

Park Homes (UK) 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

### About the service

Claremont Care Home is a care home that can accommodate up to 63 people who require support with nursing or personal care needs, some of whom are living with dementia.

At the time of our first visit, 33 people were living at the service. On our second visit, there were 32 people living at the home.

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

At this inspection, we found improvements had been made in relation to the quality of person-centred care received by people, safety and hygiene of the environment, staffing deployment and training and the culture at the service. However, further improvements were still required in relation to the safe management of medication, care records and quality assurance processes in place; the provider continued to be in breach of regulations.

We found medicines were not always managed safely across the service. Some of the concerns found during this inspection had also been identified at our previous inspection, such as gaps in medication administration records (MARs) and medication not being available to people. The provider's internal medication audits had not been effective in identifying the issues and in driving the necessary improvements.

Risks to people's care had been considered and plans were in place to manage these. However, we found examples when equipment needed to prevent or manage risks to people's skin integrity had not been managed safely; this was actioned immediately when raised with management.

We continued to find inconsistencies in the application of the principles of the Mental Capacity Act. People told us staff asked their consent before supporting with care tasks. People were supported to have maximum choice and control of their lives and we did not find evidence of care not being delivered in people's best interests. However, for people who were not able to consent to their care, mental capacity assessments and best interest decisions were not always decision specific or being completed in line with regulations and best practice.

Staff told us they felt well supported in their roles. Training was being completed and further training planned. Supervisions had been completed, including targeted supervisions to address areas identified by management where staff required further support and guidance.

Most people and relatives told us staff's attitude was caring. Comments were made in relation to the change and improvements in the culture at the service, since our last inspection.

We received mixed feedback about activities happening at the home. Some people told us they enjoyed the

activity provision; other people told us there weren't many activities happening. Records confirmed activities were happening during the week, delivered in groups or on a one to one basis for people who chose to stay in their bedrooms.

The registered manager collaborated with this inspection, acted on the issues found or told us the actions they would take to address the issues identified.

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 23 March 2022).

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 in some areas, but not in others and the provider remained in breach of regulations.

This service has been in Special Measures since 23 March 2022. 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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety of medication and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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 Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by three inspectors and an Expert by Experience on the first day, and three inspectors on the second day. 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 care home is a 'care home' with nursing. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, infection and prevention control team and Healthwatch Leeds. 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 six people using the service and six relatives or friends about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We gathered information from several members of staff including the registered manager, nurses, care staff, activity coordinator, chef and a Director.

We reviewed a range of records. This included four people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at two staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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.

### Using medicines safely

At our last inspection, the provider failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always available to people as they were out of stock. This included medication that could have withdrawal effects if not taken as prescribed.
- There were gaps in people's MAR, making it unclear whether doses had been missed, which had also been found at the previous inspection.
- Staff continued to not always record where a medicine patch had been applied previously. Using the same part of the skin again too soon may increase the risk of skin irritation and side effects.
- The home had introduced a system to record the time when paracetamol had been given, however we found staff did not always leave a four-hour gap between doses.
- Medicines to be given 'as and when' required (PRN) did not always have a care plan to guide staff on how and when this medication could be given.

Systems in place did not always ensure the proper and safe management of medication. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored in a clean medicines room and temperatures for medicine storage were checked each day.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Risks to people's care had been considered and plans were in place to manage most of these risks. However, equipment used to help manage risks around skin integrity was not always managed well. We found examples where air flow mattresses were not in the correct setting, however this did not have a detrimental impact on people. We discussed this issue with management, and it was actioned immediately.
- We observed staff supporting a person using an unsafe moving and handling manoeuvre. The registered manager investigated and reported this incident to the local safeguarding team. People's moving and



handling risk assessments were detailed and personalised to their needs. Staff had completed the relevant theoretical and practical training to support people in this area of their care.

- At this inspection, we found risks associated with people losing weight were well managed. Unexplained marks and bruises were investigated, and when required, reported to the local safeguarding team, as appropriate.
- Accidents and incidents were recorded, and actions were taken to prevent reoccurrence. For example, there had been an incident involving bedrails. The registered manager explained us how this incident prompted a review of all bedrails risk assessments used at the home.

## Staffing and recruitment

At our last inspection, we recommended the provider to review their staff deployment practices and take action to update their practice accordingly. The provider had made improvements.

- We received mixed feedback about staffing levels. People told us, "I don't have to wait long if I want to go to the toilet" and, "I wait more than 5 minutes for staff to come." Relatives commented, "Staffing levels are improving. There used to be lots of changes of staff but it's now better" and, "There are not enough staff to spend time with [person]; I don't think they have time to spend with [person]." Staff did not raise any concerns in relation to staffing. In our observations and review of care records, we did not identify concerns in relation to the deployment of staff.
- There was a dependency tool being used and rotas were aligned with it.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives and friends were able to visit people living at the home, in line with visiting guidance.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we recommended the provider to review how they applied the principles of the MCA and ensure records were complete in this area. The provider had not made enough improvements.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There were inconsistencies in the quality of records related with mental capacity assessments and best interest decisions.
- Some people could not give informed consent for some areas of their care. We did not find evidence that care provided was not in people's best interests, however mental capacity assessments and best interest decisions were not always decision specific or had not been completed in line with MCA requirements and the code of practice. This was not in line with the provider's MCA policies and procedures.

Systems were not robust enough to ensure consent was recorded in line with requirements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS authorisations were applied for when required.

Staff support: induction, training, skills and experience

At our last inspection, the provider failed to ensure staff were appropriately trained. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they felt well supported in their roles.
- Staff were offered a training programme to ensure they had the skills to meet people's needs such as moving and handling and skin integrity. We reviewed the training matrix and confirmed additional or follow up training was also planned for staff.
- Staff were offered regular supervision sessions and staff confirmed this was supportive of their practice.

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

- People shared positive feedback about the quality and choice of meals. Comments included, "The food is okay; they give me something else if I don't like what is on the menu. I press the buzzer if I want a drink; they know I like my cups of tea. I definitely get enough to eat and drink, it's my choice to eat in my room" and, "The chef is fantastic at scrambled egg. The food is good. It's very varied food, so a shame it's cold sometimes."
- People's nutritional and hydration needs were well managed.
- People's particular needs and preferences around their nutritional and hydration requirements were assessed, recorded and known by staff, including the chef. People's weights were monitored, and actions taken when required to help manage any risks to their health.

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

- A visiting healthcare professional told us staff completed referrals in a timely way, listened and acted on their feedback.
- The provider kept in contact with relevant healthcare professionals involved in people's care.

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

- During this inspection, we found there were ongoing improvements being done to the environment.
- We discussed with the registered manager the further work required in relation to making the environment more dementia friendly and they told us about their plans to achieve this.

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

- The service had not received new admissions since last inspection. However, there was a system in place to assess people's needs prior to people coming to live at the home. Care plans contained information about people's physical and emotional needs. People's preferences, choices and individual needs were considered.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's communication needs and preferences were recorded in their care plan.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 shared mostly positive feedback in relation to staff's approach. Comments included, "The staff are very good in the way they treat me but should be more gentle"; "They treat me very well, such a nice lot of youngsters mostly. They are very pleasant, been very nice. I think they know me well because of the way they look after me."
- Some people and relatives highlighted how particular members of staff were kind and caring to them or their loved ones. Comments included, "The activities ladies are very good, very nice" and "[Name of maintenance staff member] is very good to [person]; goes in every day as [person] is always changing [their] mind where [they] wants [their] pictures."
- We observed staff talking to people in a polite and respectful manner.
- Staff supported people in line with their specific preferences and needs. For example, we observed staff communicating with people in a reassuring manner when they were exhibiting signs of being in distress.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and protected their privacy. People told us, "They [staff] treat me with dignity and respect [and] used to call me Mrs so I told them to call me [person's first name]. They respect my privacy; check if it is okay for visitors to come into my room. They close the curtains, cover me up, have been excellent with that. They ask me what I want to wear and respect my choices."
- Most relatives agreed their loved ones were treated with dignity. Their comments included, "The staff are lovely, they respect [person's] privacy and treat [person] with dignity and respect. Other relatives said, "The staff are very friendly, really nice. They respect [person's] privacy will ask me to wait outside when they are doing private stuff." Some relatives shared concerns about their loved one's appearance and personal care; we reviewed these people's care records and discussed their issues with the registered manager.
- We found examples of people's independence being promoted. One relative commented, "They support [person's] independence. [Person] can only use one arm but feeds [themselves] and gets on the tablet [themselves]. They will help him if [person] is struggling. I can hear them when I am on Facetime; they are very patient with [person]."

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

- People and relatives did not raise concerns about their involvement in the planning and reviewing of care.
- Evidence reviewed as part of this inspection showed most care records were reviewed frequently, however there was lack of evidence of involvement from people and relatives during these reviews. The registered manager showed us the letters they had sent relatives to invite them for reviews and explained us they set

up webinars with relatives to facilitate their participation.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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; 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

At our last inspection, the provider failed to ensure people received person centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received care that was centred around their needs and preferences. Care plans were not always consistent, and some areas needed reviewing. However, care staff, the chef and the registered manager were aware of people's needs and preferences. The registered manager told us they continued to review people's care plans to help improve the accuracy and completeness of records.
- During this inspection, we found call bells were accessible to people or regular checks were in place for people who were not able to use this equipment. People told us staff responded to the buzzer quickly.
- There were activities happening at the home, including one to one and group activities. However, we received feedback from people and relatives in relation to the lack of activities. Comments included, "I don't do any activities; my escape plan is to watch tv"; "I go downstairs and play dominos; I don't do anything else. The dice game today is the first time I have seen that" and, "There is not a lot going on; [person] will sometimes do activities, I have seen [staff] sit with people and look at books or photos."
- Records showed one to one activities were happening every day except weekends. Group activities were observed during both inspection visits.
- We found people were using communal areas and were therefore less isolated.

### End of life care and support

- Some people living at the service were approaching the need for palliative care. There were plans in place to support people, including anticipatory medication. The registered manager was in contact with the relevant professionals.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- The service was working within the AIS. The registered manager told us information could be provided to people in different formats, if required. The provider had developed communication care plans for some people.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how these were being managed and found it to be appropriate.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection, we found systems in place were not robust enough to demonstrate risks were effectively managed, quality assurance processes were not effective, and records were not always complete and contemporaneous. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found management oversight had not always been effective. Governance systems in place had either not identified or addressed concerns found during this inspection.
- Quality assurance systems were in place and happening regularly, however these had not always been effective in driving the necessary improvements. For example, medication audits were completed, however these did not identify the issues found at this inspection. Some of these issues had already been identified by commissioners during their monitoring visits. Care plans were being audited, and areas for improvement identified, but issues around compliance with MCA had not been identified.
- During this inspection, we found improvements were required in the accuracy and completeness of some records. For example, in relation to people's care plans and daily notes.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to the inspection process and responsive in acting on the issues found at this inspection. People and relatives told us the management team and the registered manager were approachable. Their comments included, "The home is well managed; the manager introduced herself"; "She's doing a good job and is a lovely girl" and, "It is better than it was. She [registered manager] listens but there is no more feedback than there was."
- The provider had fulfilled their duty to inform CQC and the relevant authorities of incidents happening at



the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- During this inspection, we found improvements in staff's approach, how staff worked together and the positive impact this was having on people.
- People shared mostly positive feedback about the impact care was having on them, but relatives continued to share mixed feedback. People's comments included, "I am happy with the care; they are very pleasant when they come in and they greet me." Relatives said, "Here the staff smile, say "hello" and greet you. You are made to feel welcome here"; "There's been a total change. [Person] moved room. [The home] is cleaner" and "The care is not a 100%. There's always something not done; they are full of promises but don't deliver."
- Staff felt supported by the service's management team.
- There were systems in place to promote good communication with staff, including handover meetings, flash meetings and staff meetings.

Working in partnership with others

- The service worked in collaboration with a number of organisations to support care provision. This included working with health care professionals from multidisciplinary teams such as the mental health team, dietician and speech and language therapist.

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	Management oversight continued not to be always effective. Quality assurance systems had not identified the issues found at this inspection. Care records were not always complete.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Management oversight continued not to be always effective. Quality assurance systems had not identified the issues found at this inspection. Care records were not always complete.

### **The enforcement action we took:**

We issued a Warning Notice.