

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Claremont Lodge Care Home

Fontwell Avenue, Fontwell, Eastergate,
Chichester, PO20 3RY

Tel: 08451256166

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Royal Bay Care Homes Limited
Registered Managers	Mrs. Roma Wood
Overview of the service	Claremont Lodge Care Home provides accommodation for elderly people with care needs. The home can accommodate up to 34 people. On the day of our visit there were 29 people living at the home.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 4 March 2013, observed how people were being cared for, talked with people who use the service and talked with staff. We reviewed information we asked the provider to send to us.

What people told us and what we found

During our visit to Claremont Lodge Nursing Home we spoke with five people who lived there. Four of these people told us that they were very satisfied with the level of care and support that they received at the home. They told us that they had been involved with the planning and delivery of their care; and that their wishes and preferences had been taken into account.

We spoke with two members of staff who were on duty. They were knowledgeable about maintaining the privacy and dignity of people and what was required of them to ensure that people's care needs were met. Staff told us that they were confident that the manager would listen to them if they had any concerns.

We observed staff on duty had a good relationship with the people living at the home. When talking to people, staff were friendly and professional. One person told us, "The staff are very good".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. We spoke with five people living in the home and most told us they were happy with life in the home and that staff were kind. They told us that they had choice in food and daily activities.

One of the people we spoke to told us that there were lots of activities available. They praised the activities co-ordinator saying that they, "deal with lots of little things, such as going to the shops for me".

We observed staff supporting people to make decisions about meals and drinks. We watched staff provide support to people with food and drinks. We saw that menus were varied and that people were given choices about the food that they ate. When people did not want to eat the food on the menu we were told by the chef that they would find them an alternative to their liking.

One of the people we spoke to told us that care staff respect their independence and allow them to choose their own clothes each day. They said that the staff were, "very obliging".

Most of the people we spoke with told us that they can get up at a time of their choice each morning, however one person told us about a recent occasion when this had not been the case. They said that required support was not available and their preferred time in the morning and they were unhappy about this. We discussed this with the manager. The manager told us that the situation arose on the day in question following an emergency situation at the home to which all duty staff had been required to assist.

People confirmed that their privacy and dignity were respected. One of the people we spoke with told us that when they received help with personal care, the staff, "always discuss what's going on with you".

We spoke with two of the care staff that were on duty. They were able to tell us how they maintained the privacy and dignity of people when supporting them to carry out daily activities including personal care. We also observed privacy notices displayed, on the door of a persons room, when personal care was in progress.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at care records for four people. For these people we saw that care needs were assessed and actions to meet those needs were recorded. Care needs were assessed in relation to nutrition, respiration, personal hygiene, nursing, mobility, sleeping and communication. How well a person was able to dress or wash themselves was also recorded. One of the care plans we looked at included personal information relating moving a person, it instructed staff on how to make the person feel safe and secure when they were moving them using a hoist.

Risk assessments were in place in relation to mobility, falls, wheelchair use, pressure wound risk and nutrition. Those people deemed at risk of pressure wounds had pressure relieving cushions and mattresses in place.

We found that the care records were reviewed regularly and any changes recorded. The provider's policy was that care plans would be reviewed monthly. The provider may like to note that two of the care plans that we looked at during our visit were overdue for their review.

All of the people we spoke with said that if they were they worried or concerned about anything they would feel comfortable to discuss this with staff.

Staff told us they referred to each person's care record. They also told us they attended a hand over meeting at the beginning of each shift. The care staff explained that this provided them with updated information about the care needed by each person.

People's health care needs were documented in their records and contact with health professionals was recorded. Additional monitoring records were in place where required for people with specific needs. All five people that we spoke with expressed satisfaction with the care and support they received.

We saw that some of the people in the home had chosen to remain in their rooms throughout our visit. We observed that these people had call bells and drinks to hand. Staff were observed checking on people who were in their rooms to ensure they were

comfortable. We spoke with one of these people who confirmed that they were staying in their room by choice.

The atmosphere in the home throughout the inspection was good. It was calm, friendly and homely. Staff were observed to have a good relationship with the people living at the home. When talking to people, staff were friendly and professional. They spoke clearly to ensure that they were understood and listened carefully to make sure they knew what was expected of them.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that staff had been trained in safeguarding. This training included recognising potential or actual safeguarding situations, and the correct way to deal with any safeguarding concerns.

The provider may wish to note that records showed that 24 out of 25 care staff had not received safeguarding training annually in line with the provider's internal procedures. The manager was able to demonstrate that staff who were out of date with this training were all booked onto safeguarding training and that all staff would be up to date with this training by June 2013. We discussed safeguarding with two members of staff during our visit and found that they had a good understanding of what constituted abuse and their responsibilities with regard to safeguarding.

We saw that the home had a safeguarding policy and guidelines for staff, this policy included the local safeguarding team's telephone numbers. Members of staff told us that they had read the homes safeguarding policy.

All five of the people that we spoke with told us that they felt safe from harm and that they had no concerns for their safety.

The manager told us that no one in the home was subject to Deprivation of Liberty Safeguards (DOLS) but knew what action to take should concerns be raised about any person's capacity to make decisions.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with two members of staff during our visit. Both members of staff told us that they felt well supported by their manager. They told us that there was a good relationship between staff and the homes manager. One member of staff said, "Our manager is really good, I feel I could go to her with any problems and I know she would help me". The staff also told us that they had received supervision in the form of one to one support where they were able to discuss their developmental and training requirements, and raise any issues or concerns. Both members of staff also confirmed that they had received an appraisal and a mid year review of their appraisal. They told us that they found the appraisal system supportive and helpful, one person said, "It helps to focus me on what I need to do to improve my knowledge, we get to look at our training".

We looked at the supervision and appraisal records of four members of staff. In all of the records we looked at we saw that staff appraisals were being completed once a year with a documented six month review. This was delivered in line with the provider's internal procedures. The provider may wish to note that staff supervision was not being delivered to staff in line with the provider's internal procedures. The manager showed us a plan for the delivery of one to one supervision with staff. They told us that staff have a mentor who is assigned to them and sits down with them privately to discuss developmental needs and concerns. They showed us that this was planned for all staff every two months which was in line with the provider's internal procedures. The manager told us that on occasions supervision had not delivered according to the plan. They said that the reason for this was that staff on were sometimes pulled away to give personal care to residents which took priority over supervision. The four supervision records that we looked at were dated, and although showed that supervision was taking place in the home did not demonstrate that it was being delivered in line with the provider's internal procedures. For example the last recorded supervision for two of the staff members whose records we reviewed was June 2012 and for the other two people August 2012.

The provider may wish to note that training was not consistently delivered to staff within the provider's internal procedures. The manager told us that the reason for this was that they felt that the training offered to staff was not of a good enough quality. As a result the manager had sent one member of staff on a course to learn how to deliver training in house. The manager was able to provide us with evidence that all staff should be up to

date with their training requirements by June 2013. On the day we visited we were shown the staff training matrix which showed which dates staff had attended mandatory training this was in areas such as fire safety, food hygiene, moving and handling and safeguarding vulnerable adults. Some training been delivered to all staff in line with the provider's internal procedures for example moving and handling, and health and safety which had been delivered to staff annually. Fire training was last delivered to all staff on 21 June 2012 this training had been delivered by an external trainer from the fire service. The provider's procedure states that fire training should be delivered annually by an external trainer this training should then be followed up six months later by internally in the form of refresher training. This refresher training had not been delivered to any staff. Internal procedures dictated that infection control training should be attended by staff at the home annually. However 14 out of the 25 care staff at the home had attended this training within the past year. The two members of staff that we spoke with felt that they had received sufficient training and development to perform their roles. One member of staff told us, "The training can become a bit much as we do it every year and most of the time you already know it, I always try and take loads of notes so I usually get something out of it by finding something new that I didn't already know".

The manager informed us that all new staff completed an induction programme. The induction programme included training, and shadowing experienced staff. We spoke with two members of staff who both confirmed that they had completed a staff induction, records that we looked at confirmed this. Records confirmed that during induction new staff completed training in health and safety, fire safety, moving and handling, infection control, medication, first aid, food hygiene and safeguarding.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us the views of people were sought in the form of annual questionnaires. We were shown that questionnaires had been distributed to residents and their relatives, and staff at the home in April and July of 2012. The questionnaires found that most people were happy with the service they received. Where people had made suggestions of potential improvements we saw that these had been acted upon.

We saw minutes from resident's meetings and from staff meetings. We were shown examples of where resident's views had been taken into account and service provision had been altered as a result.

The manager showed us a number of audit tools used to monitor service provision and outcomes for people. These included audits of care plans, medications, incidents and accidents, and catering. Where necessary these included actions plans which stated what the service needed to do to improve. For example the manager had audited staff training and had identified that staff training was not being delivered in line with the provider's policy. As a result the manager had planned how this problem may be resolved. The provider may wish to note that the manager was unable to evidence that they had audited the delivery of supervision to staff.

The provider took account of complaints and comments to improve the service. All five people that we spoke with told us that they felt their comments would be listened to and acted upon if needed. People told us that they would speak to family members or the manager of the service if they had concerns. For example, one person told us, "I am happy but I would be happy to approach the manager if I had a problem ". We saw that the services complaints procedure was displayed near the entrance to the service. We looked at three complaints and saw that they had been dealt with in line with the provider's policy.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The home had a policy in place for reporting

accidents incidents and significant events. We were told that staff record any event/incident in a book and and that the manager would then be responsible for ensuring any necessary action was taken and the appropriate people informed where necessary. The staff that we spoke with on our visit were aware of the reporting procedure. We were shown the incident/accident log on our visit and were able to see that staff were following procedures.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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