



Inspection Report on

Claremont Care Home

**30 Ewenny Road
Bridgend
CF31 3HR**

Date Inspection Completed

04/06/2024

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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	05/01/2023
Does this service promote Welsh language and culture?	This service is working towards a Welsh language 'Active Offer'.

Summary

People living at Claremont Care Home are happy with the care and support they receive from care staff. People are supported to live active lives. The environment is clean, comfortable and well presented. Care staff have positive relationships with people and appear to know the people well. Nutritional needs are understood and met. Staffing levels are sufficient with consistent long-term staff at the home. Care staff are trained to meet the needs of people they support and are happy working at the service. They feel supported by the management team.

The Responsible Individual (RI) has oversight of the service and quality assurance monitoring takes place regularly. Personal plans and risk assessments are in place. Reviews are completed in conjunction with people and their representatives, ensuring people are at the forefront of the care and support they receive. Medication is stored and administered safely.

Well-being

People are treated with dignity and respect by an experienced team of care staff. Staff have very good knowledge of people's routines as well as what is important to them. People told us they have good relationships with care staff. We observed positive interactions between staff and residents. One resident said, *"I wouldn't want to leave here, I like living here"*. People are provided with a range of nutritious foods and meals can be eaten in the dining room, lounge, or people's own rooms as they choose. The management team and RI gather regular feedback to ensure the care provided meets expectations.

Care staff promote people's physical and mental health, enabling them to have access to the right care at the right time. They arrange appointments with health professionals promptly when needed. Visiting arrangements for family and friends are flexible. People told us they can have visitors when they choose. People are encouraged to participate in activities they enjoy within the community. People are encouraged and supported to be as independent as possible. Good medication management arrangements are in place. Medication is stored securely and administered as prescribed.

People can choose where and how to spend their day. People have access to a range of communal areas, as well as the privacy of their own bedrooms. We observed people in communal areas. They appeared relaxed and comfortable, which suggests they are happy with their surroundings. Arrangements are in place to ensure the environment is clean and well maintained.

People are protected from harm and neglect. Staff have received training in safeguarding vulnerable people and there is a safeguarding policy in place. Care staff are aware of the process for raising concerns and have access to the safeguarding and whistleblowing policies. Concerns and safeguarding matters are monitored by the management team. Care staff are subject to a thorough recruitment process to ensure they are suitable to work with vulnerable people. Staff receive regular supervision to support good practice.

Care and Support

The service provides a good standard of care and support. Care staff are attentive and respond to people's needs by providing appropriate levels of care and support in a dignified, respectful manner. People are encouraged to participate in activities and hobbies they enjoy within the community. Staff turnover at the service is very low. This means people receive good continuity of care. We observed people in the presence of care staff, who looked relaxed and comfortable. We saw care staff engaging with people in a positive way, having meaningful conversations with them. People were complimentary about the care and support they receive. One person said, *"the staff are lovely, they look after me. If I asked for anything they would listen to me"*. Another person commented, *"I would not change anything about living here"*.

Assessments are completed prior to people coming into the home, ensuring the service can meet individual needs and achieve personal outcomes. Personal plans are detailed and person-centred. Plans clearly outline the level of care and support people require, enabling care staff to best support them. Information recorded in people's files include care plans and risk assessments. Care staff complete daily recordings which are accurate and give a detailed account of care and support provided. Reviews of care documentation take place every three months, with people being involved in the process. Updates are implemented if needed.

Care staff know the people they support well. They can recognise changes in people's presentation and report to the relevant professional for advice or support. Personal plans contain documented evidence of appointments with professionals such as GPs, dentists, and social workers. On the day of inspection, a GP attended the home. The service told us they have a good relationship with health professionals and pharmacists. There are systems in place for the safe management of medication. Medication is stored securely in line with best practice guidance. Care staff receive medication training, and there is a medication policy underpinning safe practice. Medication administration records (MAR) are free from errors and monthly medication audits aim to identify and address any issues.

Menus detail a good choice of nutritious foods and people with special dietary requirements are catered for. One resident said, *"food is nice here. I have choice of where I eat and what I eat"*. We observed a pleasant and relaxed atmosphere during the lunchtime experience.

Environment

People live in an environment which supports their wellbeing. Bedrooms at the home are individualised to people's tastes, containing photos and decorations which make the environment feel homely and familiar. There are sufficient toilet and bathing facilities. The home is currently in the process of redecorating people's rooms. The service has three lounge areas where people can choose to spend their time. The home is clean and tidy throughout. Domestic and laundry workers are at the service daily to ensure good standards of cleanliness and hygiene are maintained. The kitchen facilities have been awarded a score of five by the Food Standards Agency, suggesting hygiene standards are 'very good'.

Entry to the home is secure, with visitors having to sign in before entry and sign out on departure. The home has three garden areas for residents to use and enjoy. The home is maintained to a good standard. We saw up to date safety certification for fire safety features and utilities such as gas and electricity. There is an up-to-date fire risk assessment and people have personal emergency evacuation plans in place. People's personal information, together with employee personnel records, are stored safely and are only available to authorised members of the staff team. Substances hazardous to health are securely stored in line with relevant statutory guidance. Regular health and safety audits are conducted to identify and action areas of concern.

Leadership and Management

There are clear staffing structures in place with staff understanding their roles and responsibilities. We saw all care staff are registered with Social Care Wales, the workforce regulator. This is done to ensure they possess the relevant skills and qualifications needed for working in the care sector. Staff turnover is minimal. This is positive as the service can provide good continuity of care. Care staff we spoke with say they enjoy working at the service and provided complimentary feedback. One staff member said *“There is a real family atmosphere within the home”, “the home is a long-established family run service”,* and *“there is nothing I would change about working here”*.

Supervision and appraisal records show care staff receive the recommended levels of formal support. This process gives care staff the opportunity to identify any support they may require and discuss development opportunities or any concerns they may have. Overall staff recruitment files contain the required information and checks to ensure they hold the necessary skills and are of good character. Records show staff have a good induction and training. Care staff told us they receive sufficient training to carry out their duties effectively and safely. Training information shows overall staff training is up to date with their training requirements.

There are systems in place supporting the smooth running of the service. Arrangements for governance, quality assurance and auditing are good. Policies and procedures underpin safe practice, are kept under review, and updated when necessary. We saw evidence the RI regularly meets with people and staff to gather feedback to inform improvements. The quality of care provided is reviewed in line with regulation and a report is published on a six-monthly basis. This report highlights what the service does well and any areas where improvements can be made. Complaints, reportable incidents, and safeguarding matters are recorded and processed in line with policy. Policies and procedures reflect current statutory and best practice guidance. A statement of purpose and service user guide are in place. These are reflective of the service provided and contain required information.

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
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