

Karlex Care Limited

Claremont House

Inspection report

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Date of inspection visit:
26 September 2022
27 September 2022

Date of publication:
12 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Claremont House is a residential care home providing accommodation and personal care to up to 20 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 18 people using the service.

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

Improvements were needed to aspects of record keeping. Although people received their medicines safely, medication administration records (MARs) were not always transcribed accurately. Medicine audits did not always identify issues with recording. Although staff knew people's support needs well, some care plans contained conflicting information about the support people needed. Staff needed to make improvements to how they respond to feedback from people that use the service to ensure they were fully involved.

People were supported by staff that knew them well and understood any risks to people. There were enough staff to support people and staff had been safely recruited. Staff followed infection prevention and control measures and the home was clean and hygienic.

People were positive about the support they received from staff and told us they enjoyed living at the home. Staff supported people to be as independent as possible. The culture of the home was calm and friendly and staff worked together to ensure people were empowered to spend their time how they chose. Staff were positive about the management of the service and told us they felt supported. Health professionals that worked regularly with staff to support people were positive about the attitude and knowledge of the staff team. 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 expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 (published 28 January 2020).

Why we inspected

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

undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

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.

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?

Requires Improvement ●

The service was not always 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

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 House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post. The registered manager was also the provider.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 September 2022 and ended on 27 September 2022. We visited the location's service on 26 September 2022 and 27 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 this information to plan our inspection.

During the inspection

We spoke to six people about living at the service and spent time observing staff support people. We spoke to five members of staff including the registered manager, deputy managers and carers. We reviewed four people's care records and multiple medication records. We also saw a range of documents relating to the quality assurance processes at the service. We received feedback from two health professionals that worked regularly with 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 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; Learning lessons when things go wrong

- Safeguarding concerns had been appropriately raised with the local authority safeguarding team by the registered manager.
- Staff received safeguarding training and understood their responsibilities around safeguarding. This included how to recognise potential signs of abuse and how to report these concerns appropriately.
- Safeguarding concerns, accidents and incidents were discussed with staff at handover meetings. Staff told us, "Communication is really good, we always know what's happened and what's going on. It ensures we are able to keep people safe."

Assessing risk, safety monitoring and management

- Risks to people were safely assessed and managed. Risk assessments identified people's level of risk in different areas such as skin integrity, falls, physical health and risks around eating and drinking. Where people had been identified as at risk, staff had put measures in place to protect people.
- Some people had risks associated with their health conditions such as diabetes. People with diabetes had clear information for staff to promote the person's safety. Staff regularly monitored people's blood sugar levels and understood what to do if the person's blood sugar levels were outside the person's normal ranges.
- Risks around the environment had been safely assessed and managed. Health and safety certificates were up to date and the environment was regularly checked.
- People had personal emergency evacuation plans (PEEPs) in place which were individual to each person and easily accessible in the event of an emergency.

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. One person told us, "We go out all the time, there are no restrictions."

- Staff offered people choices around how they wanted to spend their time. Staff told us, "It's all about helping people to do what they want to do. We ask for their choices around everything."

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were determined by people's assessed needs. Staff did not seem rushed when supporting people. People told us, "They (staff) are always around if you need them. We call or use the button and they come straight away."
- Staff were recruited safely. The provider carried out checks before employing staff such as references from previous employment and Disclosure and Barring Service (DBS) checks. 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

- Medicines were stored and managed safely.
- Staff received training before administering medicines. This included both theory and practical sessions and a competency check to ensure that staff understood the process and supported people in accordance with their medication administration records (MAR).
- Some people had medicines prescribed to be taken when needed (PRN). People had PRN protocols in place which provided guidance for staff on when the person should take the medicine and how staff would recognise that the person required this medicine.
- People were supported to administer their own medicines where they were able to and chose to. There were measures in place to ensure this was being done safely.
- Staff were responsible for administering a medicine that a registered nurse would usually support a person with. Staff received regular training and support from the district nurse team to ensure staff supported this person with their medicine safely.
- Some aspects of recording around medicines needed more regular monitoring, we have commented further on this in the well led section of the report.

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 personal protective equipment (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.

Staff supported people to receive visitors without restrictions.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the staff at the service needed to make improvements to their recording systems to ensure the care provided was reflected in records.

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

- Although people received their medicines safely, medication records required improvement. Administration times on people's medication administration records (MARs) did not correspond with the time medicines were given. This was due to a printing error. The registered manager told us she would ensure MARs were reflective of the times medicines were given.
- Some people's MARs were handwritten where they had returned from hospital with changes to medicines. These records had not been double signed by the transcribing staff members at the time of writing them. When we returned on the second day, two staff members had signed the MAR.
- People's medicines were in loose boxes. Medicines were counted monthly. This meant if there was a recording or administration error, it may not have been picked up in a timely way. We discussed this with staff who told us regular monitoring would be put into place.
- Although medicine audits were completed monthly, the most recent medicine audit did not identify the issues found with recording on this inspection.
- Some people's care plans contained contradictory information. We identified that one person's continence care plan had not been updated following a change to their support needs. Staff were aware of the change to the person's continence needs and understood how to support the person safely. Another person's care plan contained conflicting information about the support a person required to mobilise safely. Staff knew how to support this person safely which minimised the risk to the person. The registered manager told us they would action this immediately.

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

- Although people were asked for their feedback about the service through surveys, no responses or actions had been recorded where people had identified issues at the service. For example, one person had recorded that they did not feel there were enough activities at the home, there was no evidence of a discussion following this person's response. We discussed this with the registered manager who told us they would arrange for a more robust feedback loop when people gave suggestions or raised concerns.
- Staff supported people to attend meetings about living at the home. The most recent resident meeting had taken place in March 2022. One person had commented that they would like to have more regular meetings. This had not been actioned. The registered manager acknowledged that meetings should be a more regular occurrence.
- Staff told us their views were sought and listened to by the management team. One staff member told us,

"We feel listened to and heard, when we suggest ideas, management consider it and value our opinions."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The atmosphere at the home was calm and relaxed. People spent time in areas of the home they chose to and enjoyed the company of staff. Staff made people laugh and spent time speaking with them.
- Staff supported people to be as independent as possible. People were supported to spend their time how they wanted to and to go out independently if they chose. One person told us, "We are very happy and couldn't ask for more. We get to do what we want and people are so kind."
- Health professionals were positive about the interactions between people and staff. One told us, "I have witnessed staff and client interactions, all of which is a positive. They (staff) treat the residents with the right amount of friendliness. Respect and dignity is maintained at all times."
- Staff provided people with emotional support and reassurance when they needed it. One person told us, "They make sure I'm doing okay, they cheer me up and check on me if I am upset."
- Staff told us they felt supported by the management team. One staff member said, "Management have been really supportive, there's no us and them, just all of us doing what we can for the residents."

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 registered manager understood their responsibilities around duty of candour.
- Statutory notifications, which the provider is required to send to CQC to notify us of events that affect the service had been sent appropriately.

Working in partnership with others

- Health professionals were positive about working with the service. One health professional told us, "The staff have always seemed very caring and aware of the needs of their residents. They are always very knowledgeable about what is going on and pro-active in seeking support for them."
- Staff worked with health professionals and advocated for people to ensure they were supported to be as independent as possible. For example, we saw that staff had recently worked with a physiotherapist and occupational therapist to support a person to improve their mobility.