

Healthcare Homes Group Limited

Claremont Nursing Home

Inspection report

Claremont House and Lodge
20a Yarmouth Road, Caister-on-Sea
Great Yarmouth
Norfolk
NR30 5AA

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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 Nursing home is a purpose-built care home providing personal and nursing care. The home is split into two separate ground floor units, Claremont House and the Lodge. Nursing care is provided to people living in Claremont House whilst specialist dementia care is provided to people living in the Lodge. At the time of our inspection 27 people were living in Claremont House and 25 people in the Lodge. The service can support up to 52 people.

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

The care provided was person centred. We found some improvements were needed to the written records of people's care including risk assessments and associated analysis, but this did not detract from the overall quality of the care provided. The service was proactive in responding to and reducing risks to people. People received timely care through the provision of enough staff. Medicines were managed safely and people received these when required.

People, relatives, and healthcare professionals spoke positively about the quality of care. There was a warm, friendly and inclusive atmosphere. The service was proactive and committed to ensuring the quality of care was sustained and developed. Quality monitoring and governance frameworks were effective.

The service understood that community inclusion and meaningful activity enhanced the wellbeing of people in the service. Activities were tailored to people's interests and the service ensured it played a key role in the community, for the benefit of people using it.

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 received enough to eat and drink. The service worked closely with healthcare professionals and provided the right support and training to meet people's health and care needs. The design and decoration met the needs of people in the service.

Staff were kind, caring, and attentive to people's needs. This included being quick to offer reassurance to people when they became upset or anxious. People spoke positively about their relationships with staff and told us they felt respected and listened to.

The service responded robustly towards any concerns or complaints received. The duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, was met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection

The last rating for this service was good (report published 17 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Nursing 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an assistant inspector, a specialist advisor for medicines, 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.

Service and service type

Claremont Nursing home is a 'care home'. People in care homes receive accommodation and nursing 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the regional manager, registered manager, clinical lead, a nurse, a senior care worker, three care workers, two activity coordinators, the chef, and the administrator.

We reviewed a range of records. This included records relating to six people's care and multiple medication records. A variety of records relating to the management and maintenance of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional quality assurance records. We spoke with two healthcare professionals who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

- Risk assessments did not always fully collate and analyse identified risks. For example, one person was experiencing frequent falls, but their falls risk assessment had not collated the number of falls accurately. This meant their risk assessment was not accurate.
- Whilst some improvements were needed in relation to written risk assessments there was limited impact for people living in the home. For example, a healthcare professional told us, "I've known a lot of people go there and [the service has] healed wounds that other professionals have said wouldn't heal." We also found evidence that the service took practical action to address, and had reduced, the number of falls people experienced.

Learning lessons when things go wrong

- Systems were in place to log incidents that occurred in the service. These systems also supported the registered manager to review and identify themes and trends in relation to people's care and deterioration in their needs.
- Some improvements were needed in relation to the service's formal written analysis of incidents in the home. However, we were confident from reviewing people's records and through discussions with the registered manager that the service was learning from incidents in the home and taking preventative actions.

Preventing and controlling infection

- Most areas of the home were pleasant smelling and clean. In the Lodge we found some areas required further cleaning and there were some areas of malodour.
- We brought this to the attention of the registered manager who immediately arranged for these areas to be attended to. The registered manager told us they were aware some improvements to cleaning and infection control were required in the Lodge and this was being dealt with.
- Staff followed infection control procedures and we observed them using personal protective equipment when required during our inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people. Staff were aware of the signs of abuse and how to report safeguarding concerns.
- Records confirmed that safeguarding concerns had been reported and investigated, in liaison with the local authority's safeguarding team.

Staffing and recruitment

- People, relatives, and staff told us they felt there were enough staff to meet people's needs safely. A person told us, "They respond in seconds really, it's not minutes. I'm confident if I need someone they'll be with me promptly."
- Staff told us the registered manager was responsive to any concerns raised about staffing. A staff member said, "We have raised staffing to the manager, we don't ask unless it's necessary, we now have a floater [extra staff member] in the morning, it's made such a difference."
- The registered manager had a good understanding of people's individual care needs and used this to inform their decisions about staffing numbers alongside their formal staffing assessment tool.

Using medicines safely

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records indicated people received their medicines regularly. One relative told us, "[My relative] has Parkinson's so their medication is time critical. [Staff] have done a good job making sure [my relative] has it when they should. Even to the point when [my relative] has hospital appointments they give me their medication in case we're delayed."

Is the service effective?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained 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 physical, mental, and social needs were holistically assessed.
- People's outcomes were good. Relatives consistently told us that people's needs were met and as a result their relatives were very happy living in the home.
- The service used nationally recognised tools to assess risks of pressure ulcers and nutritional risks. Where people had complex nursing needs staff worked in conjunction with specialist health professionals to ensure care was delivered in line with best practice recommendations and guidance.

Staff support: induction, training, skills and experience

- Staff received training in a range of areas relevant to people's needs and training was up-to-date. The registered manager was proactive in ensuring additional support and training was in place for staff if necessary. A staff member said, "We have had more behavioural issues lately. We have challenging behaviour training, the out-reach team helped us when we weren't sure."
- The service had recently introduced additional competency checks for nurses in relation to various clinical tasks to help ensure they had the knowledge and skills required.
- Staff received regular supervisions and appraisals. The registered manager was keen to develop staff learning and development and provided additional opportunities to do so.

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

- Staff ensured people had enough to eat and drink. A relative told us, "[my relative] won't always eat, they can be quite difficult. [Staff member] will come in and say to [my relative] 'can you help me out here? I've made too many sausage rolls and I don't want to waste them so will you have them?' I really like that, it's just a way of getting my [my relative] to eat without them realising."
- The service monitored people's weights to ensure they were receiving adequate nutrition. We looked at the weights of three people assessed as being at risk of malnutrition and saw the service had been effective in supporting their weight to increase.
- We observed lunch time in the home and saw this was calm well organised and a pleasant experience for people. Staff made sure people who required assistance with their meals were supported.

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

- Staff worked closely with professionals to ensure people's health care needs were met. A relative told us, "[Staff] will arrange a visit with the GP but he comes in every Thursday anyway. They are happy to organise the optician and a chiropodist visits every 5 or 6 weeks." Records we looked at confirmed people were

supported to access a range of healthcare services.

- A healthcare professional told us staff followed their advice and guidance. They said staff had been proactive and responsive in ensuring the person they supported had a smooth transition to the home. They said, "From the start they've been pretty perfect."
- Staff told us they worked effectively as a team to ensure people's needs were met. One staff member said, "We help each other out, we communicate well."

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

- The premises and environment were designed and adapted to meet people's needs. The corridors were wide enough for wheelchair access and there were rails to assist people when walking round the home. There was clear signage for people to help them navigate around the home, which included pictorial signs. The community areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.
- The service had recently redecorated and designed the lodge dining area to resemble a café. The registered manager told us this had been well received and had positively impacted on people's weight gain in the home.

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 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.

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.

- Staff sought people's consent, they were supportive and respectful of people's right to make decisions about their care.
- Where there were concerns about people's ability to make decisions the service had assessed this and acted in accordance with the MCA.
- The service had submitted DoLS applications where necessary.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us staff were kind, caring, and treated them well. One person told us, "Let me tell you this my friend, they are good people [staff] here. We get on just fine and that's the most important thing." A healthcare professional said, "I think they love their patients, their ethos is so good."
- There was a caring, friendly, and relaxed atmosphere in the home. Throughout our visit we observed staff chatting and laughing with people. It was clear that staff knew people well and had positive relationships with each other. A healthcare professional told us how staff would facilitate their visits by telling them topics of interest to the person and how to put them at ease.
- Staff were attentive to people's needs and quick to identify if people were becoming distressed. We saw one person was feeling tearful and anxious. A staff member quickly sat next to the person and gently started to reminisce with the person about the person's achievements and positive relationships. The person immediately became calmer and more relaxed, they started laughing with the staff member about some happy memories. We heard the person say in response to the staff member, 'Do I feel a little bit calmer? Yes, I do because you have been talking to me. You are always so lovely and kind to me.'

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

- People told us staff listened to them and they were free to make decisions about their day to day care. One person told us, "If I want a shower every day I can have one. I just ask. If I want to go out I can."
- Records showed staff involved and consulted people and relatives regarding their care plans.

Respecting and promoting people's privacy, dignity and independence

- The service had won the 2018 category of promoting dignity and respect in everyday life at the Norfolk care awards.
- Staff encouraged people to be independent. One person told us, "I like to do as much as I can for myself and they know that. They help me when I need it but a lot of the time I manage things for myself." A relative said, "[Staff] were very helpful with the independence bit, if [relative] wanted to do something they were there but they would try to let [name] do it."
- We observed staff protecting people's dignity and independence. People looked well cared for and we saw staff knocking on people's doors and awaiting permission to enter. A relative told us, "I think that they do a good job looking after [name], they are usually in clean clothes and they make [name] presentable; that's important."
- People's records and personal details were kept safe and confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People, relatives, and staff told us the care was person centred and met people's individual needs and preferences. Both healthcare professionals we spoke with provided us with a number of examples of individual and personalised care.
- Some care plans would have benefited from more detailed guidance on how to meet people's needs. However, we found the lack of detailed guidance did not detract from the service planning for and meeting people's needs in practice.
- Care plans also contained detailed information about people's life histories, their interests, likes and dislikes. We saw for one person, staff had worked with them to put together a detailed life history which was illustrated by the person's own photos and postcards of places they had visited.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had assessed people's individual communication needs and these were being met. For example, written and pictorial information was provided to people to help them make decisions regarding their meals and to assist them in navigating around the home.

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.

- The service placed an emphasis on ensuring people were supported to engage and participate in their individual interests and activities. For example, one relative told us how their relative had loved dancing and had won awards in the past. Staff then supported their relative to attend weekly community tea dances. A healthcare professional told us how the registered manager had ensured a person they supported could continue their interest in woodwork by putting in place woodwork activities in the home.
- There was a strong community engagement and ethos. The registered manager viewed the home as part of the wider community and encouraged people to engage in the community. For example, a regular dementia café took place in the home which members of the external community could also access for advice and support.
- The service also encouraged and facilitated relationships and engagement in activities. For example, staff had organised a regular 'come dine with me' evening where small groups of people came together to eat themed meals of their choice. The activities co-ordinators told us how this encouraged people who did not

normally socialise to engage and interact with other people. A relative told us, "My [relative] was a stay at home type, they really were quite anti-social. I've been really surprised how they've managed to get them to join in quite a few of the activities and they are obviously enjoying themselves."

- Regular communal events, entertainment and trips out of the home were organised by the two activity coordinators.
- There were no restrictions on visitors to the home, family and friends were made welcome and important relationships were respected and facilitated. A relative told us, "We are always welcome when we come in, you wouldn't find a friendlier place than here."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. The service had only received one recent complaint. We saw the regional director had conducted a thorough investigation of this complaint and provided a robust response, this included taking positive actions to address and resolve the concerns raised.

End of life care and support

- At the time of our inspection no one in the service was receiving end of life care.
- Staff discussed end of life care needs and preferences with people. This information was recorded in end of life but would benefit from providing more detail and including information about people's cultural and spiritual needs.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- There was an inclusive and friendly atmosphere in the service. Staff told us they worked well together and were positive about the home. One staff member said, "We are team Claremont, not in our own departments."
- The registered manager and her team had worked hard to establish Claremont nursing home within the community and welcomed engagement with the wider public. They did this through a range of initiatives. For example, the service had recently sponsored a local football team who were due to visit the home and participate in games with people living in the service. They held a dementia café, which provided information and support to the public, and also supported people to access a range of community services such as community bingo, tea dances, and fetes.
- Relatives, people and staff commented on the registered manager's open-door policy, accessibility, and support. One relative told us, how the registered manager had supported them in ensuring their relatives were able to live together at the service. They said, "Without [registered manager's] help and support I don't know what would've happened."
- There were regular opportunities for people, relatives, and staff to participate in discussions and be involved in the running of the service. One relative told us how they were working with the service to raise funds for a minibus. They told us how important this was as an acknowledgement of the care that had been provided to their relative.

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

- The regional manager and registered manager were open transparent and acted on their responsibilities for duty of candour. A healthcare professional told us, "They are very transparent with everything, there is nothing hidden."

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

- Everyone we spoke with commented on the quality of the care provided. One person said, "I would highly recommend it, it's fantastic here." A relative told us, "I don't think you could fault this place" and a healthcare professional said, "Absolutely excellent, I can't fault them."
- Quality monitoring systems were in place and worked effectively. Regular audits were carried out and

identified areas for improvement. The service had a clear plan for developing and maintaining the quality of care provided.

- Staff were clear about their responsibilities. The home was well organised. We observed during our visit that the service ran smoothly with everyone carrying out their designated roles.

Continuous learning and improving care; Working in partnership with others;

- The registered manager participated in a range of initiatives to enhance their learning and help drive and sustain the quality of care. For example, they were a member of the dementia alliance group and part of the patient participation group at the service's doctor's surgery.

- The service also worked closely with a range of health care professionals and learnt from them to ensure people's needs were met. For example, the registered manager had identified a small increase in the number of wounds people were experiencing and had taken proactive action to address this through the involvement of qualified health professionals and the service's own internal clinical leads.