Claremont Lodge Care Limited

Claremont Lodge

Inspection report

66 Claremont Road
Salford
M6 7GP
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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?	Requires improvement
Is the service well-led?	Good

Overall summary

An unannounced inspection took place on 11, 12 and 18 August 2015.

Claremont Lodge is a care home registered to provide personal care and accommodation for up to 18 people. The home is situated in a residential area of Salford, close to local amenities and a park. Accommodation is in mainly single rooms with shared lounges and a dining area. Claremont Lodge is an older building, some of the décor is worn and traditional in presentation. A new updated kitchen has recently been installed.

At the time of the inspection there were 15 people living at the home, one person was in hospital and the home had two vacancies. There was a registered manager at the home. 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.

At the last inspection on 20 and 23 May 2014 we found the service was non-compliant in the way it managed the records of people who used the service. We asked the

Summary of findings

service to provide us with an action plan detailing how they would improve and on 15 September 2014 we inspected the service again and found improvements had been made to the required standard.

People using the service told us they felt safe and well cared for. Staff communicated with people appropriately, responded to their needs promptly and treated them with kindness and respect. Staff sought and obtained people's verbal consent before they helped them.

Claremont Lodge benefited from a core of staff who had worked there for many years and there was a low turnover of staff. Staff knew each person using the service well. The service did not use a formalised method to assess dependency. However, we looked at the staffing rota covering the previous three months and found staffing levels to be sufficient. Throughout our inspection we found sufficient numbers of staff on duty to meet the needs of people who used the service. Some members of staff told us that they thought the hours they were expected to work were too long.

Staff were able to demonstrate an understanding of safeguarding issues and were aware of when to report concerns and who to report them to. A poster was displayed in the main office giving information about how to report a safeguarding concern.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Accidents and incidents were recorded and monitored appropriately. Where necessary, we found preventative measures had been put in place to minimise identified risks.

A variety of individual risk assessments had been completed for people who used the service and placed within their respective care plans. The service maintained a separate grab file that contained a personal emergency evacuation plan (PEEP) for each person who used the service.

A number of quality assurance audits were being completed on a regular basis and these included audits for people's rooms, kitchen and the general environment. We saw where issues had been identified, remedial action had been taken.

Claremont Lodge had been working with the local council to improve its approach to infection prevention and control and general cleanliness of the environment. At the time of inspection we found the service to be visibly clean and tidy and free from any odour. The service was completing regular audits for cleanliness and taking action when issues were identified.

We found safe recruitment procedures in place and recruitment records were kept which included application forms, interview notes, verification of identity, references and disclosure and barring (DBS) checks.

All new staff completed a structured three day induction programme that was overseen by the registered manager. Mandatory training for staff was mainly delivered via short online e-learning modules. After talking to staff, it was clear this type of training did not suit everyones individual learning style and gaps in knowledge were present.

A number of staff had completed the 'six steps to success in care homes' training course delivered externally by the NHS. The six steps training course is a nationally recognised standard for end of life care.

Staff meetings were held on a regular basis and minutes of meetings were recorded. Regular staff supervision sessions were held and records maintained.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) legislation. We found that staff had a working knowledge of MCA but lacked a general understanding of DoLS, in particular conditions attached to DoLS.

Since our last focused inspection on 15 September 2014, the service had made progress in improving the quality of care plans. However, in the six care plans we reviewed the service did not adequately demonstrate, to what extent, people who used the service and/or their representative wished to be involved in planning and agreeing their own care, treatment and support. The care plans we looked at were not sufficiently person centred and were too task orientated. There was insufficient information about an individual's life history, likes, dislikes and preferred activities.

Summary of findings

The meal time experience at Claremont Lodge was pleasant and calm. Where necessary, people who used the service were provided with an appropriate level of support. A choice of food and drink was offered and personal food preferences were catered for.

The service offered a limited choice of daily activities. However, the service did have a programme of planned social activities that occur at various intervals throughout the year, the most recent being a 'picnic in the park' which was held in the local community. The service actively sought the support and involvement of local businesses in its fundraising activities.

The service had a complaints policy and people who lived at the home and their relatives all said they felt able to raise any concerns at any time. We saw evidence of where a complaint had been made, it was documented and dealt with in a timely and appropriate manner. We saw some examples of compliments being given to the service in the form of 'thank you' cards and letters of appreciation.

The views of people who used the service and their representatives were being sought through residents meetings. The last such meeting took place in March 2015. We saw how the views expressed by people living at the home resulted in a number of positive outcomes such as iPads being purchased for two people who wanted to watch football on a more regular basis.

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 who used the service and their relatives told us they felt the service was safe.

A variety of risk assessments were completed and in place with associated guidance on minimising the identified risks.

Safeguarding policies and procedures were in place and staff knew how to recognise and respond to safeguarding concerns.

Recruitment and selection of staff was completed in a safe and robust way.

Medicines were administered, stored, ordered and disposed of safely with clear guidance provided.

Good

Is the service effective?
The service was effective.

Staff received a thorough induction and on-going training.

Staff communicated well within the team and shared information effectively.

People who used the service told us the food was good and that there was always plenty to eat and drink.

Good

Is the service caring?
The service was caring.

People who used the service and their relatives told us the service was caring.

Staff took the time to sit and talk to people living at the home in a meaningful and appropriate way. Staff responded to people's needs promptly and treated them with kindness and respect.

End of life care was delivered to people using the service in line with national standards. People were supported and made comfortable in a dignified way with their personal choices and preferences respected.

Good

Is the service responsive?
Not all aspects of the service were responsive.

The service did not adequately demonstrate, to what extent, people who used the service and/or their representative wished to be involved in planning and agreeing their own care, treatment and support.

Opportunities for people using the service to engage in daily activities was limited.

Requires improvement

Summary of findings

Complaints were dealt with in a timely manner and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a culture of openness and honestly within the home and staff spoke highly of the registered manager. The views and opinions of staff were regularly sought in a constructive and meaningful way.

People using the service and their relatives told us they felt very at ease talking with the registered manager and they thought the service was managed well.

There were a number of systems in place to enable the registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service such as medication, infection control and accidents and incidents.

The registered manager demonstrated a clear vision for the future and improvements have been made to the overall running of the home.

There was an enthusiasm to work in collaboration with partners in order to achieve the best outcomes for people using the service.

Claremont Lodge

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 on 11, 12 and 18 August 2015. The inspection team consisted of two adult social care inspectors from the Care Quality Commission and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external professionals including the local adult safeguarding team and the local NHS infection prevention and control team. We reviewed the Provider Information Return (PIR), this 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.

During our inspection we spoke with 11 people who used the service, four visiting relatives and two healthcare professionals who were at the service on day of inspection. Additionally, we spoke with two care assistants, one senior carer and the registered manager. Throughout the day we observed care and support being delivered in communal areas and also looked at the kitchen, laundry area, bathrooms and people's bedrooms.

We looked at the personal care and treatment records of six people using the service, medication records, staff supervision and training records, and quality assurance audits that were undertaken by the service. We also looked at six staff files including recruitment and selection records.

Good

Is the service safe?

Our findings

We spoke with 11 people who used the service at Claremont Lodge and each person told us they felt safe. One person told us “I feel safe here. There is always someone here at night." Another said “I feel very safe here, I’ve never thought anything else." A third person we asked said “I’m quite happy here. They’re very good with us. I feel safe here." A fourth person commented “I’m happy here. You don’t have to worry about anything."

We spoke with four visiting relatives. One relative told us “[my relative] is happy here [my relative] doesn’t have any worries. I think they are safe here." A second relative told us “I definitely don’t have concerns, I think [my relative] is very safe and well looked after."

We looked at the care and treatment records of six people who used the service. We found there was a range of risk assessments in place to keep people safe from harm. These included, falls, personal care and moving and handling. Staff were aware of risks to people and what action was required to keep people safe from harm. For example, where a person was identified as being at risk from falls, appropriate referrals had been made to other agencies and information communicated effectively amongst staff.

We looked at the way the service protected people against abuse. We found the service had a safeguarding policy which had been updated in March 2015. Additionally, an up-to-date quick reference guide for safeguarding was displayed within the main office. We spoke with three members of staff who told us they had completed online training for safeguarding. This was evidenced via the training matrix. Staff were aware of the service’s whistle blowing policy and were confident they would be able to report any issues and these would be dealt with.

The service did not use a formalised method to assess people’s dependency and use this to inform staffing levels. However, we looked at the staffing rota covering the previous three months and found staffing levels to be sufficient. Where gaps in staffing occurred, either through illness or annual leave, cover was provided to maintain safe levels of care. Throughout our inspection, we found sufficient numbers of staff on duty to meet the needs of people who used the service. Some members of staff told us that they thought the hours they were expected to work were too long.

We looked at a sample of six staff recruitment files and found safe recruitment practices in place. Recruitment records were kept which included application forms, interview notes, verification of identity, references and disclosure and barring (DBS) checks. A DBS check helps to ensure that potential employees are suitable to work with vulnerable people.

We saw the service’s medicines policy which included self-medication, storage, disposal, ordering, administration and recording. There was a record of staff who were qualified to administer medicines.

We saw that one person had their medicines given covertly,(within their food or drink). Staff explained this was only done at certain times when the person was not compliant with their medicines, depending on their mood. We saw documentation that demonstrated that staff made every attempt to offer the medicine to the person prior to administering it covertly. The documentation evidenced that the decision to administer medicines covertly had been made in the person’s best interests.

We observed a senior staff member whilst they administered medicines and saw this was done competently and safely. The medicines were stored appropriately, in a locked cupboard within a locked room. There was a controlled drugs (CD) cupboard within the room and a book for CDs in which entries were appropriately double signed. Medicines Administration Records (MARs) all included a photograph of the person to help minimise the risk of errors.

Room temperatures and medicines fridge temperatures were taken regularly to ensure they were at the correct levels. The records for these were complete and up to date. Medicines audits were undertaken daily and a more detailed audit carried out on a monthly basis. Issues were identified and actioned promptly.

We looked at the personal emergency evacuation plan (PEEP) for each person living at Claremont Lodge. The PEEP file was readily available to access in an emergency and contained the evacuation status and risk rating for each person living at the home.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people’s health and safety was protected. We saw documentation and

Good

Is the service safe?

certificates to show that relevant checks had been carried out on the gas boiler, electrical systems and fire extinguishers. This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We looked at how well people were protected by the prevention and control of infection. We saw evidence that the service had made significant improvements in how it managed infection prevention and control issues. The service had been working with Salford City Council Infection Prevention and Control Nurse Specialists in carrying out the improvements detailed in their infection control action plan. A number of infection prevention and control audits were regularly completed and where issues were identified, we saw remedial action had been taken.

Good

Is the service effective?

Our findings

We spoke with staff members about the induction programme. This included orientation around the building, some mandatory training, shadowing more experienced staff members and direction to policies and procedures.

Training was on-going throughout employment and we saw that staff had accessed a broad range of training. Much of the training was done via short online e-learning modules with questions to be answered afterwards. However, some staff felt that face to face training courses would better suit their personal learning style as online training did not provide an opportunity to ask questions.

Staff were able to tell us what their roles and responsibilities at the home were. They told us people's care plans were easy to follow and that they ensured they read these regularly to keep information about people who used the service up to date. Staff told us changes to care plans were discussed at the shift handovers.

Staff told us they had supervision sessions on a two monthly basis and were able to discuss work place issues, raise queries and request training.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Care home providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

The service had an up to date policy on Deprivation of Liberty Safeguards (DoLS), which is when a person needs to be deprived of their liberty in their best interests. There was also guidance for staff from the local council around this issue, which included a best interest's check list to help staff ensure they were following correct procedures. There were application forms and information on where to send them. We saw that the service also had a policy and procedure on door access restrictions which referenced the DoLS policy.

Staff we spoke with were able to explain how distraction techniques were used to help ensure people's safety if they attempted to leave the premises without support.

However, they were unsure who was currently subject to a DoLS authorisation within the home and did not know about conditions which may be attached to DoLS, which they would be required to adhere to.

Staff demonstrated an understanding of the Mental Capacity Act (MCA) (2005) the basic principles of the Act and the decision making process. Staff were able to give examples of MCA decision making and were aware of working in people's best interests. They told us about documentation within certain care files where best interest's decisions had been made.

Training around MCA and DoLS was delivered via short online e-learning sessions. Staff we spoke with did not feel this was an effective method of delivering such training. Additionally, we looked at the training matrix held by the service and found evidence of gaps in training where staff had not completed any MCA or DoLS training. We spoke with the registered manager about this during our inspection and as a result, the registered manager organised MCA and DoLS training, via the local authority for an initial cohort of six members of staff.

During our inspection we looked at the meal time experience for people using the service at Claremont Lodge and the food and menu choices on offer. On the morning of our inspection we arrived to find people eating a variety of breakfast options which included the choice of a cooked breakfast, cereal or toast. Some people had chosen to eat in the dining room whereas others had chosen to eat in one of the lounges or in their own room.

After breakfast, two people using the service told us "This morning for breakfast I had corn flakes, egg, bacon and toast." The other person told us "I had egg and bacon for breakfast. It was lovely."

We looked at the daily menu options on display in the dining area for lunch time and tea time. During lunch time service we observed only one menu option being served. We discussed this with the registered manager who explained that in order to plan meal times effectively, people who used the service are asked in advance whether or not they would like the menu choice on offer for the following day. The registered managed further explained that if people who used the service were to choose an alternative option, this would be offered without question.

People who used the service told us the food was good. One person told us "The food is like you have at home,

Good

Is the service effective?

sometimes its better." Another commented "The food is lovely. It's great. We've got a marvellous chef." A third person said "We don't get a choice at lunch time." A fourth person commented "They give you too much to eat. You don't get a choice. I'm not used to having a big lunch."

Overall, we found the atmosphere within the dining room to be calm and pleasant. People were happily chatting at their tables and there was background music playing. We observed a good level of interaction between the care staff, kitchen staff and people who used the service.

Good

Is the service caring?

Our findings

People who used the service and their visiting relatives told us the staff were caring and kind.

One person who used the service told us "The staff are brilliant. I love the staff." Another commented; "They look after me well. There's no doubt about that." A third person said "The carers are very good." A fourth person commented; "They look after me very well. The girls are very kind." One visiting family member told us "They're marvellous with [my relative]." Another family member commented "They look after [my relative] really well." A third family member told us "They look after [my relative] really well. My [other relative] was in here so I knew the place."

We observed how care was being delivered throughout the day. We found the care and support being provided by all staff to be consistently kind, caring and compassionate. People's privacy and dignity was respected at all times. Staff we spoke with knew each person living at the home well.

During the inspection we saw one person who used the service become very upset. We witnessed how a member of staff quickly recognised and responded to this by interacting in a calm and reassuring manner, taking the time to sit down, hold their hand and comfort them until they were feeling better. We observed a great deal of time being spent by all staff simply sitting and chatting with people who used the service.

We saw how people who used the service were supported by staff on a one to one basis to make everyday choices for themselves. We saw that staff ensured they obtained verbal or implied consent prior to delivering care or undertaking a task. We saw how one person using the service was actively encouraged and supported to maintain their own independence by accessing local community facilities on a regular basis.

We looked in a number of bedrooms and saw that they were personalised with people's own belongings. We observed people being able to spend private time in their bedrooms if they wished. Family members told us there were no restrictions on when they could visit the home and were always made to feel welcome.

People who used the service and their relatives were provided with a service user guide which included information about the home, the admission process, family involvement, staffing, fire drills and complaints. However, the contact details for the Care Quality Commission were out of date. We spoke with the registered manager who took immediate action to update this.

A number of staff at Claremont Lodge had recently participated in the 'Six Steps to Success in Care Homes' programme. This programme is delivered by the NHS to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. The aim is to ensure all residents receive high quality end of life care provided by a care home that encompasses the philosophy of palliative care. At the time of inspection, the service was awaiting final accreditation from the NHS before fully implementing all aspects of the six steps programme.

Requires improvement

Is the service responsive?

Our findings

We looked a sample of six care records, each record we looked at covered all aspects of personal care which included mobility, nutrition, personal hygiene and continence. Additionally, each record contained documentation that covered areas such as personal finance, weekly plans, monthly reports, risk assessments, needs care assessment and accidents.

Of the six care records we reviewed, the service did not adequately demonstrate, to what extent, people who used the service and/or their representative wished to be involved in planning and agreeing their own care, treatment and support. The care records we looked at lacked personalised information about an individual's life history, likes, dislikes and preferred activities. However, it was evident from taking to staff that they knew each person using the service well and had a good understanding of people's individual preferences.

We recommend the service refers to person-centred care planning guidance available through the Social Care Institute for Excellence.

We observed how staff were clearly taking the time to sit and talk with people using the service in a meaningful way. However, opportunities for people using the service to engage in other types of daily activity was limited. We read in minutes of a previous staff meeting that agreement had been reached amongst staff, that each day a member of the care staff would take responsibility to develop a programme of activities. However, we found no evidence to suggest this had been implemented.

One person who used the service told us "There have been no activities since I came here. I'd join in if there was." Another person told us "There's nothing going on." At the time of inspection, there was no dedicated activity coordinator employed by the service.

Whilst the service lacked a daily activities programme, we found there to be a varied calendar of events taking place throughout the year. Most recently, the service held a summer 'picnic in the park' within the local community. We saw that events planned for the future included a day trip to the seaside, an outing to a local pub and trip to a sea life centre. We saw how the service effectively engaged with local business to contribute towards fundraising efforts.

We looked at how the service dealt with formal complaints. We looked at the complaints policy and procedure and looked at how the service recorded and dealt with such concerns. We found that complaints were dealt with in a timely manner. People using the service and their relatives confirmed that if they had any concerns they wouldn't hesitate to approach the registered manager and knew how to make a complaint.

People who used the service and their relatives told us that they felt the service listened and responded effectively to their concerns as and when they arose. A resident's meeting had taken place in March 2015 and we saw from looking at the notes of the meeting a number of positive outcomes for people who attended the meeting. Two people who used the service had mentioned they would like to watch more football. As a consequence, the service was able to purchase, through fundraising monies, two iPads enabling them to enjoy watching football on a more frequent basis.

The registered manager told us they were constantly looking at new ways of involving people and to share information. An example of this was through the introduction of a newsletter 'Claremont's Quarterly News' which was recently launched.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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 registered manager was visible to people, staff and visitors to the home. The registered manager was able to demonstrate that they had a good understanding and knowledge of the people they supported. The recent promotion of this long standing member of staff to registered manager provided people, staff and relatives with a familiar and consistent face with whom to address concerns if required.

People who used the service and their relatives all told us they thought Claremont Lodge was well managed. One person who used the service told us "It's very good here." Another person said "I couldn't fault it. Everything you want is here." A relative commented "The staff have not changed since [my relative] has been here." Another relative said "I would recommend this home to others. It's really good."

Staff we spoke with told us the registered manager was approachable and listened to them. They also said that the provider was contactable at any time. One member of staff we spoke with commented; "Since [registered manager] has been in post, things have really improved." Another member of staff said "The manager is really approachable and I feel really supported."

A visiting health care professional told us "I have noticed significant improvements over the last few months since [the registered manager] took over. The home is looking much better and communication has improved."

Staff supervision was completed on a regular basis and we saw how these sessions were used to discuss issues appropriately on a day to day basis. Staff appraisals were being completed annually and were used to track progress and identify training needs.

We saw a number of quality assurance audits in place, including infection prevention and control, room audits, kitchen audits, medicines and general environmental audits. These were appropriately recorded and records identified actions required, person responsible and completion dates. We saw each action was signed off within the required time frame. Additionally, managers from the provider's other homes completed audits at Claremont Lodge to help quality assure the service delivery.

We saw accidents and incidents were recorded accurately and effectively with evidence of how remedial and preventative action had been taken to reduce the likelihood of such events occurring again.

Regular staff meetings took place. Staff told us that in addition to staff meetings they also had handover meetings where they discussed any day to day issues.