensured staff were appropriately trained to carry out the role.

People who lived at the home were placed at unnecessary risk of harm because staff had not all received appropriate training. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to 18(2)(a).

Staff received supervision six times per annum and a yearly appraisal. The purpose of supervision was explained to staff and recorded on their supervision record. We could see issues around staff performance were being identified and addressed through supervision and an action plan had been put in place to improve staff performance.

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 decision made on their behalf must be in their best interests and as least

restrictive as possible.

People can only be deprived of their liberty so they can 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 MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's 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 were being met. The registered manager was aware of the DoLS authorisations in place and when these needed to be reviewed. Where a person had been assessed as lacking capacity to consent to their care a DoLS application had been made. A tracker matrix was used to monitor the 17 DoLS that had been requested by the service, we noted three had been granted.

At Claremont Care Home the requirements of the MCA and DoLS were not fully met because staff lacked practical knowledge of the implications the Act had on people and their responsibilities as care staff. When people lacked capacity to make certain decisions this was not taken into consideration when staff supported them. Staff were not confident with the practical application of the MCA. One member of staff said, "I have heard of the wording DoLS, but don't ask me what that means because I haven't got a clue." We viewed the MCA and DoLS training records for staff, we noted ten staff had not completed MCA training and a further 18 had not completed DoLS training. We brought this to the registered manager's attention who confirmed they needed to explore new training dates for staff. Since the inspection we have received assurances that the remaining staff will complete this required training in March 2017. We will review this at our next inspection.

Care plans showed that when able, people signed to show their consent in areas such as care planning, photography, use of bed rails and access to care records. When people were unable to consent, we found that mental capacity assessments were completed and best interest decisions recorded with involvement from relevant people.

We observed the lunch time meal in one of the dining rooms and saw that tables were laid with table cloths, cutlery, crockery and condiments. The atmosphere was relaxed, and people were seen to be chatting to one another. People said they enjoyed the food, one person said, "Yes the food is nice, and you can have a choice if you wish." Another person said, "I don't always like the evening meal if it is curly chips as I prefer real chips."

Several staff were available at all times throughout the meal, offering a variety of drinks and discreetly supporting people who required assistance with eating and drinking. This was not rushed, and staff assisted people at the pace needed to eat safely.

We saw that there was a menu written up on the main noticeboard. There were no pictorial menus for people with dementia, memory loss or poor verbal communication to facilitate their involvement in choice around their meals. This was an area that needed to be improved.

The menu choice for the first day of the inspection was corn beef hash with vegetables or breaded fish, followed by lemon sponge and custard. Tea was a choice of sandwiches or beef burgers with curly fries, followed by poached pears and fruit. Portions appeared adequate and there was little waste. All of the people we spoke with and their relatives or visitors were positive in their comments on the quality of food in the home.

We spoke with the cook. We saw that the menu was constructed around a three-weekly cycle. We saw that the kitchen was well-equipped commensurate with the size of the home. Food was stored in a separate area in the basement. The most recent local authority food hygiene inspection was in June 2016 and Claremont Care Home had been awarded a rating of 5 stars which is the highest award that can be given.

People who were at risk of dehydration and malnutrition had been identified clearly within care records. Fluid and food charts were in place so that what they ate and drank could be monitored for any changes. People's weight was monitored to ensure that their nutritional intake was adequate to their needs so they remained healthy. Where people were at risk of losing a significant amount of weight there was evidence this had been quickly addressed, and the trend reversed.

We noted as we went around the home that there was little in the way of dementia friendly adaptations for people living with dementia. The environment had not been developed to make it as enabling as possible for people living with dementia. For example, clear signs (using pictures and words) help enable people living with dementia to move around more confidently. Items like memory boxes for people to fill with personal items help to remind them and to navigate to their rooms. We recommend that the registered provider seek advice and guidance from a reputable source so they can adapt the home's environment to support the independence of the people who were living with dementia.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, community matron, dietician and optician. People told us the doctor was called if they were unwell and relatives we spoke with agreed.

During the inspection we spoke with one healthcare professional visiting the home. We received positive comments from this person, who referred to management as being 'very quick off the mark' with referrals into their particular healthcare services.

Is the service caring?

Our findings

People and relatives we spoke with were complimentary about the caring attributes of the staff team. We saw care workers spending time with people and having friendly banter. Comments from people who lived at the home included, "All the girls are brilliant. They know me and are very good, they look after me", "The staff know me and call me by my Christian name" and "The staff call me by my first name. They are all friendly and I can ask any of them to help me and they do help."

Care records we reviewed included information regarding people's interests, their family and social history. This should help staff form meaningful and caring relationships with the people they supported.

We observed people's dignity and privacy being respected by staff during the inspection, such as referring to people by their preferred name and providing personal care in private. We heard people use their call bells and they were answered quickly. This meant that people did not have to wait long if they needed support.

People were given plenty of time to eat their lunch; they were not rushed in any way. We observed interactions between staff and people living in the home to be familiar and caring.

We saw positive interactions between staff and people. Staff were attentive to people's body language, particularly for people who were not able to communicate verbally, and checked with them to see if they had interpreted their mood or needs correctly.

During our inspection we observed one person who had recently moved to the home playing the piano in the communal lounge. We were informed by one of the senior care workers that the home had arranged for this person's piano to be brought to Claremont from the person's previous home. We noted on occasions this person appeared confused and their piano certainly brought back happy memories for them. Other people living at the home also enjoyed this person playing the piano and were observed at times singing along.

The provider had developed a service user guide for people moving into the home. This gave people detailed information on such topics as daily life and social contact, involvement and information, care and treatment and how to make a complaint.

Training records did not show that staff had received any formal training or guidance on supporting people at the end of life. Three of the four care plans we looked at did not have information about any particular preferences a person may have at the end of their life or how they wanted to be looked after. The registered manager confirmed the home was looking to join the Six Steps end of life programme and roll this training out to the staff. This is a recognised system for supporting people at the end of their lives.

People had access to advocacy services, this was publicised in the reception area of the home. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Is the service responsive?

Our findings

We asked people who used the service and their relatives whether they found the service provided by Claremont Care Home to be responsive to their needs. Feedback received from the people we spoke with was positive.

Comments received from people included, "I would go to the manager if I wasn't happy and if that didn't work I would ask my relative to complain for me", "The care staff know me well here I have no complaints" and "I'm moving back home tomorrow, I will miss being looked after like I am here."

One person's relative commented, "Before mum moved here she was in a wheelchair for over 20 years. Since moving here they have encouraged her to walk which is absolutely fantastic as we never thought we would see her walk again."

We looked at four care plans for people who lived in the home. We saw that the plans were divided into twenty different sections detailing areas such as personal care, nutrition, skin care and medicines. We saw that these plans had been drawn up when the person had first arrived in the home and had then been reviewed on a monthly basis.

People's preferences in relation to their care, support with personal care and food preferences had been recorded. However we saw there were inconsistencies with the care plan not covering people's essential needs. For example, we found no care plans that included personalised details of the support people required for aspects such as living with dementia and diabetes. This meant that the correct level of support required by people was not assessed and documented so that care staff would understand how to meet their needs. We discussed this area with the registered and deputy managers, who both acknowledged this observation and confirmed this would be reviewed to ensure people's assessed needs had been fully captured to guide staff. We will check this at our next inspection.

We asked care workers how they knew what people's care needs were. One care worker said that they would find out by getting to know the person and following the care plan for that person; another care worker said that the managers would inform the staff during meetings if people's care plans had been updated.

We saw that people who lived in the home were each allocated to a key worker which was usually one of the senior or other carers. We asked staff what they understood by the role of key worker and they told us that it included being responsible for keeping a named person's bedroom tidy and making sure they had toiletries as well as liaising with that person's family. Conversations with staff suggested that the key worker system was well understood by them since they were able to give us detailed information of this kind about people when we asked about them.

Staff used a variety of other systems to record care developments. Daily progress notes for each person were completed at the end of each shift with a summary of what had happened during that shift.

We saw that schedules with details of the activities organised for people who lived in the home were available on noticeboards in different places throughout the home. The schedule included hairdressing, nail treatments, bingo and quizzes, armchair exercises and one-to-one chats with staff. On the first day of our inspection we noted people had access to the hairdresser, and we saw a steady stream of visitors arriving at the home. We saw the home organised an external entertainer to visit the home four times a month, which we were told by relatives was enjoyed by the people who used the service.

We received a varied response in relation to the activities on offer, comments included, "The activities are okay, but they should try and freshen it up from time to time", "I would like to have more organised outside entertainment and especially carol singers at Christmas" and "It's a small home I think they do their best with activities here."

There was a system of acknowledging, investigating and responding to complaints in place at Claremont Care Home. Complaints and concerns were stored in a file so we could see what stage the investigation had reached and which member of the management staff was dealing with it. We looked at the complaints file and saw there had been seven complaints in the last twelve months. We found the complaints file did not always capture the registered manager's response to the complaints received. We brought this to the registered manager's attention who acknowledged they would ensure a response to the complainant is fully recorded, but maintained that all complaints had been fully investigated and addressed.

People told us that they knew how to complain. One relative we spoke with told us, "I have recently made a complaint to the manager and this was addressed straight away."

Is the service well-led?

Our findings

The current manager of Claremont Care Home has been registered since 1 December 2014. We saw that the owner was present in the home throughout our inspection. We saw that like the registered manager they knew the people who lived in the home well and related to them on a personal and friendly basis.

All the people who used the service and staff said the registered manager was approachable and would listen to any concerns they had. Comments from staff included, "If I need advice or support I can go to the managers", "We have a good team here, the manager will also support staff with care tasks" and "The deputy manager has made a huge difference to the home, she is approachable."

The registered manager told us they carried out quality assurance checks on the service provided, along with informal checks on the care plans, medicines and safety of the home. We noted the registered provider met with the registered manager regularly to discuss the progress within the home, but we noted no quality assurance checks had been undertaken by the registered provider.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective, particularly in areas such as training, medicines, care planning and health and safety. We found these checks had been completed on a regular basis, but did not pick up on the issues found at this inspection. For example we found the training audit did not capture the areas of key training staff had not yet completed. The provider arranged additional training courses when we brought this shortfall to their attention.

We noted the registered provider had recently established an overview of accidents and incidents at the home. Looking at the accidents and incidents for 2016 we noted these had been stored in one file in no particular order. This was difficult to analyse and establish any evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. Furthermore, we found the registered provider had not established their own organisational policies and procedures for MCA and DoLS, to ensure the most relevant and up to date guidance was available for the staff to follow.

These issues in relation to systems in place to ensure the effective monitoring and improvement of the quality and safety of the service were a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we noted a number of the home's policies and procedures were out of date and had not been reviewed in the light of best practice and changes of legislation. For example the policy related to whistleblowing was undated but predated current arrangements making no mention of the role played by the Care Quality Commission (CQC) in these arrangements. At this inspection we found improvements had been made and a number of new policies and procedures had been implemented.

Staff told us that staff meetings were in place and occurred on a monthly basis. We saw minutes of these meetings and topics for discussion, infection control, updates on people's care, laundry and administering

medicines. One staff member referred to the meetings as 'beneficial.'

We reviewed documentation of residents' meetings, which were held two or three times throughout the year. The meeting minutes were person centred and focused on people's suggestions for improving the home. We noted the minutes from the last meeting in November 2016; one person commented that there should be a domestic staff working on the weekends. The deputy manager informed the inspection team that the care staff working during the weekends are also responsible for any cleaning tasks and this has worked well so far.

The registered manager told us about the annual resident survey they carried out. At the time of our inspection we were informed the home had sent out questionnaires to the people and their relatives in January 2017, and are were due to analyse these findings at the beginning of March 2017. We will review these surveys at our next inspection.

Information on Claremont Care Home had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document was provided to people / representatives once their care commenced.

The management team understood their responsibilities with the Care Quality Commission and had reported significant information and events, such as notifications of deaths, serious injuries and any safeguarding issues.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider did not ensure medicines were administered safely. Breach of Regulation 12(2)(b).</p> <p>And</p> <p>The registered provider did not ensure appropriate checks of Legionella had not been carried out. Breach of Regulation 12(2)(h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured good governance in the home. Breach of Regulation 17(1).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had not ensured all staff were trained in key subject areas. Breach of Regulation 18(1)(2)(a).</p>