Care Quality Commission

Crabwall Claremont Limited

Claremont Parkway

Inspection report

Holdenby
Kettering
NN15 6XE
Tel: 01536 484494
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on the 14 and 21 January 2016.

Claremont Parkway provides accommodation for persons who require nursing or personal care for up to 66 older people.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People's needs were safely met. There were sufficient numbers of appropriately trained and experienced staff on duty. People were protected by robust recruitment procedures from receiving unsafe care from staff that were unsuited to the job. People were safeguarded from abuse and poor practice by staff that knew what action they needed to take if they suspected this was happening.

Summary of findings

People's care needs had been assessed prior to admission to Claremont Parkway and they each had an agreed care plan. Their care plans were regularly reviewed, were up-to-date and reflected their individual needs.

People received their personal care from staff that knew what was expected of them when caring for older people, including those with nursing and dementia care needs, and they carried out their duties effectively. People's individual preferences for the way they liked to receive their care and support were respected. Staff were attentive to each person's individual needs and acted upon required changes to their care and treatment.

People's healthcare needs were met by nurses and care staff and when necessary by other external community based healthcare professionals. Medicines were secured stored, administered in a timely way, and appropriately managed.

People enjoyed a varied diet, with enough to eat and drink. Those that needed support with eating and drinking received the help they required. People's diets and nutritional needs were assessed, monitored and acted upon.

People, and where appropriate, their representatives or significant others, were provided with the information and guidance they needed to make a complaint or express their views about the quality of their care. Timely action was taken to resolve complaints.

People benefited from receiving a service that was regularly audited for quality by the registered manager and by the provider. People, and where appropriate, their representatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that timely remedial action would be taken to try to resolve matters to their satisfaction.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People's care needs and any associated risks were assessed before they were admitted. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

Good

Is the service effective?
The service was effective.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

People benefitted from being cared for by staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

People were individually involved and supported to make choices about how they preferred their day-to-day care. Staff respected people's preferences and the choices they were able to make about how they received their care.

People's dignity was assured when they received personal care and they were treated with kindness and compassion.

People received their care from staff that encouraged them to do what they could for themselves and retain their sense of self-respect.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People had care plans that reflected their individual needs and how these were to be met by the staff.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefitted from receiving their care in a home that was appropriately and conscientiously managed.

People benefited from receiving care from staff that received the managerial support and guidance they needed to do their job well.

Claremont Parkway

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by an inspector and took place on the 14 and 21 January 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say. During this inspection we spoke with ten people that used the service, as well as four visitors to the home. We looked at the care records of ten people that received a service. We spoke with the registered manager and individually with eight other staff with different roles and responsibilities that included two nurses, five care workers, and an activity organiser.

We undertook general observations throughout the home, including observing interactions between staff and people in the communal areas. We viewed four bedrooms with people's agreement.

Good

Is the service safe?

Our findings

People said they felt safe with the staff that supported them. One person said, "Sometimes it's a bit hectic for staff because they have a lot to do, but I never feel unsafe. They [staff] are always there when you need a bit of help."

People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they witnessed or suspected ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People were also safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People's care needs were safely met by sufficient numbers of experienced and trained care staff on duty. Care staff were supported by sufficient numbers of domestic and kitchen staff so that they were able to focus their attention on providing people with safe care.

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety. At the beginning of each shift staff that had arrived for duty were briefed on people's changing needs so that they were able to safely manage each person's care.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. Medicines were competently administered by the nurse-in-charge.

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care.

Good

Is the service effective?

Our findings

People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people, including those with dementia care needs and nursing care needs. People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. New staff had received induction training that prepared them for their duties.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks.

People received timely healthcare treatment and staff acted upon the advice of other professionals that had a role in people's treatment. Suitable arrangements were in place for people to consult their GP and receive treatment from other healthcare professionals when they needed it.

People's nutritional needs were met. Staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. People were supported with their meals and drinks where this had been determined as being needed. The level of support they needed was recorded in the support plan. People that needed assistance with eating or drinking received the help they needed, were not rushed and had the time they needed to savour their food.

People enjoyed their meals and had enough to eat and drink. Menus suited a wide range of tastes. The menu for the day was on display and corresponded with the meal served. Where people were unable to express a preference the kitchen staff used information they had about the person's likes and dislikes. One person said, "They do their best to make sure the food is tasty but it can't be easy to keep everyone happy, but I've got no complaints about the meals dished up here." Another person said, "If I don't fancy something I just tell them [staff] and they will offer me something I do like. They [staff] always go around asking people what they would like. Sometimes someone will forget what they have chosen or change their mind. They [staff] will do their best to sort that out when it happens."

Portions of food served at lunchtime looked appetising, were ample and catered for people's individual appetites. Special diets, snacks, and religious or cultural preferences were catered for whenever the need arose.

Good

Is the service caring?

Our findings

People's dignity and right to privacy were protected by staff. People were supported by staff that were attentive and kind. Although care staff were busy they went about their duties without rushing people. They responded in a timely way to 'call bells' when people needed help or reassurance.

People's personal care support was discreetly managed by staff so that people were treated in a dignified way. People were approached by staff that explained what they were doing without taking for granted that the person understood what was happening. Staff were mindful of people's diversity and understood each person's right to make choices about the way they liked to receive their care.

People's individuality was respected by care staff that directed their attention to the person they engaged with.

Care plans included people's preferred name and people said the staff used this when they spoke with them. The staff interacted well with people and engaged them in conversation.

Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. Staff knocked on people's doors and paused to listen for an invitation to 'come in' before going into people's bedrooms.

People's bedrooms were personalised with their belongings and mementos they valued and had chosen to have around them.

Visitors said they were always greeted and made welcome by the staff.

Good

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission.

People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs changed.

People that were able to make decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

People were encouraged to make choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

People had a wide range of activities that were organised or on offer on a daily basis. These activities suited people's individual likes and dislikes. People could freely choose to join in with communal activities if they wanted to. People who preferred to keep their own company, or that were confined to their own room because of their complex nursing care needs were protected from social isolation because staff made a conscientious effort to engage with them individually. People that were unable to participate because of their condition received regular one-to-one attention from staff that organised and coordinated activities. Where a person's ability to communicate had been compromised the activity coordinator would explore ways of providing them with sensory stimulation they enjoyed, such as hand massage or having a book read to them.

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. Complaints were responded to in a timely way and compliments were shared with staff.

Good

Is the service well-led?

Our findings

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Staff said there was always an 'open door' if they needed guidance from any of the senior staff, including the registered manager. Staff described the registered manager as very supportive and readily approachable if they needed advice or guidance. Staff received supervision meetings with their line manager to review how effectively they were doing their job. Performance appraisals for each member of staff were scheduled and took place at intervals throughout the year.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns about people's quality of care with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's entitlement to a quality service was monitored by the audits regularly carried out by the senior staff, including the registered manager and provider's representatives. These audits included, for example, checking that staff were adhering to good practice guidelines and were following the procedures put in place by the provider to protect people from poor care.

People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information.

Policies and procedures to guide staff on matters of good practice were in place and had been updated when required.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect timely repairs.