

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Clifford House Residential Care Home

Clifford House, 11 Alexandra Road, Andover,  
SP10 3AD

Tel: 01264324571

Date of Inspection: 30 June 2014

Date of Publication: July 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✗ Action needed

## Details about this location

Registered Provider	Mr Roopesh Ramful
Registered Manager	Mr Roopesh Kumar Ramful
Overview of the service	The service provides accommodation and person care for up to 21 people. People using the service may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Clifford House Residential Care Home had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Management of medicines
- Safety and suitability of premises
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and were accompanied by a pharmacist.

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### What people told us and what we found

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Clifford House is a residential care home located in Andover in Hampshire. It is registered to provide accommodation and personal care for up to 21 people some of whom are living with dementia. At the time of our visit there were 19 people living at the home. Clifford house is an older style house that has been converted into residential care accommodation arranged over two floors. The home has a communal lounge and dining area, a kitchen and adapted bathing facilities. A walk in shower is currently being installed. There is access from the communal lounge to a small outdoor patio area.

The home has a registered manager who is also the registered provider of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility of meeting the requirements of the law alongside the provider.

During the inspection we spoke with six people who use the service. Where people were unable to speak with us due to their complex needs, we used other methods to help us understand their experiences including observation of their support. We spoke with a number of staff including the registered manager, and three care workers. We reviewed 10 people's care and support plans and other relevant records.

We had previously assessed that Clifford House Residential Care Home had not been meeting six of the essential standards. This inspection, reviewed whether they had taken

action and made the required improvements to comply with these standards. In addition, we also reviewed whether the service was meeting the essential standards in relation to records and the management of medicines.

We gathered evidence against the outcomes we inspected to help us answer our five key questions.

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well led?

Below is a summary of what we found. If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

People living at Clifford House told us that they felt safe. Safeguarding procedures were in place and staff understood how to safeguard the people they supported.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

We found that some people's care records contained incomplete monitoring charts which meant that accurate monitoring of their needs would be difficult. We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to the maintenance of accurate and appropriate records to ensure that people are fully protected against the risks of unsafe or inappropriate care.

Is the service effective?

Before people received care, they were asked for their consent and care staff acted in accordance with their wishes. The manager was knowledgeable about the Mental Capacity Act (MCA) 2005 and was able to demonstrate an understanding of assessing people's capacity to make decisions. Care staff displayed knowledge of the key principles of the MCA and we saw records which showed that all staff had completed training in the MCA.

People's care plans included information about the care and support they needed. Staff we spoke with were informed about people's needs and were able to tell us about the care they provided.

The provider had made arrangements to ensure that a programme of repair and on-going improvement was maintained within the service, which ensured that people were protected against the risks of unsafe premises and were cared for within a comfortable and pleasant environment.

The provider had put in place arrangements to provide staff with supervision and appraisals. Whilst we found that improvements had been made to the frequency of

supervision, and staff told us that they felt well supported, these improvements will need to be embedded in practice and sustained to ensure that they were a fully effective tool in supporting the development of staff.

Is the service caring?

People we spoke with were positive about their care and the support they received from staff. One person said, "The staff are very kind, they always go out of their way, no-one could complain". Another person said, "You come here, you come home, you belong". A third person said, "They [staff] are kind and caring".

People's preferences, likes and dislikes had been recorded and we saw that support was provided in accordance with people's wishes.

Is the service responsive?

The service had measures in place to review people's needs on a regular basis. We saw that action was taken in response to any changes in people's needs. For example, we saw that one person was referred to their GP when they developed signs or symptoms of a urine infection. Another person had been referred for a continence assessment and a GP had been consulted about a third person's skin complaint. This meant that the service worked effectively with other providers to ensure that people received co-ordinated care, treatment and support.

Systems were in place to ensure that the service learnt from incidents and accidents, comments and complaints.

Is the service well led?

There were arrangements in place to ensure that people who use the service, their representatives and staff were asked their views about the care the service provided. We saw that where the need for improvement was identified, the service was taking action to address this.

The service had taken action to ensure that it had quality assurance systems in place to assess the quality of the service and identify where improvements could be made. However some of these needed to be further embedded to ensure that they provided an effective system for monitoring the quality and safety of the service people received. For example, some of the care records at the home were not clear or incomplete. These issues had not been identified through the audit process.

You can see our judgements on the front page of this report.

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 06 August 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

When we visited this service in November 2013, we found that the provider was not complying with this regulation as they had not made suitable arrangements to make sure staff knew about, and acted in accordance with legal requirements, where people who use the service did not have capacity to consent to their care and treatment. The provider's action plan stated that they would ensure that mental capacity assessments were completed using appropriate documentation and that all staff received relevant training.

During our visit in June 2014, we saw that the provider had developed a new consent form which enabled people, where able, to give consent to aspects of their care and treatment such as their care plans and the use of photographs.

We observed staff asking people for their consent before offering assistance. We saw staff knocking on doors before entering people's rooms. People told us that staff asked for their consent and offered them choices. For example, one person said, "The staff are always kind, they don't belittle you, it's not, 'you must do this', they are always asking, they make you feel cared for". We saw staff seeking people's views about their meal choices and taking time to explain the options to help them reach a decision. A care worker told us, "Communication is key, I ask [people using the service] what they like, I explain everything, I ask them when they want to get up, what they would like to eat, whether they would like a bath, what activities they want to do". This demonstrated that before people received care or treatment, they were asked for their consent and the provider acted in accordance with their wishes.

We saw from training logs that all staff had completed training in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff we spoke with could recall undertaking this training and were able to describe the key principles of the Act.

Where people did not have capacity to consent, we found that the provider had undertaken appropriate assessments of people's capacity to determine whether they were able to make decisions in relation to their care and support. Where people lack capacity to make decisions, the MCA states that, any decision made on behalf of that person must be in their best interests. The MCA requires certain steps to be followed to help staff work out what is in the person's best interests. We saw that the service had started to co-ordinate best interest consultations with relatives and appropriate professionals. However we found that further work is needed to ensure that these processes are embedded in practice and are an effective tool in determining what is in a person's best interests.

We found that overall improvements had been made to ensure that the service acted in accordance with the requirements of the MCA (2005). We found that the provider had complied with the compliance action.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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When we visited this service in November 2013, we found that the provider was not complying with this regulation as they had not taken proper steps to ensure that people were protected against the risks of inappropriate care by means of effective planning and delivery of care. The provider's action plan stated that they would ensure that each person's needs were reassessed to ensure they had a detailed care plan and updated risk assessments to guide the interventions of staff.

During our visit in June 2014, we found that people's care plan documentation included information about the care and support they needed. We saw that the service had undertaken a detailed assessment of one person's needs prior to their admission to the home. This had included information about their medical conditions, medications, and their wishes and preferences about their daily routines. This meant that the service was able to make robust decisions as to whether they were able to meet the person's needs.

People we spoke with were positive about their care and the support they received from staff. One person said, "The staff are very kind, they always go out of their way, no-one could complain". Another person said, "You come here, you come home, you belong". A third person said, "They [staff] are kind and caring".

We looked at the care records of 10 people using the service. We found that each person's care plan and risk assessments had been updated. These contained information about the care and support they needed including a detailed, "My Typical Day" which described the person's referred daily routines and preferences in detail. Each plan also contained a "My Support Plan in Brief" which gave an 'at a glance' resume of the person's key needs.

We saw that the service had developed care plans in line with people's specific needs. For example, one person had a detailed plan for managing their diabetes which included information about the signs and symptoms that might indicate that the person was at risk of becoming hypoglycaemic. Hypoglycaemia is when the level of glucose present in the blood falls below a set point. Being aware of the early signs of hypoglycaemia meant that staff would be able to seek relevant medical advice in a timely manner and prevent risks to the person's health and wellbeing. We were able to see that staff had followed the

guidance in this person's plan and had amended the dosage of insulin administered in response to fluctuations in their blood sugar levels. This meant that care was delivered in line with people's care plans.

We found that another person had a detailed plan to support staff with the care of their catheter. Plans were also in place in relation to the use of covert medication, managing skin integrity, continence, mobility, managing agitation and challenging behaviour and communication.

Where appropriate, care plans had been drawn up in conjunction with other professionals including GP's, district nurses and pharmacists. We saw that action was taken in response to any changes in people's needs. For example, we saw that one person was referred to their GP when they developed signs or symptoms of a urine infection. Another person had been referred for a continence assessment and a GP had been consulted about a third person's skin complaint. This meant that the service worked effectively with other providers to ensure that people received co-ordinated care, treatment and support. The provider may find it useful to note that we found that some people, including one person who was known to be underweight, did not have an eating and drinking care plan to guide staff on encouraging and maintaining a healthy diet. However we did see that information about their food preferences and dietary needs were recorded in the kitchen and people were being weighed on a monthly basis. We also found that the care plans did not contain detailed information about people's wishes in relation to their end of life care.

At our previous inspection in November 2013, we found that people's plans of care did not always provide sufficient detail about the keys risks to their health and wellbeing. During this inspection, we found that each person had an updated risk assessment which gave some detail about how the identified risk was to be managed. For example, we saw that one person had a plan in place to reduce their risk of falls. Another person had risk assessments and support plans in relation to their catheter care and diabetes. A third person had a risk assessment and support plan in place to support staff to care for them when they became distressed or agitated. The provider may find it useful to note that one person who was risk of wandering due to their dementia, did not have a risk assessment in relation to this specific need. Although we did see that the service had made arrangements for monitoring equipment to be put in place to assist in mitigating any risks associated with this behaviour. The provider may find it useful to note that we found that in some instances the level of detail contained in the risk assessments could be improved still further to ensure that they provided a robust tool for managing risks to people's health and wellbeing.

We found that daily handovers were undertaken that summarised people's key needs. Other key information was recorded in people's daily records or in the communications book. This helped to ensure continuity of care and effective communication between staff.

We looked at the arrangements to meet people's social and emotional needs. We saw that once a week the provider had made arrangements for outside organisations to provide a range of entertainment. On the other days, the care workers were responsible for arranging social activities which included bingo, quizzes and gentle exercises. We saw care workers spent time sitting and talking with people and reading letters to one person from their family. We saw from activity records that care workers occasionally took people out for walks. The provider may find it useful to note that two people told us that they felt improvements could be made to the activities provision. One person said, "I don't do enough, I would like to go out more". Two staff also told us that they felt it would be helpful

to have more objects available around the home for people living with dementia to engage with to stimulate their interest and memory. The provider told us that in July adaptations were being made to the garden following which there would be raised beds available to enable people to have opportunities to grow flowers and vegetables. We could see from minutes of resident meetings that the provider was seeking feedback from people about how to improve the activities provision.

Overall we found that improvements had been made to ensure that the service was compliant with this essential standard of care.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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When we visit in November 2013, we found that people had not been protected from the risk of abuse because the provider had not taken steps to ensure that staff had up to date training and knowledge of safeguarding policies and procedures. We also found that adequate arrangements were not in place for ensuring that the service applied for the appropriate authorisations when people's liberty was restricted in order to protect them from harm.

During this inspection, all of the people living at Clifford House told us that they felt safe and secure. They were all confident that that they could raise any concerns they might have with the registered manager and that these would be acted on.

We found that all staff were trained in how to recognise and respond to abuse. We spoke with three care workers about their understanding of the term safeguarding. They were able to describe the main types of abuse and understood their responsibility to report any concerns to their management team.

We were satisfied that the registered manager would respond appropriately to any allegation of abuse. We were aware that the registered manager had worked collaboratively with the local authority in response to a safeguarding investigation.

All of the staff we spoke with were aware of the importance of disclosing concerns about poor practice or abuse and were informed about the organisations whistleblowing policy.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

We found that improvements had been made to ensure that the service was compliant with this essential standard of care.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We looked at the medicines and records relating to medicines for people living in the home. We spoke with care workers and watched them handling medicines.

Medicines were stored safely in locked cupboards and trolleys. Medicines that needed to be stored between 2°C and 8°C were kept in a locked refrigerator and the temperature of this was checked daily. We saw that this was in this range, so that medicines were safe to use. Controlled drugs which are medicines that require a higher level of security were stored in appropriate cupboards. We looked at the records for these medicines and saw that they were accurate.

Appropriate arrangements were in place in relation to obtaining medicine. We saw that all medicines were available for use. Staff told us how they could order medicines that were needed urgently. They also sought advice and support from the supplying pharmacist. Recently they had contacted the pharmacist about supporting a person to take medicines who was refusing and for advice for someone who wanted their medicines dissolved in water.

We looked at the medication administration records (MAR) for people living in the home. Each record included a photograph to aid identification and a list of allergies so that staff could check that the medicines were safe for them to have. We saw that the records had been completed and the medicines we checked corresponded to the doses signed for. The provider may find it useful to note that where the doctor had prescribed 'one or two tablets' staff were not recording the exact dose given. We saw that emollient and moisturising creams were not signed on the MAR but recorded in the care plans by the care workers who applied them. These records appeared complete but were not easy to audit and the provider discussed with us changes to improve this process.

One person in the home managed a limited amount of their own medicines with support from the staff. We saw that care workers took blood tests, recorded the results and supported the person to give themselves the appropriate injection. This person's care records included details of how this was done and how to get help from healthcare professionals when needed.

Some people were prescribed medicines to be taken 'when required'. We looked at a care plan for one of these people which included detailed guidance to care workers as to how to support this person and when to give the medicine. Another care plan we looked at did not include guidance to support staff to give the medicines consistently when they were needed. We saw that this medicine had not been used for some time; however when we pointed this out to the provider they indicated their intention to draw up a similar plan for this person in case it should be needed.

We saw that 11 care workers had completed training in medication handling in March 2014. This training included competency assessments to check that they were handling and administering the medicines safely. Staff we spoke with told us that this training had increased their awareness of medication safety and that they had also benefited from additional training and support from district nurses and the pharmacist.

The provider undertook audits to check that the medicines were being handled safely in the home. We looked at the most recent audit from March 2014 and saw that any actions noted as a result of the audit had been completed.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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During our inspection in November 2013, we found that the service had not ensured that people were protected against the risks associated with the unrestricted openings of the first floor windows. We also found that the provider was not complying with Health and Safety Executive (HSE) guidance in relation to water temperatures and effective control of legionella bacteria.

As a result we served a warning notice requiring the service to become compliant by the end of January 2014. We re-visited the service in February 2014 and found that the provider had made progress towards the requirements of the warning notice but some work remained outstanding. For example, the installation of temperature gauges which would enable effective checks of the water system to be undertaken. This was to ensure that the temperature of the water circulating to and from the taps remained within parameters recommended by the HSE to ensure effective legionella control. Remedial work also needed to be completed to calibrate the newly installed thermostatic mixer valves. This was to ensure that the temperature of hot water being discharged from baths and wash basins did not exceed recommended limits.

During this inspection we found that the gauges had been installed on the inlet and outlet pipes of the water system so that the temperature could be monitored to ensure effective legionella control. We found that a new water tank had been installed to ensure that the hot water was achieving temperatures of 50°C and could be delivered to all points of use in rooms within one minute.

We found that the registered manager had made arrangements for an external contractor to undertake monthly checks of the water system to ensure that water temperatures were in line with relevant guidance. We saw that weekly readings of the hot water temperatures were being taken and these were not exceeding recommended limits. The provider told us that all bedrooms now had mains water that was safe for drinking.

We saw that the provider undertook other checks to ensure the safety and suitability of the premises. For example, we saw that there was a Lifting Operations and Lifting Equipment Regulations (LOLER) certificate in place for the lift. Arrangements had been

made for an external contractor to ensure that all other mechanical lifting aids were maintained on a regular basis. We saw records which showed that the electrical installations had been tested by a suitably qualified person in 2010 and found to be satisfactory. This was due for re-inspection in July 2015.

Hampshire Fire Service had completed a fire safety audit of the premises in March 2014. This had identified some fire safety breaches and areas for improvement, one of which was to undertake a review of the fire risk assessment for the premises. We saw records which showed that this had been completed. The provider told us that the immediate recommendations from this risk assessment had been completed with further recommendations due to be completed by October 2014. We saw records which showed that staff received fire safety training.

Since our last inspection, we found that the provider had employed a maintenance person for 12 hours each week. This meant that the provider had made arrangements to ensure that a programme of repair and on-going improvement was maintained within the service, which ensured that people were protected against the risks of unsafe premises and were cared for within a comfortable and pleasant environment.

We found that improvements had been made to ensure that the service were compliant with this essential standard of care.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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When we visited this service in November 2013, we found that the provider was not complying with this regulation as they had not taken proper steps to ensure that staff received appropriate training and supervision. The provider's action plan stated that they would ensure that each staff member received at least 6-8 supervision sessions annually. The plan also said that training would be reviewed to ensure it was comprehensive and tailored to the needs of people using the service.

During our visit in June 2014, we found that the service had made some improvements. We spoke with three care workers; all three said that they felt well supported in their roles. One care worker said, "If I am stuck on something, there is always a senior I can ask. If I am doing something for the first time, then I am shadowed". Another care worker said, "The senior carers are really good, so reliable and supportive". They each told us that they were receiving more regular supervision meetings and that they found these useful.

We looked at the records regarding supervision and found that out of 14 care staff, 10 had received at least two supervision sessions since the date of the last inspection. The provider may find it useful to note that four staff had only received one supervision. This was not in line with the frequency as determined by the service in their action plan. The provider told us that the service had been focusing on their overall improvement plan and that this had made it challenging to schedule supervision. Overall therefore we found that whilst improvements had been made to the frequency of supervision, and staff told us that they felt well supported, these improvements will need to be embedded in practice and sustained.

We reviewed the training matrix. This showed that staff had received training in a range of areas including fire safety, first aid and moving and handling. Some staff had been trained to administer medication safely. When we last inspected the home, we had been concerned that staff did not have up to date training in the Mental Capacity Act 2005, safeguarding vulnerable adults and other key areas such as food hygiene and infection control. During this inspection we were able to see records which showed that staff had now completed training in these areas. We saw that in addition, staff had completed other training relevant to their role and the needs of people using the service. For example 13

staff had completed end of life care training and 15 staff had completed dementia care training. One care worker told us that the dementia care training had "really helped me to understand how to care for people with dementia". Another care worker told us, "We get more than enough training, if there was any extra training, they [registered manager] would sort it out".

We found that six staff had undertaken training in care planning to support the improvements in this area that were required following our last inspection. The registered manager told us that they and a senior care worker were due to attend a training course the next day on Managing Safely – Safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw that this course would help the registered manager to support and develop good practice within their workplace in relation to the requirements of the Mental Capacity Act. We saw that the service provided opportunities for staff to undertake to study for vocational qualifications in health and social care. This meant that staff received appropriate professional development.

We found that improvements had been made to ensure that the service was compliant with this essential standard of care.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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When we visited this service in November 2013, we found that the provider was not complying with this regulation as they had not taken proper steps to ensure that there were effective measures in place for monitoring the quality and safety of the premises and the service provided. The provider's action plan stated that they would implement new models of care and support plans which would be reviewed monthly. The plan also said that arrangements would be made to engage external contactors to ensure the home was complying with relevant regulations to ensure a safe environment for people. Service user satisfaction surveys were also to be undertaken.

During our visit in June 2014, we found that people who use the service and their relatives had been asked for their views about their care. We saw that a satisfaction survey had been undertaken with residents, relative and visiting professionals. The results of this were still being analysed by an external consultant and so the provider had not as yet drafted an action plan to address any areas for improvement. However we were able to see that 16 people who use the service had responded to the survey. All 16 had responded that they were happy with the care they received at Clifford House and that they were treated with dignity and respect. All had agreed that the home was pleasant and comfortable. Six people had stated that they felt more leisure activities could be offered.

We saw that 15 relatives had responded to the survey. Fourteen had said that they felt the care staff were supportive. Four felt that communication about their relatives health needs could be improved and five felt that the standard of the décor could be improved. We also saw that comments from GP included, "The residents are well looked after and well cared for. They are well known to all the staff who are knowledgeable".

We saw that meetings were held with residents and were an opportunity for people to express their opinions on aspects of the service provision. The last meeting in June 2014 had discussed a variety of issues including the outside entertainment, staffing, and developments to the premises.

We saw that regular staff meetings took place. We looked at the minutes of the meeting

held in March 2014. Issues discussed included; staff structures, care plans, supporting new staff, the development of a key worker system and the introduction of a post falls protocol. Staff told us that they felt the service was well led. One care worker said, "The [registered manager] is a good leader, they want what's best for the residents". Another said, "The [registered manager] is a good boss, they would react immediately to abuse".

We saw that the service had made arrangements for external contractors to monitor the safety of aspects of the service such as the fire and water systems. The service also used a health and safety checklist which considered a number of areas including management of waste, storage areas and moving and handling.

During our visit we looked at the homes record of incidents and accidents. We saw that these had been reported in a timely manner and had been reviewed by the registered manager in order that any trends or patterns responsible for causing the incident had been identified. We saw a post-falls protocol in place which ensured that anyone who had suffered a falls was monitored carefully to ensure that they were not experiencing any ill effects from the fall.

The provider undertook audits to check that the medicines were being handled safely in the home. We looked at the most recent audit from March 2014 and saw that any actions noted as a result of the audit had been completed.

The provider may find it useful to note that care plan audits were not routinely being undertaken which meant that omissions in people's records had not been picked up. We spoke with the registered manager about this. They agreed to start a programme of robust care plans audits to address this.

The registered manager took account of complaints and comments. They told us that in April, a relative had raised a concern. In response the registered manager had arranged a meeting with the relative to explore their concerns which were resolved to their satisfaction.

Overall we found that improvements had been made to ensure that the service was compliant with this essential standard of care.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was not meeting this standard.

The provider had not always maintained an accurate record of the care and treatment each person received.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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During our inspection we looked at the care records of 10 people using the service. We found that people's care plans were stored securely in a locked cupboard. However their daily records and monitoring charts were stored outside the office in the corner of dining area in a trolley. Whilst this arrangement meant that information was accessible to staff and could be located promptly, there was a risk that the security of confidential information might be compromised.

The care plans detailed the support needed in a range of areas including moving and handling, personal hygiene, communication and continence care. The care plans also contained information about people's medical condition, their wishes and preferences and their daily routines.

In addition to the care plans, we found that systems were in place to monitor people's health and wellbeing by the completion of daily records in relation to personal care tasks, continence, and daily blood sugar readings and in some cases the person's fluid intake and output. We found a number of examples where these records had not been fully completed. This meant that the service was not always maintaining an accurate record of the care and treatment each person received. For example, the personal care records for one person had not been completed on the 11 days during June. We saw that the charts used to monitor other aspects of people's personal care needs were also frequently incomplete. For example, one person had no entries on a chart used to monitor aspects of their continence between the 7 and 16 June 2014.

One person's care plan stated that staff needed to check their blood sugar levels once a week. This was because they had diet controlled diabetes. We could find no records of these checks being documented. We could not be assured therefore that these checks were being done. We spoke with the registered manager and they agreed to take immediate action to ensure that these checks were being recorded fully in a manner that enabled staff to effectively review and assess the person's health and wellbeing. We saw that another person, with insulin dependent diabetes, did have complete records of their

daily blood sugar monitoring.

We found examples where people's fluid intake and output charts were not being fully completed. For example we saw that one person had no entries on their fluid charts between 14 June and the 21 June 2014. We found that the chart in use did not prompt staff to total the amounts of fluids taken each day. We found some evidence that fluid intake and output was being recorded in the daily notes, but this was not being consistently recorded in one place. This meant that where people had been assessed as requiring fluid monitoring, records were not being appropriately maintained that would assist staff to monitor the person's hydration on a daily basis. During our inspection we observed that people were offered frequent drinks throughout the day and was more related to shortcomings in the care records.

We saw that another person's catheter plan described how staff should clean the catheter insertion site with an antibacterial agent. However we saw that district nurses had advised that the site should just be washed with warm water. All of the staff we spoke with were aware to wash the site with water, but the records had not been updated to reflect the guidance from the district nurses.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
	<b>How the regulation was not being met:</b> The provider had not ensured that an accurate record had been maintained in relation to the care and treatment provided to each person. Regulation 20 (1)(a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 06 August 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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