



Inspection Report on

Claremont Care Home

**30 Ewenny Road
Bridgend
CF31 3HR**

Date Inspection Completed

05/01/2023

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About Claremont Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Claremont Partnership
Registered places	21
Language of the service	English
Previous Care Inspectorate Wales inspection	01/12/2021
Does this service provide the Welsh Language active offer?	This service is working towards a Welsh language 'Active Offer'.

Summary

People told us they are happy and well cared for at Claremont Care Home. Accurate and up-to-date personal plans are in place and people can contribute to the development and reviewing of their care. People are encouraged to make daily choices and can undertake activities they enjoy. Meals are of a good standard and appear varied. Medication is administered and recorded effectively. Adequate staffing supports people to receive care in a timely manner. Care staff offer support in a friendly person-centred way and understand individual needs and preferences.

The environment is homely, clean, and welcoming. Maintenance checks ensure the environment, it's facilities and equipment remain safe to use. Confidential information is stored safely and access to the service is sufficiently secure. Care staff receive core and specialist training. Staff meetings and supervision sessions give staff the opportunity to keep up to date with developments in the service. Policies and procedures are in place. Pre-employment checks ensure staff are suitable to work with vulnerable people. Staff report feeling happy in their roles. The Responsible Individual (RI) has good oversight of the service to ensure practice remains of a good standard.

Well-being

People feel listened to and have influence over the care they receive. Personal preferences are understood and recognised by staff. The care provided reflects people's individual interests and routines. People are involved in the development of their care plans and are consulted as part of the review process. The RI engages with people during visits to the service and people's views are sought as part of the quality assurance process.

The service considers people's physical and mental health. Routine appointments and timely referrals ensure people remain as well as they can be. Sufficient numbers of staff support people to receive the right care at the right time. Personal plans identify people's health needs and any potential risks to their well-being. People told us they feel settled within the service and have positive relationships with staff. Nutritional needs are considered. Seasonal events and special occasions are celebrated, and people have things to look forward to. Effective medication management ensures people receive medication as prescribed.

Systems protect people from abuse and harm. A range of up-to-date policies outline and reinforce positive care practices. Care staff receive safeguarding training and understand their responsibility to report concerns. The service has a robust recruitment process in place to support safe staff recruitment. Ongoing training opportunities ensure staff are sufficiently skilled to carry out their duties. The service provides a suitable and safe environment and staff prevent unauthorised visitors from entering the building.

The physical environment supports people's well-being. The service is a pleasant place to live; bedrooms are nicely decorated and reflect personal tastes. The environment offers people access to a range of communal areas as well as the privacy of their own bedrooms. There is an ongoing programme of improvements in place to maintain good environmental standards.

Care and Support

The service completes detailed personal plans. Plans detail people's preferences, interests, and routines. Documents provide clear details on each person's physical and mental health needs and offers guidance to staff on how to provide support. Routine reviews ensure personal plans remain accurate and up to date and that people continue to receive the right level of support. People are involved in their care reviews which ensures they have an opportunity to provide feedback on the care and support they receive.

Secure arrangements are in place for storing, ordering, and administering medication and food menus are varied. Medication is stored securely. Medication administration record (MAR) charts contain all required information and are completed correctly with signatures when medication has been administered. The service told us it has a good relationship with health professionals and pharmacists. We saw evidence staff receive training on the administration of medication to ensure they remain sufficiently skilled. The completion of routine medication audits ensures practice remains safe and effective. The service has a food hygiene rating of five which is classed as 'very good'. Menus reflect people's preferences, and we are told alternatives are always available. Refreshments and snacks can be accessed as and when required throughout the day. One person told us "*The food is really nice, its lovely*".

People receive positive care and support. We observed care staff engaging in a kind and friendly manner with people. Many staff have worked at the service for several years and spoke about having developed positive relationships with people living at the service. Care staff understand the importance of individual routines as people told us they decide how and where they spend their day. People have access to the local community and receive support to maintain contact with family members. Staffing rota's show sufficient care workers are available to provide the right level of care and support. People we spoke with told us they feel comfortable and happy at the service. Comments include "*I like it here I wouldn't want to leave*", "*The carers are lovely*" and "*I am doing well*".

Environment

The environment is clean and decorated to a good standard. Bedrooms and communal areas appear comfortable and well maintained. There are sufficient bathroom and toilet facilities throughout the service. We viewed a selection of bedrooms which appeared personalised and clean. Bedrooms are always accessible and offer people an opportunity for privacy and their own personal space. The service benefits from a rolling programme of refurbishment. The management team informed us of their intentions to install a replacement more accessible bath, new carpeting, and the repainting of several rooms. The service has sufficient domestic cover in place to ensure rooms remain clean and well maintained.

Records show the service is safe from unauthorised access and maintenance checks are carried out. All visitors are asked for identification and sign the visitors book before entering. Records show electrical, gas and general safety checks are completed. Fire safety checks and drills are completed regularly. Personal emergency evacuation plans (PEEP's) ensure care workers understand the level of support people require in the event of an emergency. Substances hazardous to health are stored securely. All confidential records are safely stored and only available to care workers who are authorised to view them. Clear infection control procedures are in place.

Leadership and Management

Quality assurance tools support good practice. We saw evidence the RI has regular contact with staff and people living at the home. The three-monthly visits and six-monthly reports,

which look at areas of good practice and identify any improvements, are completed in line with regulations. Regular audits ensure good practice is maintained. One staff member we spoke with told us the management team has a good understanding of the service and commented "*I have never seen a service where the management team are so hands on*". Care staff receive training to undertake their duties and recruitment checks are robust. The training matrix evidences staff have completed core and specialist training. Staff members we spoke with told us the service supports their overall training needs and they receive regular refresher training. Newly appointed care staff have access to a period of induction and receive core and specialist training in a timely manner. Care staff we spoke with told us they are confident they have the right skills and knowledge to undertake their role. Pre-employment checks take place before new employees start work: these include reference checks, photo identification and Disclosure and Barring Service (DBS) checks.

Staff receive regular supervision meetings and feel supported. We saw evidence that staff receive regular supervision to support their professional development and discuss any changes to the service. Care staff confirm the management team are in regular contact and provide a good level of support. One staff member commented "*I like working here*". On the day of inspection staff appeared to work well as a team and were supportive to one another. We were told staff morale is good and overall retention is positive.

There are a range of policies and procedures in place to support the smooth running of the service. A range of key policies are reviewed regularly to ensure they reflect current legislation. The service has developed clear roles and responsibilities for care staff. This enables staff to work flexibly and ensures they are familiar and confident to carry out a range of duties. We found evidence of staff meetings which give staff the opportunity to keep up to date with developments in the service. Notifications to various professionals are submitted in a timely manner.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
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N/A	No non-compliance of this type was identified at this inspection	N/A
16	The provider is not involving people in their personal plan reviews. The RI undertakes monthly personal plan reviews and does not discuss needs and outcomes with the individual We looked at three care files during the inspection on 1.12.21 and saw that people were not involved in their reviews. The RI confirmed this and agreed to address with immediate effect.	Achieved

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