

Claremont Care Home Limited

Claremont Care Home

Inspection report

254-256 Washway Road
Sale
Cheshire
M33 4RZ

Tel: 01619737130

Date of inspection visit:
06 March 2018
07 March 2018

Date of publication:
20 April 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We inspected Claremont Care Home on 6 and 7 March 2018. The inspection was unannounced, so this meant they did not know we were coming.

At the last inspection on 6 and 8 February 2017, the service was rated as requires improvement. We found three breaches of the regulations, as improvements were needed in the management of medicines, appropriate checks of Legionella had not been carried out, staff were not trained in key subject areas and the registered provider had not ensured good governance in the home. We conducted this inspection to review whether sufficient improvements had been made since the last inspection. We found that some improvements had been made, but further improvements were required.

Claremont Care Home is a privately owned residential home that provides care and support for older people some of whom are living with dementia. 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. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 17 people living in the home.

At the time of our inspection the registered manager had resigned four days before our inspection. 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. The deputy manager was available to take over managerial responsibilities until a decision had been made by the provider who was going to become the homes permanent manager.

During our tour of the home we noted a potential safety hazard. We found a cupboard in the ground floor bathroom was unlocked which stored hazardous substances, such as cleaning products. The premises had not been made secure to minimise the risk of people unintentionally touching or drinking the hazardous substances with the potential of causing themselves harm.

During this inspection, we found other issues affecting the safety of the environment. The provider did not have a risk assessment in relation to Legionella. However, we found the provider had completed routine sampling to help control the risks of legionella. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease that can be dangerous, particularly to more vulnerable people such as older adults.

We noted some areas of the home that 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 and some communal chairs needed replacing due to rips in the cushions. We noticed areas around the home would also benefit from re decoration. The décor around the home appeared tired; the

paintwork was scuffed and the carpets in high traffic areas of the lounge and downstairs corridor were showing signs of wear and discoloration. We discussed this with the provider who acknowledged our observations, but did not provide assurances that the home would be refurbished going forward.

Care records were inconsistently completed and lacked detail about people's care and support. Care plans had not been effectively reviewed to ensure their current needs and preferences were known. The monitoring of people's care and support was inconsistent. For example, records relating to a person's late stage kidney disease had not been recorded to guide staff how they needed to be supported with this long term condition. Furthermore, we found one person who had received end of life care did not have a detailed end of life plan in place, although from discussions with the deputy and staff this person received the appropriate support from the staffing team and external professionals.

We examined staff training records which demonstrated that training relevant to their job roles was provided. However, new staff were not supported through the care certificate or equivalent. This meant we could not be fully assured new staff had received a robust induction in health and social care. Staff had received regular supervision; however an annual appraisal for staff was not in place.

The management of medicines had improved which meant that people would get the medicines that they required. Improvements had been made to ensure that medication was stored safely and in line with manufacturer's instructions. Records in regards to medicines were accurate and there were care plans which provided staff with information to ensure that the right medication was given to the right person at the right time.

We found that people's nutritional needs were being met. People's views on the quality of the food were generally positive.

People told us that they were well cared for and in a kind manner. Staff knew the people they were supporting well and understood their requirements for care. We found that people were treated with dignity and respect. People were supported and involved in planning and making decisions about their care. However, we found people's dignity and privacy was not always protected as bathrooms and toilet doors had still not been fitted with a locking mechanism.

During our inspection we saw staff were attentive and responded to people who might need assistance in a timely way. There were sufficient numbers of staff on duty to provide people with the support they needed. We observed positive and caring interactions between staff and people living at the home. People were comfortable in the presence of staff and to request help if they needed it.

We found staff were recruited safely. Suitable checks were made to ensure people recruited were of good character and had appropriate experience and qualifications.

Staff sought consent to care from people they supported. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how to support people effectively, however we found some of the staff were not aware of the people living at the home who were subject to a DoLS, we found this level of information had not always been provided to staff.

People had access to a range of activities and social interaction, however some people felt activities could be improved further with trips arranged in the local community.

Whilst some improvements have been made to the registered provider's governance and auditing systems

these were still not robust to ensure the safety of people was maintained. The registered provider had failed to ensure that the home had improved or sustained improvement in some identified areas.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

This is the third consecutive time the service has been rated Requires Improvement.

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 safe.

The provider was not ensuring reasonable steps were taken to ensure the safety of the premises, including controlling risks of legionella.

There were sufficient staff to meet people's daily needs..

Improvements had been made to ensure a more robust management of medicines. People received their medication as prescribed.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

We found throughout the home there was little evidence of a dementia friendly environment. For example, there was no pictorial or directional signage, use of contrasting colours on grab rails, and no use of memory boxes, photos or other ways to help people identify their rooms.

Staff had received training and supervision to enable them to develop further skills and knowledge. However, the care certificate or equivalent was still not in place for new staff.

We received positive feedback about the food provided. Kitchen staff were aware of people's dietary requirements.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

We found people's dignity and privacy was not respected. Communal bathroom and toilet doors had no locking mechanisms in place which did not protect people's privacy.

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.

Requires Improvement ●

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

Is the service responsive?

The service was not fully responsive.

Care plans were insufficient to safely meet people's needs as they did not always identify and manage risks to people's health and well-being.

People's opportunity to discuss future wishes were not in place and the service were not following a specific end of life care model.

People had access to activities that were important and relevant to them. However, a small number of people felt activities could be improved.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Systems in place to monitor and improve the quality of the service were not effective. Audits were not checked for accuracy and were not robust. They failed to highlight the areas of shortfall found during this inspection.

The previous registered manager recently left the service. The deputy manager was managing the home day to day in the interim.

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

Inadequate ●

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 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.

The inspection took place on 6 and 7 March 2018. The inspection team consisted of one adult social care inspector and an expert-by-experience. An inspection manager also accompanied the inspector on the first day of the inspection. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service. The expert by experience had experience working with older people and people living with dementia.

Prior to the inspection we reviewed information we held about the service. This included statutory notifications the provider had sent us about serious injuries and safeguarding. Statutory notifications are information the provider must send to the CQC about certain significant events that occur whilst providing a service.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was reflective of the service provided at the home.

We sought feedback about the service from the local authority commissioners and quality monitoring team and, Healthwatch Trafford. Feedback received from the local authority quality monitoring team raised concerns that the provider declined a recent monitoring visit. In the main body of the report we have commented on this further. Healthwatch Trafford had no information on this service.

During the inspection we spoke with eight people who were living at the home and one person's relative who was visiting on the day of the inspection. We spoke with four care staff, the cook, the deputy manager and the provider of the home. We reviewed records relating to the care people were receiving including four people's care plans and risk assessments, daily records, accident records and 12 medication administration records (MARs). We also looked at records relating to the management of a residential care service including

training records, staff supervision records, records of servicing and maintenance, policies and procedures and staff recruitment records.

Is the service safe?

Our findings

People told us they felt safe living at Claremont Care Home. They were confident that staff would provide them with the support they needed and that their belongings were secure. One person told us, "I like this home, it's safer than the last place I was in."

At our last inspection in February 2017 we found the home was not taking reasonable measures to control the risk of legionella developing in the water system. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. At this inspection we continued to find the home was not taking reasonable measures to control the risk of legionella developing in the water system. There was no risk assessment in relation to legionella. However, we were provided with evidence of a recent test to confirm legionella bacteria was not present in the water system. Furthermore, we found appropriate checks on the hot and cold water temperatures were being carried out. However, due to there being no legionella risk assessment in place, a written scheme for the management of legionnaire's disease and a planned preventative maintenance regime had not yet been devised. The Health and Safety Executive (HSE) guidelines 'Management of the risks from legionella within water systems' state care homes must ensure proper management of the risks from legionella are in place.

This meant the provider was not taking reasonable steps to help protect people from the risk of contracting Legionnaire's. Shortly after the inspection we were provided with an invoice from the provider confirming they have paid for an external legionella company that was due to complete a risk assessment of the home on the 9 April 2018.

This was a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in February 2017 we found people's medicines were not always managed and administered safely. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and this regulation was now being met. We looked at the medication system in operation at the home. We discussed with the deputy manager and senior care worker how medicines were ordered, stored, administered, recorded and disposed of. We saw robust systems were in place. People were identified by photograph on their Medication Administration Record (MAR). Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to people. We saw that topical medicines, such as creams and lotions, had body maps and cream charts to show where and how often they should be applied.

We checked that there were appropriate and up-to-date policies and procedures in place around the

administration of medicines and found that the provider had suitable policies in place. Training records showed that medication training was up to date and staff had undertaken competency assessments where necessary.

During the inspection the senior staff member on duty administered medicines in a safe way. They explained what they were doing and made sure people had swallowed tablets and liquids before leaving them. However, during the inspection we spoke to one person and noted several empty medicines cups had been left in their bedroom. This person told us staff prepared their medication in the medicines cups and would leave this with them to take. The person confirmed they are capable of taking their medicines with minimal support from staff, but on reviewing their care plan we noted it was not recorded that staff administering medicines should leave the tablets with the person. In discussion with the deputy manager they said the person did not like to be rushed with their medicines and confirmed the person was more than capable of taking their medicines with minimal support, but acknowledged this person's care plan and MAR would be reviewed to reflect this.

Due to the size of the home a dedicated medicines clinic room was not available. Medicines were stored safely in line with requirements in two locked trolleys and a separate controlled drugs cabinet was in place. Fridge temperatures were recorded daily, but we noted room temperatures were not being recorded. The deputy manager confirmed thermometers were in place and would now start recording the temperatures twice daily. A maximum/minimum thermometer should be placed in all rooms where medicines are stored and the temperature of the room monitored on a daily basis (preferably at the same time each day) to ensure medicines are stored within the recommended temperature limit and their effectiveness is not compromised.

We found MAR's were in place which detailed the medication prescribed, how this should be taken and the time. We reviewed a sample of 12 MAR's, which demonstrated that staff had signed to show they had administered people's medication. We checked the arrangements for the storage and management of controlled drugs. We checked the stock of controlled drugs and found that it tallied with what was documented in the controlled drugs book. We also saw that two staff members checked in new supplies and recorded the administration of any controlled drugs. This meant that controlled drugs were managed safely.

Audits of medicines and MAR charts were carried out; these ensured that all medicines supplied were accounted for. This meant that medicines were stored safely, and that people were protected from the unsafe access and potential misuse of medicines.

At the last inspection in February 2017 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. At this inspection we found these above matters had been addressed by the provider, however the general maintenance of the home had not been kept up as skirting boards, doors and surrounds had paint flaking which would make them difficult to keep clean.

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. However, as found at the last inspection in February 2017 we noted some areas of the home that 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 and some communal chairs needed replacing due to

rips in the cushions. We noticed areas around the home would also benefit from re-decoration. The décor around the home appeared tired; the paintwork was scuffed and the carpets in high traffic areas of the lounge and downstairs corridor were showing signs of wear and discoloration. We discussed this area with the provider who acknowledged our observations, but did not provide assurances that the home would be refurbished going forward and there was no planned programme of refurbishment in place.

During the first day of our inspection we were able to access an unlocked cupboard in the ground floor bathroom and noted hazardous cleaning products had not been securely stored. The premises had not been made secure to minimise the risk of people unintentionally touching or drinking the hazardous substances with the potential of causing themselves harm.

The provider had not taken reasonable practicable steps to mitigate risks to the health and safety of service users. This was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in February 2017 we noted the home employed a domestic staff member who predominately worked Monday to Friday at the home. At this inspection we were informed by members of the staff team the home has not had a domestic worker for the last 12 months. This meant the cleaning duties were completed by the care staff, along with care duties. In discussion with the provider we were informed they didn't need a domestic worker due to the home not being at full capacity in respect of the number of residents. They commented that they needed to balance the home's finances and felt the care staff could complete any outstanding cleaning tasks. Due to the provider planning to take on new admissions to the home we were informed by the deputy manager a new domestic staff member had been recruited.

We saw the latest infection control audit by the local authority in August 2017, 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 deputy manager commented the provider has instructed a plumber to install a hand-wash basin dedicated for staff use only on the ground floor, located in the area from where medications are dispensed. We will review the progress of these tasks at our next inspection.

Staff understood their responsibility in relation to protecting people from abuse. Records showed staff had received safeguarding training and information about how to raise safety concerns outside the service was displayed on a notice board and readily available to people and staff. Staff said that if they had any concerns they would initially report them to the deputy manager who, they were confident, would take any action necessary. One staff member told us, "The [deputy manager's name] is always approachable and I would feel more than confident to raise any concerns to her." Records showed that the service had made safeguarding alerts to the local authority where appropriate to ensure people's safety while accessing the community independently.

There were sufficient staff available to meet people's care needs. Staffing levels set by the provider for Claremont Care Home were one senior care worker and two/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 deputy manager commented that the staffing during the day had recently been one senior and two care workers, but due to the home taking on new admissions the provider agreed to increase the staffing hours with an additional care worker on duty from 8am to 8pm.

We received a mixed response in respect to the staffing levels at the home. People told us, "I don't think

there is enough staff at the moment. Response to the buzzer depends on what's happening; usually someone will come within 10 minutes", "Yes, I think there are enough. You can always find someone", "There's sort of enough staff; it depends on how busy it is. There's no waiting really", "There are usually enough staff; occasionally there aren't" and "I won't say yes; I won't say no."

We noted that a staffing dependency tool to calculate staffing hours and people's needs using the service had not been devised. The deputy 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 to ensure quality of service provision.

During our two day inspection we found no evidence to suggest people were not attended to within acceptable timescales. The atmosphere during the inspection was calm and pleasant. We heard no one calling or shouting for help. Call bells, when rang, were attended to promptly and staff did not appear hurried or under pressure when undertaking their duties.

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 the steps required to help ensure these risks were appropriately managed and reduced where possible.

Staff were aware of procedures to follow in the event that someone had an accident such as a fall. We saw staff had completed accidents records and post-incident observations in the event that someone had sustained a fall and remained at the home. This would help ensure any injuries that were not immediately apparent would be recognised and acted upon.

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 looked at the records for gas and electrical safety and manual handling equipment checks. All the necessary inspections and checks were up to date. We noted the home had a fire risk assessment in place which had recently been reviewed. We noted fire drills had regularly been undertaken by the home for day staff, but none had been recorded for night staff. The deputy manager agreed this would be completed going forward. We found regular checks were conducted on the facilities and equipment, to ensure they were safe for their intended use. This included fire safety systems, and electrical equipment.

Is the service effective?

Our findings

Assessments of people's needs were completed before they moved into the service. This was done to ensure that the service could meet their needs. Before people moved in they were also encouraged to visit the service, look around and meet the other people currently using the service. This ensured people had a good understanding of how the service operated before choosing to move in. It also gave people an opportunity to observe staff interacting with people and gain an understanding of how the service operated, its rules and procedures.

At our last inspection in February 2017 we made a recommendation that the registered provider seeks 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. At this inspection we found throughout the home there was little evidence of a dementia friendly environment. For example, there was no pictorial or directional signage, use of contrasting colours on grab rails, and no use of memory boxes, photos or other ways to help people identify their rooms. Such adaptations would support people to remain independent for as long as possible. There were heavily patterned carpets throughout the home; this can cause potential confusion to some people with visual impairments or who are living with dementia.

We recommend the service reviews current guidance in relation to dementia friendly environments and incorporates dementia friendly adaptations. This should be done in consultation with people using the service.

At our last inspection in February 2017 we found people who lived at the home were placed at unnecessary risk of harm because staff had not all received appropriate training. Staff had access to a range of key training subjects and other training relevant to their roles and responsibilities. However we noted that some people were living with dementia and staff had not received appropriate training. We found this to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the level of training provided to staff had improved. We found a high number of staff received training in dementia awareness, health and safety and food hygiene, these training subjects had previously not been completed by all staff.

We examined further training records which demonstrated that regular training was provided. The deputy manager maintained a spread sheet record of staff training and recorded when staff had completed training sessions. This allowed the deputy manager to monitor the training and to check when it needed to be updated. We saw that staff had received training provided by external organisations in areas such as, manual handling, first aid and fire safety. We saw that staff also undertook e-learning every year in subjects such as safeguarding adults. Staff told us that training was thorough, one person commented, "Over the last 12 months the training has improved."

However, at the last inspection in February 2017 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 minimum standards that should be covered as part of induction training of new care workers. The deputy manager commented that this was the previous manager's responsibility to establish, but this never took place. The deputy manager provided assurances that all staff had completed a diploma in adult social care and new staff had started the process to complete a QCF level 2 (Qualification and Credit Frame). Shortly after the inspection we were contacted by the provider to inform us the home has developed links with an external training provider that will support new staff to complete the Care Certificate. We will review the progress of this at our next inspection.

Staff received supervision on average six times per annum. 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 deputy manager commented that they were planning to introduce an appraisal for staff, as some appraisals had been missed by the previous manager. We will review the progress of this at our next inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The deputy manager had a good understanding of this legislation and appropriate assessments of people's ability to make decisions had been completed. Where people's capacity to make a specific decision could be variable this had been recorded and staff were provided with guidance on how to support people to make meaningful choices.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although the service's doors were not locked and people were able to access the community independently the deputy manager had identified that some people who lacked capacity in relation to certain decisions were the subject of restrictive care plans. Necessary applications to the local authority for the authorisation of these care plans had been made. Where authorisations had been granted the service had complied with any associated conditions.

At our last inspection in February 2017 we had found that staff had not undertaken training around DoLS. At this inspection we found that staff had received training in MCA and DoLS in March 2017. Staff spoken with had an understanding of the principles of the MCA and were knowledgeable about which people were subject to a DoLS authorisation. They told us that people needed to be supported to make decisions about their care and consent was needed. However, some of the staff were unsure of who was subject to a DoLS authorisation. The deputy manager explained this would be covered at the forthcoming team meeting.

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.

The mealtimes we observed were relaxed and well organised. People received any help, support and encouragement they required to eat and drink promptly. We saw people were offered a choice of meal and were asked if they had had enough to eat. We visited the kitchen and saw there was a list of people's dietary requirements displayed. This included information on people's weights and any nutritional risk. This would help ensure kitchen staff were able to provide people with appropriate nutritional support.

People told us they were able to get a drink or snack when they wanted, and we saw drinks were offered regularly throughout the day. Feedback from people living at the home was generally positive in relation to the meals they were provided. Comments included, "The food's good. It's a bit heavy (too much) for me, I prefer salads, but I eat most of the meals. It's hot, tasty and nicely presented", "I have cabbage water with a bit of pepper to drink sometimes", "I'm from [country] and I couldn't understand why we always had potatoes or bread but never pasta. But now they make pasta especially for me sometimes, which is good."

Staff supported and enabled people to practice their faith and the deputy manager told us the local church regularly visited the home. During the inspection the deputy manager provided a recent example when the local vicar visited a person and provided their last rites before their passing. Equality and diversity training was included in the provider's basic training programme.

Records in people's care files showed a range of health professionals had been involved in their care. This included GPs, district nurses, opticians and podiatrists. People told us they were confident staff would arrange for them to see a GP or other health professional promptly in response to any health concerns they had. One relative we spoke with told us, "They've called the doctor for my mother a couple of times. They also called her son so he came too." We saw staff monitored people's weights where a need had been identified. This would help ensure any change in that person's health would be recognised and acted upon.

Is the service caring?

Our findings

People told us they were happy living at Claremont Care Home and well cared for. Their comments included, "I have a laugh with the staff", "The staff are very good. They talk to me, but not a lot", "Yes, the staff are kind. They help me do things", "The staff are kind; they give me a nice smile and they don't often tell me off" and "Some of them are kind."

Staff knew people well and told us that they enjoyed spending time with the people they supported. Their comments included, "I enjoy working at this home and we treat everyone here like our own families." During our inspection we saw that people approached staff for support without hesitation and that staff responded promptly to people's requests.

It was apparent that staff had developed positive relationships with people living at the home. Staff were able to talk to us in detail about people's likes, dislikes, interests and preferences. We observed that staff spent time talking with people when they were not engaged in care tasks. People living at the home were comfortable approaching staff to ask for assistance or to start a conversation. When asked if they thought staff were kind and caring one person pointed to a member of care staff and said, "I love [staff member's name] he's lovely."

People told us staff were respectful of their privacy. People said they could go to their rooms when they wanted and that staff would knock before entering. Staff told us they would ensure doors and curtains were shut when providing people support with personal care.

However, the facilities at the home presented barriers to staff being able to respect people's privacy and dignity as far as would otherwise have been possible. At the last inspection in February 2017 we found there were no suitable locks on bathroom and toilet doors to use should they wish. This would have a potential impact on people's privacy. At this inspection we found bathroom and toilet doors still required a suitable locking mechanism to protect people's dignity. During the inspection the provider commented that they decided to not install locking mechanisms as they were concerned people may struggle with the lock. However, the provider accepted certain locks can be opened from the outside if people were to struggle; ensuring people's privacy is protected. We were informed new locks would soon be purchased by the provider. We will review this area further at our next inspection.

People were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their care plans, however we found these had not always been signed by the person. The deputy manager told us this was an area the home was going to focus on going forward. People were also able to take part in residents meetings which included them in decisions about the way the home was run. One person's relative commented, "I've seen my mother's care plan and was involved in reviewing it weeks after she came here."

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

At our last inspection in February 2017 we found people's future plans in respect of end of life care was not discussed and no specific approach or model of end of life care was in place. At this inspection we found some improvements in respect of staff training for end of life care. But the process of care planning had not improved.

The end of life care plans in place were not holistic, and did not reflect the scope of people's individual wishes and needs. For example, if they preferred to go into hospital or remain in the home, which people they wanted to be with them (and those they did not) and how they wished to spend their last days. There was no additional information on how staff could provide comfort during these last days such as music the person liked and calming aromas. With regard to people living with dementia, they were not supported to express these wishes whilst they were able to. For example, during the inspection we viewed the care plan of person who had recently passed away at the home. We were informed this person was receiving end of life care prior to their passing; however we found there was no end of life care plan in place to detail the person's final wishes.

We asked if there was a specific approach or model of end of life care the staff would follow should anyone be approaching the end of their life. The deputy manager provided evidence that end of life training had been provided to the majority of staff, but acknowledged no specific approach or model of end of life care was in place. The deputy manager confirmed the home was looking to join the Six Steps end of life programme and roll this training out to the staff, however we were also told this at the last inspection approximately 13 months ago. Six Steps is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our last inspection in February 2017 we found 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.

At this inspection we found the care planning document devised at Claremont Care Home was not reflective of people's assessed needs. For example, we were informed by the deputy manager that one person at the home was being supported with late stage kidney disease. We viewed this person's care plan and found no specific care plan on this chronic condition had been devised to ensure staff were safely supporting this person. We were however provided with reassurances of hospital appointments this person had been supported with, which provided assurances that the person had received the necessary medical support. However, the deputy manager acknowledged a specific care plan should have been in place. We found a further example of a person living with diabetes who did not have a care plan in place for this condition. 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.

During the inspection we were informed by the provider the registered manager who had recently left the home was responsible for developing and updating all care plans and would not allow senior staff to amend any of the care plans. The provider acknowledged that training in care planning would be provided to all staff to ensure going forward all staff could update care plans to ensure people's assessed needs were accurately recorded. Shortly after the inspection we were provided with two copies of the care plans devised for the two people living with the long term conditions, kidney disease and diabetes. We found these care plans had been completed to a high standard.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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.

We found there was no schedules with details of the activities organised for people who lived in the home. The deputy manager told us activities at the home consisted of hairdressing, nail treatments, bingo and quizzes, knitting, armchair exercises and one-to-one chats with staff. On the first day of our inspection we noted people were being supported with knitting with the activities co-ordinator who predominately worked at the home two to three days a week, which was followed by a game of bingo. On the second day we observed armchair experiences to music was being carried out by an external entertainer. We saw the home organised an external entertainer to visit the home at least twice a week, which we were told by relatives was enjoyed by the people who used the service.

We found people were generally positive about the activities on offer, but some people wanted to access the community more often. Comments included, "I go to the hairdresser, bingo, quizzes, and chair exercises", "I go to the hairdresser on Mondays", "I'd like to go into the garden; I don't go out though", "I do quizzes but my knowledge isn't what it was. I used to write books", "More trips out would be great" and "The indoor activities are good, but I would like to go on a trip out to the seaside, I don't think that can be arranged."

We discussed this feedback with the deputy manager who commented that they will discuss with the provider if arranged trips out in the community can take place. We will review this at our next inspection.

The service had appropriate systems in place for the investigation of any complaints received. Information about the complaints policy was readily available to people and visitors in the reception area of the home. Records showed that where complaints had been received these had been fully investigated by the previous registered manager and that the service aimed to use any complaints received as opportunities for learning and to improve the service's performance.

Is the service well-led?

Our findings

At the time of our inspection the registered manager had resigned four days before our visit. The registered manager was now in the process of deregistering from this home. The provider informed us the deputy manager will undertake day to day management of the home until the provider makes a decision on who will be the home's permanent manager. The provider also gave assurances that they are on hand to support the deputy manager during this process.

During the inspection we found a number of people had not been made aware the registered manager was no longer working at the home. We discussed the importance with the provider of being open and transparent with people and their relatives in respect of the managerial changes. The provider acknowledged this observation and commented that a residents and relatives meeting would be held.

At our last inspection in February 2017 we found there were gaps in quality assurance processes, which we found to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had not been made in this area and there was an ongoing breach of this regulation.

At the last inspection we found the information held within the home and associated audits did not correlate. Information was contradictory and did not identify risks and issues as effectively as they could. As a consequence, actions to improve the home had not been identified.

At this inspection we saw a number of systems and audits had been introduced to allow the previous registered manager to monitor the quality and safety of the service. Additional audits such as the manager's daily/weekly/monthly checklist was introduced which predominately looked at the environment of the home. We found the use of these audits were completed inconsistently with audits not completed in June, July, August, September, October, November and December 2017. Furthermore, audits connected to medicines checks had not been completed in September, October, November, December 2017, January and February 2018.

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 staff induction training, care planning, end of life care and health and safety. We found these checks had been completed inconsistently and did not pick up on the issues found at this inspection. For example we found the previous registered manager kept an audit of the care plans they viewed and amended, however these audits did not capture any of the shortfalls we found during this inspection.

We saw a number of surveys and questionnaires were completed by people with an interest in the home. This included resident's surveys and surveys for professionals. We found the surveys were not monitored and action plans were not developed from them. Surveys are a tool for improvement and should be used as such. If actions are not identified from the feedback provided then the feedback has not served its purpose.

We found the provider did not undertake any compliance audits of the home. The provider did not have adequate oversight of the service, and relied on trust that the managers in post had been performing adequately. The provider had failed to ensure timely action was taken in relation to a legionella risk to establish who was responsible for these checks. Furthermore, at previous inspections we found the environment was not well designed and did not offer suitable adaptations to support the needs of people living with dementia. We continued to find limited progress in this area.

Over the past three inspections since 2015 of this service we have found several breaches of the regulations. We found the same or similar breaches in regulations where the provider had failed to act on these to improve the care and support people received. We have not seen sustained improvements to the service due to the lack of reliable and effective governance systems in place.

The provider did not have robust processes in place to ensure the safety and quality of the service was adequately monitored and improved, and to ensure known risks were acted upon. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the deputy manager and felt that positive progress would be made if they do become the permanent manager of the home. They told us they felt valued for the work they did. Comments from staff included; "[Deputy manager's name] will take this home forward. No disrespect to the [registered manager's name] but [deputy manager's name] is much more approachable", "The [deputy manager's name] has always been the manager I would go to if I have a problem" and "I am excited for this home, now there has been a change in the management."

Shortly before our inspection we contacted Trafford's quality monitoring team who informed us the previous registered manager had decided to decline the quality monitoring team from visiting the home. The main focus of the quality monitoring visits are to support the home in areas that require improving. During the inspection the provider commented that they were unaware the previous registered manager had declined the support from Trafford, and they were eager to work with the quality monitoring team going forward.

We found the Claremont Care Home website in September 2017 did not display the home ratings from the inspection carried out in February 2017. It is a legal requirement that provider's display the rating from their most recent CQC inspection on any websites they maintain or are maintained on their behalf. We issued a fixed penalty notice against the provider. At the time of this inspection we found the provider had now taken action and updated their website to include the rating. The home's rating was also displayed inside the home as required.