



## Inspection Report on

**Claremont Court Care Home Ltd**

**Claremont Court Care Home  
56 Pillmawr Road  
Newport  
NP20 6WG**

## **Date Inspection Completed**

12/05/2023

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## About Claremont Court Care Home Ltd

|  |   |
|--|---|
| Type of care provided                                      | Care Home Service<br>Adults With Nursing  |
| Registered Provider  | Claremont Court Care Home Ltd   |
| Registered places  | 36  |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                | Click or tap here to enter text.  |
| Does this service provide the Welsh Language active offer? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

### Summary

People receive support from care workers and senior staff who present as respectful, caring and attentive to their needs. We observed people are settled and appear content. Their relatives gave very positive feedback. They told us they always feel welcome and are satisfied with the care provided in the home. We saw people receive support to remain as healthy as possible. The service provider works in collaboration with relevant external professionals to achieve this.

There are established systems in place to enable the manager and staff to plan and deliver care and support safely. These include personal plans and risk assessments for each person who uses the service. We noted these documents must be reviewed to ensure they give as much information as possible.

The service provider oversees the whole service and they have nominated a new responsible individual (RI). They have a regular presence in the service, contact with the manager, with people and their relatives. They continuously monitor the service provided and, when improvements are required, they ensure these are made. We found previous improvements to people's care documentation and to recruitment checks were not sustained. The service provider must consider how they monitor improvements to ensure they become fully embedded.

## Well-being

People are treated with dignity and respect. Care staff receive training and support to understand how best to support people. We observed care workers supporting people and noted a natural familiarity between them. Care staff are encouraging and reassuring. One relative told us they cannot praise the staff enough. People are given information about the home before they move in so that they know what to expect and know who to contact if they are not happy. They and their relatives are also asked about what matters to them. People's needs and wishes are then incorporated into their care documentation. In the home, people have choices about doing the things they like and about where they spend their time. An activity coordinator facilitates one-to-one and group activities. The nominated RI visits the home and speaks to people. They monitor the quality of the service provided and reports are completed.

Care staff and nurses promote people's physical and mental health. They arrange referrals and appointments with health professionals when necessary. The support they provide includes administering medication and ensuring people eat and drink well. One person told us their relative is able to have vegetarian meals. A range of activities and positive relationships with care staff help to support people's emotional health.

Measures are in place to protect people from abuse and neglect. Care staff are trained in safeguarding and have policies and procedures to guide them. Well established protocols protect people from having their freedom restricted unnecessarily, and risk management plans are in place. We noted the clinical leads have revised the audits in place including those relating to medication. These enable them to closely monitor the care and support each person receives and promptly identify whether there is a problem. We saw the manager 'advocates' for people who are unable to do it themselves, when external services are not as they should be.

The home provides people with suitable accommodation which has a homely feel and reflects individuals' needs and interests.

## Care and Support

People receive the support they require when they need it. We observed care workers supporting people and noted a natural familiarity between them. They are encouraging and reassuring and demonstrate a good understanding of people's needs. We observed people are settled and appear content. We observed one person who became distressed in their bedroom and saw a care worker and a nurse attend immediately to reassure them and find out what they needed. In a communal lounge, we observed care workers engaging in conversations with people and noted they knew which topics people were interested in and were engaged in. Relatives we spoke with are very complimentary towards the service.

There is documentation in place for each person. It reflects information gathered from people, their relatives and health professionals. There are care plans in place for all the areas in which people need care and support. Where there are risks, these are assessed and steps to mitigate them are listed. We noted this care documentation is not always detailed enough and not always accurate. Plans are repetitive and not person-centred. This means risks are not always accurately assessed, people's likes & dislikes are not fully recorded and the plans don't give sufficient detailed instructions for carers to follow. The conversations we observed between care workers and people show they know more about people and about how best to support them than is included in the documentation. We discussed with the RI and manager the need for all the documentation to be detailed enough and to include the knowledge staff have about people. They provided assurances people's documentation would be reviewed.

The service provider keeps people safe. The manager liaises with relevant agencies to ensure any restrictions placed on a person's liberty are only in their best interests. The manager works with a range of external agencies to ensure people get the care and support they require.

## Environment

People live in an environment which meets their needs and promotes their well-being. The home is welcoming and clean. There are communal areas throughout the home including lounges and dining areas. These feel homely, with many decorative and informative displays. People's bedrooms reflect their needs and interests. In addition, they have access to outdoor patio areas. We observed people spending time in their own rooms and in the communal areas.

There are systems in place to identify and deal with risks to people's health and safety. The service provider carries out regular health and safety checks. External contractors carry out specialist checks. Records show these are up to date. The home has a food hygiene rating of three which means '*generally satisfactory*'.

Infection control arrangements are in place. We observed staff using appropriate personal protective equipment (PPE) during our inspection visit. PPE and hand sanitiser are readily available throughout the home. The standard of cleanliness in the home is good. There are notices throughout the home which remind staff of procedures to follow, for example good hand hygiene.

## Leadership and Management

The service provider has arrangements in place for the oversight and governance of the service. Interim arrangements are in place whilst an RI is confirmed. One of the directors maintains oversight and has applied to become the RI. They visit the service frequently, take part in weekly meetings, review the monitoring activities undertaken by the manager and by other senior members of staff. We noted they personally meet with relatives and assist them when necessary. Records also show the service provider seeks feedback from staff, relatives and external professionals. We saw the feedback in relation to the service provided is very positive. Quality of care reports are completed at the required frequency. The service provider took action following the last inspections to ensure the service is provided in accordance with Regulations. This included working with external agencies in order to make the necessary improvements.

At this inspection, we found improvements relating to people's care documentation and to recruitment checks have not all been maintained. We saw audits are completed but concluded these are not robust enough to give the service provider all the information it needs to satisfy itself the work completed is of sufficient quality. The audit system in place to monitor care documentation is not robust enough, it only looks at how many plans in place not at the quality of the records. Recruitment checks are completed but are not always sufficient. We noted the audit tool used to monitor recruitment activities does not include all the required checks. This is an area for improvement and we expect the provider to take action to ensure all monitoring activities are fit for purpose.

Supervision and training records evidence processes are in place for supporting and developing staff. Staff told us they received an induction when they first started, and also ongoing training and support to achieve recognised qualifications. A training coordinator/manager is in post. One member of staff told us they are always present in the home and they can check anything at any time with them. The manager told us they are well supported by the service provider. When staff raise concerns, we noted these are carefully considered by the manager. We noted in one instance, the manager sought specialist legal advice to ensure they were operating within their legal responsibilities.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | Compliance was tested at this inspection and was achieved.  |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

| Regulation | Summary  | Status |
|------------|--|--------|
| N/A        | No non-compliance of this type was identified at this inspection | N/A    |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|



|   |  |     |
|---|--|-----|
| 6 | The audits in place to monitor people's care documentation and recruitment checks are not robust enough to give the service provider all the information it needs to satisfy itself the work completed is of sufficient quality. | New |
|---|--|-----|

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