

Claremont Park Nursing Home Care Home Service

6 Claremont Park
Leith Links
Edinburgh
EH6 7PH

Telephone: 01315 546 868

Type of inspection:
Unannounced

Completed on:
18 August 2021

Service provided by:
Claremont Park Limited

Service provider number:
SP2003002447

Service no:
CS2003010622

About the service

Claremont Park Nursing Home is registered to provide care for up to 33 older people and is owned and managed by Claremont Park Ltd.

The home is situated in Leith, an area to the east of Edinburgh city centre. It is located on a bus route and is near local shops and amenities. There are landscaped gardens and a small driveway to the front of the home and a secure garden and patio area to the rear.

Accommodation is provided on the ground, lower ground and first floor of the main building and a single level extension to the rear of the property. The lower ground and first floor can be accessed by stairs or a stair lift. All bedrooms in the extension open onto the garden area.

There are 25 bedrooms, three are currently used as double rooms and another eight are large rooms. There are eight rooms with ensuite facilities. Further shared toilet and bathing facilities are throughout the home.

Double rooms are registered to support people in relationships to continue to live together if they wish.

There is a separate lounge and dining room in the main building and an open plan lounge and dining room in the extension.

The provider states on the home's website that their mission is "to ensure that our residents come first under all circumstances. We aim to afford comfort, excellent care, dignity, good food and to ensure that the quality of life at Claremont Park is as high as we can make it".

Their philosophy is;

"We believe that people:

Have the right to participate in making choices about their care.

Are entitled to protection of their rights as individuals.

Deserve a comfortable, stimulating environment.

Are entitled to high quality care.

Have the right to retain and develop interests and social contact.

Are entitled to a homely environment".

This was a focused inspection to evaluate how well people were being supported during the Covid-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic. We also followed up on progress from requirements and areas for improvement made at a previous pre Covid-19 inspection.

Our findings are reported in:

Key Question 1: How well do we support people's wellbeing

Key Question 7: How good is our care and support during the Covid-19 pandemic.

During the inspection we used the Health and Social Care Standards to evaluate the care and support people experienced. The standards focus on the experience of people using services and describe what people can expect. They can be accessed at: <http://www.gov.scot/Publications/217/06/1327/downloads>

This inspection was carried out by inspectors from the Care Inspectorate.

What people told us

We spoke with twelve of the 25 people living in the home at the time of the inspection. We spoke with them in communal areas or in the privacy of their own bedrooms. People were positive about the staff and the care and support they received.

Comments included:

"Staff are very attentive, I like it here."

"It's better than being at home."

"It's very nice".

Some people were unable to tell us about their experience in the home, however, we were able to observe respectful interactions between staff and the people they supported.

We spoke with nine relatives. Eight relatives were happy with the care and support for their family member.

Some comments were:

"Very happy with (relative's) care."

"Been so difficult with restrictions, great to visit again."

"Happy with the staff and the service, been a positive experience despite the circumstances."

"Everyone is very approachable."

"See positive changes since new manager, they keep us updated."

"There's a new energy."

"(relative) is much more settled, has made a friend and is more relaxed now."

"(relative) loves the sun and their room opens on to the garden which enables easy access."

"(relative) has gained weight and is maintaining it."

The home was following Scottish Government Open with Care Guidance.

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?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

There were important strengths in our evaluations as well as some areas for improvement.

People were relaxed and told us they were happy living at Claremont Park. This was echoed in the opinions of most family members we spoke with.

"Staff are always happy, there's a nice atmosphere."

Staff knew people well and were familiar with their preferences. Interactions were responsive and reassuring to people who were treated with kindness, dignity and respect.

During meal times, staff were attentive and ensured people were supported to eat well, offering choices and additional portions. People were not rushed, and good communication meant people waiting for assistance were engaged with what was happening.

There was a variety of recent activities people had enjoyed within the home and garden. External links had been re-established with Therapets who recently visited. A welcome visit to the garden from a local ice-cream van was enjoyed by everyone during the warm weather.

Relatives told us of a birthday celebration organised so wider family could attend.

Activity coordinators work over seven days. We discussed with the provider how some people may appreciate evening activities within or outwith the home. This would give people living at Claremont Park the opportunity to maintain, or develop, community links and promote good physical and mental well being.

The service worked effectively with professionals from health agencies to ensure people's health needs were attended to. Relatives told us they were kept informed of any health issues for their loved one. One family had organised for private speech and language therapy which the staff were happy to support.

Care plans were detailed and were being reviewed as and when people's needs or wishes changed. However, we found some information difficult to follow and repetitive. We were unsure how often staff would refer to care plans as they relied on daily check lists to ensure tasks to support people were completed. Although important to capture these inputs, when audited, they did not feed into how these improved or hindered people's health and wellbeing outcomes. We made an area for improvement to make care plans more accessible and informative to people experiencing care, their relatives, and staff. (AFI 1)

We looked closely at medication administration. This was an area for improvement at a previous inspection. Although improvements had been made, there was further work to ensure enough information within 'as required' protocols to guide staff prior to their use. An internal medication audit also highlighted improvements with recording on MAR charts. We have repeated this area for improvement to ensure sustainability can be achieved. (AFI 2)

Areas for improvement

1. To make sure people's planned care reflects needs and things that are important to them, they should be involved and central to planning care and support. The person should feel like they own the plan and decide who else can access it. This might include making access via a personal computer/tablet possible as well as paper copies. Plans should be easy to follow and accessible to all who need to be guided by it.

The plans should include, but not be limited to supporting people to:

- maintain hobbies and interests which may involve positive risk taking
- be as independent as possible which may involve risk enablement
- highlight what is important to people

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

HSCS 1.10 – 'I am supported to participate fully as a citizen in my local community in the way that I want.'

HSCS 1.12 – 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.'

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

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

HSCS 2.9 'I receive and understand information and advice in a format or language that is right for me.'

HSCS 2.2 'I am empowered and enabled to be as independent and as in control of my life as I want and can be.'

HSCS 2.24 – 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.'

2. The provider should ensure that any treatment or intervention that people receive is safe and effective. In order to do so, medication management should be developed to include:

- Where people are prescribed medication for stress or distress, or for pain, on an 'as required' basis, clear, detailed guidance should be in place. This should describe how people present when they are distressed or in pain and actions staff should take to support people before giving 'as required' medication.
- the correct coding is used when recording on MAR sheets.

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

HSCS 1.24 – 'Any treatment or intervention that I experience is safe and effective.'

HSCS 4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

How good is our care and support during the COVID-19 pandemic?

4 - Good

There were important strengths in our evaluations as well as some areas for improvement.

A new manager was in place and the home had a relaxed and pleasant atmosphere.

The provider had started an extensive refurbishment programme within the home. Rooms were freshly decorated and personalised, making the home feel welcoming.

Cleaning took place on a structured basis throughout the day and as and when it was required. Management had oversight on the cleaning taking place, via regular audits of documentation and through on the floor spot checks. These robust systems helped maintain safe Infection Prevention and Control (IPC) outcomes for people living at Claremont Park.

Soft furnishings were all clean and monthly mattress audits identified any concerns which the provider actioned immediately by replacing any soiled items.

Personal Protective Equipment (PPE) stations throughout the home were well stocked. There was good access to clinical waste disposal bins throughout the home. Staff adhered to guidance around the wearing of PPE and the disposal of clinical waste.

Equipment had been serviced in accordance with recommended maintenance intervals and was seen to be clean and in good condition. This helped ensure people were safe when being supported using aids and equipment.

Laundry was washed within guidelines. There was only one access point to the laundry. We asked the manager to identify a clear in and out route to reduce the potential for any cross contamination. The laundry floor had a build-up of soap residue around machines. We asked the manager to have a deep clean in this area.

Not all cleaning products used were adhering to 'Safe Management of the Care Environment' guidance. We asked the manager to check this with their supplier.

Management had a range of good quality audit process in place. Most actions from audits were detailed, however, there were areas where no actions were identified. For example, staff competency observations were completed, but they did not detail any actions or improvements needed.

We made an area for improvement to show where actions from quality audits improved the care and support to people's health and wellbeing. (AFI 1)

All staff had received regular training in Covid-19 related topics which meant they were kept up to date with guidance to keep people safe.

Areas for improvement

1. The provider should identify where learning and actions from quality audits have a direct impact on people's health and wellbeing outcomes.

This should include, but not be limited to:

- how medication audits have improved the health and wellbeing for specific individuals
- how training and competency audits have improved outcomes for people
- how dependency audits and staffing levels have made an impact on the mental health and wellbeing outcomes for people.

HSCS 3.14 '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 4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

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

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must ensure that care reviews evidence that a detailed review of service users' care and support needs has been undertaken.

This should include:

- a) evidence that residents and relatives were involved and, if unable to attend a review meeting, how their views were obtained
- b) information on what was discussed and actions needed following the review
- c) confirmation that those involved are in agreement to the minutes of reviews and have been informed of any changes to the personal plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as a care 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) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17)

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users.

Timescale: for completion by 30 September 2018.

This requirement was made on 2 August 2018.

Action taken on previous requirement

Relatives confirmed they were involved in reviews. Care plans contained information that relatives were invited to and/or attended a review meeting. However, we have suggested areas to further improve under key question one of this report.

Met - outwith timescales

Requirement 2

The provider must ensure that their own processes to record and evidence the support offered to residents and their families when choosing to share a room, are fully implemented in order to demonstrate clearly that the decision is a positive choice which enhances the life of each of the residents who are sharing.

This is to ensure that the environment is consistent with the Health and Social Care Standards which state that: 'As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend (HSCS 5.26).

'As an adult living in a care home, I have enough space for me to sit comfortably with a visitor in my bedroom' (HSCS 5.27).

This also takes into account Building Better Care Homes (Care Inspectorate, 2014) and University of Stirling Dementia Services Development Centre "Dementia Design Audit Tool Literature Review" 2011.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4 (1) (b) - provide services in a manner which respects the privacy and dignity of service users.

Timescale: to be completed by 30 September 2018.

This requirement was made on 2 August 2018.

Action taken on previous requirement

We spoke with some family members whose relative shared a room. They confirmed that choices were offered at the time of admission to the home.

We discussed with the manager to ensure these discussions continue at reviews to ensure people's choices and decisions remain.

Development plans for the home reduce the number of shared rooms being offered to people.

Met - outwith timescales

Requirement 3

The provider must make proper provision for the health, welfare and safety of service users.

In order to do so, by 12 August 2019, the provider must ensure that:

- i) all incidents which may be regarded as an adult support and protection concern are reported in line with multi-agency guidelines (Edinburgh, Lothian and Borders multi-agency guidelines, 2013)
- ii) all notifiable events are submitted to the Care Inspectorate in line with the guidance on reporting of specific events.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3:20).

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users.

This requirement was made on 12 August 2019.

Action taken on previous requirement

All notifiable events were being reported to the relevant agency.

Families told us they were informed of any incidents and actions taken.

Met - outwith timescales

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 provider should ensure that any treatment or intervention that residents receive is safe and effective.

In order to do so, medication management should be developed to include:

- i) where residents are prescribed medication for stress or distress on an 'as required' basis, clear, detailed guidance should be in place that describes how residents present when they are distressed and actions staff should take to support residents before giving medication
- ii) clearer recording is needed when medication is administered from homely remedy medication stock, such as paracetamol. This will help staff to ensure that the homely remedy does not conflict with other prescribed medicines
- iii) ensuring clear instructions are provided on topical medicine administration records to help ensure these are applied according to the prescriber's instructions
- iv) dating creams and ointments when opened will help ensure that creams and ointments are stored and disposed of in line with manufacturers' guidelines.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: '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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)

This area for improvement was made on 12 August 2019.

Action taken since then

There were some improvements made, however, this area will be reworded and continued to ensure sustained improvements are being met.

Previous area for improvement 2

The service should ensure that care documentation is completed consistently and in a timely manner in order to evidence the care and support given to residents. This should include, but not be exhaustive of, charts that record:

- re-positioning
- personal care
- catheter care
- oral care
- fluid monitoring.

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

'My care and support meets my needs and is right for me' (HSCS 1:19) and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1:23)

This area for improvement was made on 12 August 2019.

Action taken since then

Staff were completing charts daily and care plans were being reviewed monthly.

This area for improvement is met, however see area for improvement relating to personal planning under key question one of this report.

Previous area for improvement 3

Following the completion of quality assurance audits and checks, the provider should ensure that an action plan approach is used to identify actions required, by whom, in what timescale and evidence that this has been actioned. This will help the service to more clearly evidence the response and development of the service.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS.4:19).

This area for improvement was made on 12 August 2019.

Action taken since then

Quality Assurance and Infection Prevention and Control audits were being completed regularly and actions noted.

This area for improvement is met, however we made an area for improvement about the outcomes for people following quality audit checks.

Previous area for improvement 4

In order to have staff that are competent, skilled and able to reflect on their practice, the provider should ensure that:

- i) the content of training meets the learning needs of staff in relation to the care needs of residents
- ii) the content and method of training meets the level needed by staff in all roles
- iii) training materials refer to appropriate best practice guidance and Scottish legislation.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: '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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4:11).

This area for improvement was made on 12 August 2019.

Action taken since then

Training was up to date and included Covid-19 related training for all staff. Training covered relevant topics to enable staff to support the care needs of residents. This area for improvement is met.

Previous area for improvement 5

The Health and Social Care Standards describe what people should expect from the environment and premises they live in. The standards outline what people should expect from a warm, comfortable, homely environment that meets their needs and wishes, and supports positive outcomes for people's health and well-being. This includes:

- a care home should provide a mix of private and communal areas, and accessible outdoor space. This should be designed, or adapted, for high quality care and equipped and furnished to meet the needs and wishes of the people that live there
- the care home environment should have enough physical space to meet residents' needs and wishes. It should promote residents to independently access the parts of the premises they use, including toilet facilities and outdoor space
- residents should expect to live in an environment that is well looked after, clean, tidy and well maintained premises, furnishings and equipment.

We are in discussion with the provider about how they intend to improve the environment to achieve these standards. The provider should submit a written proposal to the Care Inspectorate by 30 November 2019.

This area for improvement was made on 12 August 2019.

Action taken since then

The provider had started extensive refurbishment of the home. This is covered in the body of the inspection report. This area for improvement is met.

Previous area for improvement 6

Personal plans should contain information that describes residents' current health, care and support needs and how these should be met.

This should include:

- i) information on the type and setting (where appropriate) of special mattresses, re-positioning needs, and creams and ointments for residents with skin care needs or those at risk of pressure damage
- ii) guidance on how to support residents who experience stress and distressed reactions or who have specific emotional or psychological needs
- iii) detailed evaluations of care plans that show that consideration has been given as to whether plans continue to effectively meet residents' needs. Care plans should consistently be updated when any changes in residents' care needs are identified.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as my care 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) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 12 August 2019.

Action taken since then

Care plans contained a good level of detail, however, at times information was mixed.

This area for improvement will be reworded and continued to ensure sustained improvements are being met for people.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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