

Claremont Lodge Care Home Ltd

# Claremont Lodge Care Home

## Inspection report

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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 ●

# Summary of findings

## Overall summary

### About the service

Claremont Lodge Care Home is a residential care home providing personal and nursing care to up to 35 people with various health conditions, including dementia and sensory impairment. At the time of the inspection there were 25 people living at the service. Claremont Lodge Care Home is a purpose-built care home located in Fontwell, West Sussex.

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

People we spoke to said they felt safe living at the home. People's medicines were managed and administered safely. Infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. There were enough staff to support people safely and staff had been recruited in line with the providers policy. Risks to people's health, safety and welfare were identified and supported. People's needs had been assessed and updated when these changed.

People were supported by trained staff who linked with external professionals to ensure that people's health needs were met. People were supported to eat and drink sufficient amounts to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were given kind and compassionate support by staff who knew them well. People's views and opinions were sought. Staff were dignified and respectful with people.

People were supported with activities and engagement that met their social needs. People were supported in a personalised way that was responsive to their needs. People's communication needs had been assessed and staff were supporting these. People felt confident that any issues or complaints would be dealt with to their satisfaction. Planning for people's end of life support was thorough and compassionate.

The registered manager ensured that quality assurance systems were completed to monitor people's safety and care, and to drive improvement. The registered manager encouraged feedback from people, staff and professionals involved in people's care. Staff worked closely with health professionals and external agencies to promote good outcomes for people. People spoke positively about the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 5 March 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 27 February 2020.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Claremont Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

Claremont Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to six people who were using the service about their experience of the care provided. We spoke with eleven members of staff, including the registered manager, administrator, home care assistants, a nurse, chef, kitchen assistants, activity co-ordinators and housekeeper. We spoke with two family members and contacted three professionals about their experiences with working with the home.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were effective in safeguarding people from abuse.
- Staff we spoke to had received training in safeguarding. They were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety.
- Records showed that the provider had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse.
- People and relatives that we spoke to said they felt completely comfortable with staff who ensured they remained as safe and protected as possible. One person said, "Yes I feel safe, somebody is always about, I am capable of looking after myself I can lock my door, it's not a major worry."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed well for people's safety. For example, risks to people who needed support to maintain skin integrity were well managed and monitored. One person received consistent support to maintain good skin integrity. They were provided with the equipment, creams and positioning support to maintain this.
- People required support to manage other risks such as mobility, continence and nutrition. For example, many people had risks associated with their mobility and needed support to move around. There was detailed guidance for staff in how to support people in the way they preferred and to keep them safe. One relative said about their loved one, "It is just amazing. I have peace of mind. She went down to 6 stone before she moved there. She's put on weight and looks amazing. She is happy and she is safe. She was having three falls a week at home, since she's been in, she hasn't had one."
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place to and provided details about people's individual support needs and how these should be met in an emergency.

Staffing and recruitment

- There were enough staff in place to ensure people remained safe and met their needs.
- People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently.
- Staffing levels were determined by people's needs and the registered manager used a dependency tool to determine the level of clinical and care support that was needed on each shift. Staffing levels were checked regularly and used a review of incidents to support whether an increase in levels were required.

- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People needed support with medicines. There were safe systems in place to ensure that medicines were administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had policies and procedures regarding the handling and administration of medicines. Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- We observed medicines being administered carefully and sensitively. People were given their medicines in the way they preferred.
- People's medication was regularly audited and reviewed to ensure that they were receiving the correct medication in the right way. One person said, "I get my medicines reviewed, they were done only last week."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative said, "Yes I think Covid period was challenging but they dealt with it in a very professional manner."
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

#### Learning lessons when things go wrong

- Systems and processes were in place to review incidents and accidents. Actions had been taken to mitigate further occurrences and support the person at the time.
- When incidents had occurred, staff had responded in an appropriate and timely manner to maintain people's safety. Incident forms had been completed correctly and escalated appropriately.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed before they came to live at Claremont Lodge and had been regularly reviewed to reflect any changes in support. Staff delivered care in line with standards and good practice.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who were at risk of malnutrition had risk assessments in place. The provider had implemented the Malnutrition Universal Screening Tool (MUST). The MUST tool enables providers to monitor people's risk of malnutrition.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these.

Staff support: induction, training, skills and experience

- Staff completed a full induction and received training in courses relevant to their roles.
- Staff had completed training in areas such as moving and handling, safeguarding, dementia awareness and health and safety. Observations of staff practice demonstrated their skills and training in meeting peoples needs.
- Staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff then had the opportunity to develop their skills with other national recognised care qualifications.
- Staff felt supported in their role and received regular supervision.

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

- People were supported to eat and drink enough. People were given choices of what they wished to eat and were provided alternatives if they requested this. We observed lunch being provided. People choose whether to eat with others in the dining area or in their rooms and staff supported them with this. One person said, "It's really good food, always choices, they accommodate my needs." Another person said, "The food is lovely very varied, I enjoy it."
- People's nutrition and hydration needs had been assessed and care plans had been completed for staff to support these. When people had been assessed as requiring specialist support, appropriate referrals and assessments had been completed to speech and language therapists (SaLT).
- People and relatives said that the food was varied, nutritious and of good quality. Menus were reviewed and changed seasonally, while specialist diets and needs were catered for by the chef. One person said, "It's really good food here, couple of choices a day, I have an eating issue and they accommodate that."

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

- The service was homely and had been adapted and designed to meet people's needs. For example, people with mobility needs were supported with appropriate grab rails to support them. The premises included a lift for people to access the service safely and level areas to ensure those who needed mobility support were able to move freely.
- Adaptions and signage had been made to support those living with dementia. This supported people to navigate safely around the home and identify areas they wished to access.
- Rooms and communal areas were spacious and well decorated. There were quiet areas around the home for people to relax as well as a garden for people to use.

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

- People received appropriate support to maintain good health. They were supported to attend regular health appointments, including any specialist appointments.
- Staff had received training in oral healthcare, fluid and nutrition as well as first aid in order to support people's healthcare needs.
- Staff continued to work effectively with each other and in partnership with professionals to meet people's needs. Records showed that appropriate and timely referrals were made to specialists such as Tissue Viability Nurses and speech and language therapists (SaLT). One staff member said, "We have clinical meetings and talk about residents individually, the communication between nurses are good, care staff update us well too."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had been trained in the application of the mental capacity act and demonstrated an understanding of the important issues around capacity and choice.
- The registered manager had good oversight on any DoLS applications and had ensured that any conditions on people's authorisations were being met.
- Staff understood the importance of gaining consent from people and what actions to take if consent was not given. One staff member said, ""I always ask permission before doing any form of personal care and explain what I am doing. Everything is done in the person best interest."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Our observations, together with feedback from people and their relatives supported this.
- People looked very comfortable in the company of staff. One relative said, "My mum is a character and the staff love being with her. I've seen the way they are with her."
- People were supported by staff with the appropriate skills and knowledge that ensured people received the correct support
- We observed a number of positive and caring interactions during the inspection. One person said, "I love it here, I would stay forever." One relative said, "They are absolutely caring, completely kind and respectful, caring, genuinely look after you and want to help."
- People's diverse cultural, religious and spiritual needs were recorded when they moved to the service and staff supported them, when needed, to meet those needs. For example, some people were supported to maintain their religious faith by attending a monthly service arranged at the home.

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

- People were supported by staff to express their views and to make decisions about their own care. Resident meetings were held regularly that allowed people to raise any concerns or make suggestions on how staff could provide them with improved support.
- We observed staff throughout the inspection giving choices and asking people questions about how they wanted their support. People told us that staff involved them in decisions about their care. One person said, "I have (specific condition), so I have a monitor. I am happy that they asked my permission and I was involved in the decision."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "They (staff) always knock on the door and talk to me about what they are doing. I would say they respect my choices. I find staff incredibly kind."
- During the inspection we observed people's privacy being respected. Staff knocked on people's doors before entering, while people were addressed and spoken to with respect.
- The registered manager understood their responsibilities with regards to people's privacy and the security and sharing of confidential data and information. Information governance data security protection audits were completed, while information about people's care and support was kept secure.
- Staff were considerate when delivering personal care and ensured that privacy was maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported in a personalised way that was responsive to their needs.
- People's care plans recorded information about people's individual physical, social and emotional needs, as well as their preferences for support. These were reviewed regularly by staff and any changes were updated.
- People had care plans in place that detailed what activities were personal to them and how staff could support them with these. One staff member said, "Residents request activities now, it makes our jobs easier if we listen to what people like and don't like. We change as needed so it's really person-centred support."
- People and relatives were highly complementary about the activities and opportunities that staff supported them to engage in. One person said, "There's lots of different activities to do, everyone has input into what we do. I am very art and crafty, and I like the games too. We do chair exercises and things like flower arranging. The activity girls do 1:1 with people in their room too." One family member said, "She loves doing the activities. She's a very social person and loves sitting in a group. They have lovely visitors coming in to entertain them. Its 10 out of 10."
- Staff were proactive in the need to support people who were at risk of social isolation and proud of how their support had a positive impact. One staff member said, "We support people 1:1 in their rooms if they don't want to come downstairs. We are really proud of (person supported). She has high anxiety and wouldn't come out of her room at first, now she comes out every day and talks with us."

### Meeting people's communication needs

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

- Peoples communication needs had been assessed. These needs took into account the impact of other health factors. For example, staff were guided for one person on how confusion from UTI's could have impacted on the person's ability to communicate their needs.
- People had detailed communication plans in place which gave staff information about how to effectively engage with them. For example, one person with difficulties verbally communicating was supported with an ABC communication board. A communication board is a device that displays photos, symbols, or illustrations to help people with limited language skills express themselves.

- People's sensory needs were supported with regular health checks and ensuring that people had the hearing and vision equipment they needed.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable raising concerns and that they would be dealt with appropriately. They were aware of how to make a complaint and told us they felt any concerns would be listened to and acted upon
- There was a system in place for recording and responding to complaints. There was evidence of communication and feedback to those who had submitted their concerns.
- People were encouraged to provide feedback so they could ensure the service worked well for them. Records confirmed that regular residents' meetings were held where people could discuss concerns about the service or their care.

#### End of life care and support

- End of life care plans were in place for people that captured their wishes and preferences.
- Guidance was in place on to support people meet their personal preferences, spiritual wishes and how to provide compassionate personal care.
- People had made advanced decisions and personal preferences for their care in terms of where they wished to be supported at the end of their lives.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and staff praised the registered manager for their focus on achieving good outcomes for people. They were described as open and supportive. One staff member said, "This is a lovely place, the manager is brilliant, easy to communicate with." Another staff member said, "Any problems we can go to the manager, I feel we are well supported, no hesitation to help us. She will sort anything out she is really on the ball."
- Our observations supported comments we received that there was a positive culture at the home. One family member said, "We did a bit of research of homes. Claremont was completely different and very welcoming. Can't speak highly enough of them. Staff are first rate."
- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- Quality assurance systems were effective in ensuring the quality of the care and support provided. These systems monitored areas such as health and safety, people's medicines, falls and incidents and accidents. The manager was supported in their oversight of the home with monthly audits by the provider that focused on areas such as governance and safeguarding management.
- The manager was clear about their regulatory responsibilities and had continued to work with local authorities and the CQC to ensure that legal requirements were met. Statutory notifications had been submitted to CQC appropriately. Statutory notifications are information the provider is required to send us about the home.
- Staff were clear about their roles and responsibilities, and their duty to report incidents and concerns to the management. The registered manager stated they felt well supported by the provider in their oversight of the home.
- Communication systems and information sharing supported staff to undertake their roles effectively. Management kept people's information updated and regular handovers allowed staff to discuss people's daily needs and any changes in support. One staff member said, "Support from colleagues is very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their family members told us that they felt engaged in the home and kept informed by staff of events. One person said, ""There are residents' meetings and I am asked my opinion."
- Relatives were complimentary about the registered manager and how they valued their input and involvement in the home and their loved one's care. One relative said, "When I had my initial meeting with (the registered manager), I was asked if I wanted to be kept up to date with things. They've kept me informed. I have total peace of mind and they will contact me if necessary." Another family member said, "(The registered manager) treats me wonderfully and keeps me informed. They invite me to activities and celebrations. I went to one of those meetings and I was able to ask questions. They told us what was happening in the future."

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care which included health professionals and safeguarding authorities. Staff had developed positive working relationships with a range of health and social care professionals.
- Staff regularly sought guidance and made specialist referrals to ensure that people received the support they needed. Partnerships had been formed with professionals such as GPs, Speech and Language Therapists and Tissue Viability nurses.