



# Inspection Report on

**Claremont Court Care Home Ltd**

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

## **Date Inspection Completed**

30/07/2024

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## About Claremont Court Care Home Ltd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Claremont Court Care Home Ltd
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">12/05/23</a>
Does this service promote Welsh language and culture?	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 are very happy with the care and support provided at the home. Care workers, nurses and senior staff present as respectful, caring and attentive to their needs. We observed people are settled and appear content. They take part in daily activities. Families and friends feel welcome in the home and have good relationships with staff. We also saw people receive support to remain as healthy as possible. The service provider works in collaboration with relevant external professionals when necessary.

There are established systems in place to enable the manager and staff to plan and deliver care and support. These include personal plans and risk assessments for each person who uses the service. The training staff receive is very good.

A manager is in post, they oversee the day-to-day running of the service. The responsible individual (RI) oversees it. They visit the service regularly, and have direct contact with all staff, people and their relatives. This enables them to closely monitor the service provided. We saw action was taken following the last inspection to improve the quality of the care documentation and of the recruitment checks. At this inspection we found improvements are needed to ensure all staff receive the necessary supervisions.

We noted significant investment in the environment which has included re-decoration of communal areas, a new external area and upgrade to the building.

## Well-being

People are encouraged to make choices and are treated with dignity and respect. We observed care workers supporting people and noted natural and warm interactions between them. People and/or their representatives participate in the assessment process prior to being admitted to the service and personal plans are drawn up. These include how people need to be supported. People are encouraged to make choices throughout the day including what they wear, the food they eat, the diet they follow, where to spend their time and what activities to do. The provider seeks feedback from people and/or their representatives about the quality of care they receive.

Care staff and nurses promote people's physical and mental health. The support they provide includes nursing care, personal care and support with day-to-day living. Nurses support people with their medication and with nursing procedures such as dressings. Care workers support people to eat and drink well, and provide personal care. An activity coordinator arranges one-to-one and group activities which people can participate in. Care workers report any changes in people's presentation to the nurses, who arrange referrals and appointments with health professionals when necessary. Visits from relatives and friends are welcomed. The activities people pursue and relationships they have with staff and visitors support their mental health and well-being.

Measures are in place to protect people from abuse and neglect. Care staff are trained in safeguarding and have clear policies and procedures to guide them. The service provider carries out risk assessments and when risks are identified they draw up support plans. The manager liaises with relevant agencies to ensure any restrictions placed on a person's liberty are only in their best interests. The home provides people with suitable accommodation which feels homely. There is a range of specialist equipment in the home, this ensures care workers can support people as safely as possible.

Care staff receive comprehensive training and support to understand how best to care for people. Staff also attend regular meetings; these includes nurses' meetings and senior care workers meetings where different aspects of the service provided are discussed. All staff receive supervision. We noted however, the systems relating to supervisions must be reviewed to ensure these meet the requirements of the Regulations.

## Care and Support

People receive the support they require when they need it. We saw people are settled and appear content. We observed care workers supporting people and noted a natural familiarity between them. They demonstrate a good understanding of people's needs and we observed them anticipating what people need. We saw care workers providing verbal re-assurance, verbal prompts and/or guiding people towards an object or place when this was necessary. We saw care workers re-assuring people as soon as they showed early signs of discomfort. We also saw them, for example, guiding people's hands towards drinks or food they could not get alone. Relatives we spoke with are very happy with the service. One person told us "*Very nice people, care wise it is really good*" and that their relative is well settled. Another person told us their relative had "*So much improved, back to their old self*" since being admitted to the home and is very happy. A third person told us "*Staff are lovely*" and they explained how care workers always try to give food to their relative even when they are reluctant. They also told us care workers make sure their relative is comfortable and always clean which is important to them.

The manager carries out pre-admission assessments prior to people being admitted to the service. They gather information from people, their representatives and relevant external professionals. Nurses then use this information to write their personal plans. Where there are risks, these are assessed and steps to mitigate them are listed. At the last inspection, we noted this care documentation was not always sufficiently detailed and not always accurate. In addition, we found the audit system in place to monitor care documentation was not robust enough and observed care workers knew more about people and about how best to support them than was included in the documentation. At this inspection, we saw audits have been strengthened and the quality of the care documentation improved. The manager told us they start people's personal plans after completing the pre-admission assessment and the nurses then complete these. Two nurses spoke about struggling with time to get this work done. We discussed this with the RI, the manager and other senior staff. They told us how people's care documentation is completed will be looked at again to ensure it is all personalised. This also includes finding the best ways to ensure all the knowledge nurses and care workers have about each person's needs and likes and how best to support them is incorporated in their personal plans.

## Environment

People live in an environment which meets their needs and promotes their wellbeing. The home is welcoming and clean. There are communal areas throughout the home including lounges and dining areas. These feel homely, with decorative and informative displays. People's bedrooms are personalised and 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. Since our last inspection we noted various upgrades to the environment: communal areas have been re-decorated, new flooring has been laid in one area, there is a new external patio area, new windows have been installed to the bedrooms and rooms situated at the front of the home. In addition, some new lifting equipment and new chairs have been purchased.

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. Records show the RI reviews the environment and health and safety checks when they visit and when complete their quality assurance activities. The home has gained a food hygiene rating of five which means standards are 'very good'.

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.

## Leadership and Management

The service provider has good arrangements in place to support the smooth running of the service. The RI maintains oversight of the service. They visit the service on a regular basis, take part in weekly meetings and have ongoing contact with the manager. The manager is registered with Social Care Wales (SCW) and they take responsibility for the day-to-day running of the service. They are assisted by one of the clinical leads and by the training and performance manager as both also undertake the role of deputy manager. All are long standing members of staff who know the service well. They all have defined areas of responsibilities and all carry on activities to monitor the quality of the service delivered. The RI, the manager and all senior staff routinely speak to relatives. Records also show the service provider seeks formal 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 inspection to improve the oversight covering all areas of the service provision including the quality of the care documentation and of the recruitment checks.

People are supported by staff who are vetted, trained, supported and developed. The records we examined show that the provider strengthened its recruitment checks and carries out most of the necessary checks. We discussed this with the RI and the manager, they will ensure these are further improved to ensure they are as robust as they can be.

Supervision and training records evidence processes are in place for supporting and developing staff. Staff receive induction when they first start, ongoing training and support to achieve recognised qualifications. In addition, staff speak highly of the ongoing support they get from the training and performance manager. Care workers are supported to register with SCW, the workforce regulator. We saw all staff receive supervision. However, records and the feedback we received shows these are not always conducted as required by the regulations and/or as what people want. The feedback we received included that some supervisions are a paper exercise which is not meaningful. We also noted the manager has not received the required clinical supervisions and that whilst they have regular contact with the RI, they did not have recorded supervision sessions with them. We discussed processes in place for the management of supervisions in the home with the manager and the RI. Following this, the manager introduced a new system to ensure nurses are given the opportunity to reflect upon their practice, discuss this with them and for these discussions to be recorded. This is an area for improvement, and we expect the provider to continue taking action.

There is good oversight of financial arrangements and investment in the service. The service provider has invested in extensive upgrades to the environment and in some new equipment. Staffing levels on the day of the inspection and on viewed rotas appear appropriate to meet the needs of people.





### 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.

### Area(s) for Improvement

Regulation	Summary	Status
36	The service provider must ensure all staff receive the required supervision. These must be relevant	New

	and meaningful.	
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.	Achieved

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**Date Published** 16/10/2024