

Crown Care VII Limited

Claremont House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Claremont House is a purpose-built residential care home in Beverley providing personal care to up to 75 people who may be living with dementia, mental health needs, physical disabilities or sensory impairments. The accommodation is situated across three floors, with each floor having its own lounge and dining room. At the time of the inspection, 40 people were using the service.

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

People were kept safe by staff who understood how to manage risks and actions to take if they had any concerns for people's safety and well-being. Staff worked closely with professionals to meet people's needs. Accidents and incidents had been suitably responded to, lessons were learned, and changes made. Although not all notifications had been submitted.

People's medicines were administered safely, and staff were knowledgeable about when people needed their medicines. Appropriate checks were completed during staff recruitment to ensure staff were safe to work with vulnerable people. The environment was clean and well maintained.

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.

We received mostly positive feedback from people and their relatives about the care they received and the polite and respectful staff. Systems were in place to gather and monitor people's feedback about the service which was used to improve the service in the way people wanted.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 April 2018).

Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing and infection control practices. A decision was made for us to inspect and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Recommendation

We have made a recommendation regarding reporting systems for notifiable incidents.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Claremont House

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 completed by 2 inspectors.

Service and service type

Claremont House 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. Claremont is a care home without nursing care. 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 looked at information sent to us since the last inspection, such as notifications about accidents and safeguarding alerts. 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 with 5 members of staff including care staff, senior staff and the registered manager. We also spoke with 5 people who used the service, 3 relatives and observed staff interactions.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and daily records for 4 people and medication administration records for 3 people. We looked at 3 staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. A relative said, "I don't worry about [Person's name], I think they're safe."
- Staff were able to identify and report safeguarding concerns. Staff told us there was an honest culture and we saw concerns had been reported to relevant professionals.
- The registered manager regularly reminded staff of safeguarding processes to ensure staff continued to have the required skills and knowledge.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood and effectively managed risks to people's safety and well-being. However, care plans and risk assessments did not always accurately reflect people's needs and daily care records were not always detailed. We raised this with the registered manager who agreed to review and monitor care plans and records.
- The provider ensured the safety of the building and equipment through regular safety checks, servicing and maintenance.
- Systems were in place to ensure people received appropriate support in an emergency.
- Accidents and incidents had been appropriately responded to. Action was taken to learn from them and reduce the risk of them happening again through discussions with staff.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Systems were in place to ensure the safe recruitment of staff.

- There were sufficient numbers of staff to keep people safe and most people told us they did not have to wait long for staff to support them. One person said, "I'm only waiting a few minutes for staff to come and help." However, some staff told us they felt the service would benefit from having more staff on shift in a morning.
- Processes were in place to review and adjust the number of staff needed to keep people safe, which included the use of agency staff when required.

Using medicines safely

- People's medicines were administered safely by trained and competent staff. Staff knew when they had administered people's medicines and understood when it was safe to administer the next dose. However, the time some medicines were administered was not always recorded which meant records did not always show sufficient time had passed between doses. We raised this with the registered manager who agreed to review and update their systems.
- Staff were knowledgeable about when people needed their 'as and when required' (PRN) medicines and protocols were in place to guide staff when administering PRN medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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

- People were supported to have visitors and staff worked flexibly to facilitate visits. Systems were in place to make changes to visiting processes in the event of an infection outbreak which reflected national guidance.

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 our last inspection we rated this key question good. The rating for 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.

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

- Systems were in place to support with notifying CQC of notifiable incidents which affected people's safety and welfare. Appropriate action had been taken to maintain people's safety. However, we identified notifications had not been submitted for a couple of accidents. We raised this with the registered manager who promptly submitted these during the inspection.

We recommend the provider reviews their reporting systems to ensure all notifiable incidents continue to be reported to CQC in a timely manner.

- Quality assurance systems had helped to maintain the safety and quality of the service. Where shortfalls were identified, action plans were used to address issues in a timely manner.
- The registered manager promoted an open and honest culture and understood their responsibility to inform people if something went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Most people and their relatives were happy with the care and support they received. People said, "I am happy here. I like the room, it's very nice and all the carers are nice" and "I like everything really, there's very little to moan about." We shared feedback from one person with the registered manager for them to follow up.
- People were supported to follow their own routines. Staff understood people's personal preferences and cared for people in the way they wanted to be supported. One person said, "I can't think of anything better; staff pop by and I get up and go to bed when I want."
- Staff told us they could have open and honest conversations with the registered manager, the culture of the service had improved under their leadership and there was now positive teamwork. A staff member told us, "I can go to [Registered manager] with anything or one of my colleagues who are brilliant. I love my colleagues and we've got a good team."
- Staff worked with people and professionals to achieve good outcomes. Referrals were made to relevant professionals when required and staff worked with health and social care professionals to meet people's needs. A relative told us, "[Person's name] had a fall recently and staff dealt with it great. Staff rang me and [Person's name] saw a doctor quickly. Staff were very on the ball."

- Daily 'flash' meetings helped identify concerns for people's safety and well-being which were shared with relevant professionals and helped to ensure people had access to appropriate services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were involved in the development of the service through their feedback. The feedback received by the provider noted improvements had been made regarding meals, though some feedback received during the inspection showed further improvement was needed. We raised this with the registered manager who advised they would look into this.
- Regular staff meetings were held to share information about changes to the service following any shortfalls and staff were able to provide their feedback.
- Staff were kept informed of any changes following accidents or incidents which were used as opportunities to learn from them and reduce the risk of them happening again.