

## Claremont House Care Home Service

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Dumfries  
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Telephone: 01387 259969

**Type of inspection:**

Unannounced

**Completed on:**

27 September 2019

**Service provided by:**

Dumfries & Galloway Mental Health  
Association

**Service provider number:**

SP2003003483

**Service no:**

CS2003015334

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

Claremont House is a care home for adults with mental health problems which provides 24-hour personal care and support to a maximum of nine people.

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The provider is Dumfries and Galloway Mental Health Association.

At the time of the inspection, there were nine people living at Claremont House.

Claremont House is situated within walking distance of the town of Dumfries where local resources can be easily accessed. All the bedrooms are single occupancy and there is a well-maintained garden to the rear and side of the house.

The philosophy of care as written by the provider include:

"To enable people with mental health problems to lead a purposeful and fulfilling life within the local community".

"To encourage people to achieve the highest potential that their condition permits and at all times care for each person's physical, psychological and spiritual wellbeing".

## What people told us

Prior to the inspection, we issued care standards questionnaires; two were returned completed.

During the inspection, we spoke with nine people. Feedback comments included:

"I wish there were more staff to spend time with us".

"Staff are trying to suffice my needs".

"I don't have anyone to talk to or much to do whilst living here".

"I am getting to know the staff, there have been a lot of changes".

"I like the food and the staff are good".

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**3 - Adequate**

During the inspection, we reviewed how well the service was supporting people's wellbeing. We found the standard to be adequate.

People who use care services should experience compassion, dignity and respect. We observed warm, friendly and compassionate interactions within the care home between staff and people supported. Most people told us that staff were caring, kind and respectful. This helped people to build trusting relationships where people felt relaxed and comfortable in each others company.

We found care and support to be delivered around routines and chores and less focused on people's support needs. House meetings had become less frequent, resulting in reduced opportunities to ask people's opinions. This meant people's views were not always being reflected in daily practice.

People who experience care should get the most out of life. Conversations with people confirmed they were able to share with staff their interests. People decided how they should spend their time. Examples included, attending the local gym, day services and visiting family.

Opportunities for staff to support people to participate in meaningful activities were limited. Restricted staff resources had resulted in the focus being on task orientated practice, resulting in less time available to provide people with individual care and support. This was impacting on people achieving their outcomes. (See area for improvement 1)

The role of the key worker should be reviewed to include more involvement in support planning, review meetings, communication with families and protected time to promote opportunities for meaningful activities within an enabling culture to support people to meet their goals and aspirations. (See area for improvement 2)

People's health should benefit from their care and support. Most people living at Claremont House had been resident for a considerable period of time and were well known by the long-standing staff team. People were supported to access healthcare within their local community. Staff monitored people's wellbeing and liaised with health and social care services to ensure people were supported to keep physically and mentally well.

The service provider had procedures in place to support people to take their medication safely; we found that medication audits had identified medication errors. There were not always clear follow up actions on what had been carried out following medication errors and how practice could be improved. (See area for improvement 3)

Awareness of Health and Social Care Standards should continue to be raised with the staff team to enhance staff knowledge to inform their practice and to promote positive outcomes for people.

## Areas for improvement

1. The service provider should provide support to people based on their needs and the outcomes they wish to achieve.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6).

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

2. The provider should promote and develop the role of the keyworker within the service to develop staff understanding and improve outcomes for people.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

3. The service provider should ensure that staff and managers are following the correct procedure when a medication error has occurred.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

## How good is our leadership?

### 3 - Adequate

During the inspection, we reviewed the quality of leadership and found the standard to be adequate.

The service provider had made significant improvements over the previous year, which had strengthened the management team and governance within the organisation. The development of an organisational improvement plan had identified roles and responsibilities and accountability. This provided people living at Claremont House with more confidence that the organisation providing their care and support was now well led and managed.

During the inspection, we found a significant staff turnover within the service. This had resulted in an insufficient capacity and skill to support improvement activity effectively and to embed changes at this time.

The organisation should have robust and transparent quality assurance processes in place so people living at Claremont House benefit from a culture of continuous improvement. Some audits were being completed to provide feedback on processes but should be further developed to identify and evaluate care and support provided and how this improves outcomes for people.

During the inspection, we identified that we had not been made aware of some issues that had occurred, under a range of notifiable areas. This is important because it helps us understand the quality assurance and governance systems that are in place and that issues are being addressed. The service must improve internal communication, recording, reporting and escalation of incident so issues can be tracked and notified correctly to external agencies, including the Care Inspectorate. (See requirement 1)

The service provider should improve their practice in relation to safe recruitment of staff. All necessary checks should be carried out, including references, and be satisfactory prior to staff commencing employment. (See area for improvement 1)

Support staff are required to be registered with the Scottish Social Services Council (SSSC) within six months of commencing employment. This is so people can be assured their support staff are of an acceptable standard. The service manager had lack of oversight of this process; therefore, this recommendation has been repeated. (See area for improvement 2)

The service provider should ensure all policies and procedures discussed at inspection are reviewed and updated to reflect the most up to date legislation and best practice for people to experience high quality care and support based on relevant evidence, guidance and best practice.

## Requirements

1. The service provider must ensure that the Care Inspectorate are notified of all significant events as per Care Inspectorate Notification Guidance immediately from the date of inspection.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I use a service and organisation that are well led and managed" (HSCS 4.23).

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

This is in order to comply with The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 SSI 2011/28 4(1) (b) - records, notifications and returns.

## Areas for improvement

1. The service provider should follow safe recruitment practice for the health, welfare and safety of people supported.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

2. The service provider must ensure that all staff are registered with the Scottish Social Services Council (SSSC) within the required timescale.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

## How good is our staff team? 3 - Adequate

During the inspection, we reviewed how good the staff team was and found the standard to be adequate.

People experiencing care should benefit from the right staffing levels and staff working well together. At the time of the inspection, we witnessed times where we felt there were insufficient staff present within the care home. People also told us they felt staff did not have enough time to spend with them. We were not confident that there were adequate numbers of staff always available to meet the needs of people throughout the daytime and this could put people's safety at risk. (See requirement 1)

We discussed with the service manager the need to review staffing levels to ensure people were not being supported by an over stretched staff team. Deployment of staff based on people's needs and not task focused would improve the standard of care and support provided to people.

Recent recruitment had taken place and additional staff were expected to commence working in the service, which was positive; induction and training had to be completed first. The manager being required to be 'on rota' had the potential to compromise support for staff and management of the service due to reduced availability.

Staff training was an area where we observed a significant improvement, a specific training programme had been developed to ensure the staff team were equipped with the necessary training, skills and knowledge required to provide the necessary support to people. The effectiveness of training should continue to be monitored via observing staff practice and supervision sessions to ensure it is supporting people to meet their outcomes.

## Requirements

1. In order to ensure people receive the support they require, a dependency assessment that informs staffing levels, skill mix and deployment of staff should be used to demonstrate an evidenced based approach to staffing. The service provider must always have adequate staff numbers in place to meet people's needs by 31 January 2020.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"My care and support meets my needs and is right for me" (HSCS1.19).

"My needs, as agreed in my support plan, are fully met, and my wishes and choices are respected" (1.23).

"People have time to support and care for me and to speak with me" (HSCS3.16).

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) Regulation 4 (1) A provider must make proper provision for the health, welfare and safety of service users.

## How good is our setting?

### 4 - Good

During the inspection, we reviewed how well the setting promoted people's independence and found the standard to be good.

There was a secure entry system and sign in / out system for visitors to the care home which contributed to a safe environment.

People could freely leave the building to access outside space. There was a small garden to the side and back of the building which was well kept and provided a private place for people to sit outside, often accompanied by the care home cat which people looked after.

The care home was equipped and furnished to meet people's needs. There were communal areas and all people had their own bedroom with lockable door. There were no en suite facilities. People decorated their room as they chose with their personal belongings. People told us they were happy with their bedroom space.

There was easy access around the care home and within the kitchen area. People could make a snack, do their own laundry and, if they chose to, help with setting tables at mealtimes.

Additional support from staff and an enabling culture within the care home could further develop people's skills and experiences in daily living activities, resulting in people maintaining or increasing their independence and improving self-esteem. This is extremely important for people who may choose to move to more independent living within the community.

## How well is our care and support planned?

### 3 - Adequate

During the inspection, we reviewed how well care and support was planned and found the standard to be adequate.

People's needs were assessed prior to accessing the service. This involved input from the local mental health services. Where people were supported by more than one service, the staff team were good at gathering and sharing information with the multi-agency team. This ensured continuity of care and support.

People who use care services should have a plan in place which details how their needs, choices, wishes and preferences will be met. All people had a support plan in place. The quality of these varied and they did not all reflect the care and support experienced by people living at Claremont House. Work was due to commence reviewing these and make them more person centred, and outcome focused.

We found that where people's support needs had changed, their support plan and risk assessments had not been updated to guide staff on how best to provide support in a safe and consistent way. (See area for improvement 1)

Review of support should take place at least six monthly involving the person supported and, if appropriate, their relative or representative. We were told reviews took place; we found some were outwith the recommended timescale. (See area for improvement 2)

When reviewing support, staff should use a strength-based approach to assessment and support planning that recognises and maximises people's abilities to promote independence.

## Areas for improvement

1. Support plan guidance and risk assessments should be updated to reflect people's changing needs

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

"My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

2. People's support should be reviewed at least once in every six months whilst in receipt of the service, a copy of review minutes should be within support plans and available to people supported and their relative or representative, if appropriate.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that:

"I am fully involved in developing and reviewing my support plan, which is always available to me" (HSCS 2.17).

## What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

The service provider must ensure that all staff are registered with the Scottish Social Services Council (SSSC) within the required timescale.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

**This area for improvement was made on 30 October 2018.**



**Action taken since then**

This area for improvement has been repeated.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

**Detailed evaluations**

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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