

***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: 24 September 2014

Date of Publication: October  
2014

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

**Records**

✓ Met this standard

## 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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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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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:

- 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 24 September 2014, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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During an inspection in June 2014 we found the provider had not met the required standard with respect to the maintenance of an accurate record of the care and treatment each person living at Clifford received. This was because we found some care records had not been stored securely. We also found that some care plans contained conflicting or out of date information and that records of the care people received on a daily basis had not always been completed. The provider sent us an action plan telling us what action they would take to ensure they met the required standard. The purpose of this inspection was to check whether the provider had made the necessary improvements. We therefore looked at the records maintained by the service to answer the question is the service safe?

On the day of the inspection there were 20 people living at the home.

This is a summary of what we found –

Is the service safe?

The provider had taken action to help ensure that people who use the service were safe by the maintenance of an accurate record of the care and treatment they received. People's care records were kept securely, but readily available to staff when required.

Overall, care plans and other records were accurate and fit for purpose. Charts used to monitor aspects of people's personal care tasks had mostly been fully completed. Arrangements were now in place to document weekly blood sugar checks and people's fluid intake where these were required. We did note that the forms used for recording this information could be improved to help ensure that staff had sufficient guidance to enable them to effectively respond to fluctuations in blood sugar readings.

The application of topical medicines was being recorded on a topical medicines administration record (TMAR). Topical medicines are creams or lotions which are applied to the body to treat skin conditions. We did see a small number of examples where the

application of a person's creams had still only been recorded in their daily records. Therefore the use of a TMAR needs to be embedded in practice and sustained to ensure that these are an accurate record of the topical medicines people receive.

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

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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

### Records

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People were protected from the risk of unsafe or inappropriate care because appropriate records were maintained.

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### Reasons for our judgement

The provider had taken action to ensure that an accurate record of the care and treatment each person received was maintained. During this inspection we found that people's care records were kept securely. Care plans were stored in a locked cupboard and daily records and monitoring charts were located safely in the office where staff could still access them when necessary.

We looked at the care records for five people who used the service. We found that overall care plans and other records were accurate and fit for purpose. The care plans detailed the support people needed in a range of areas and most showed evidence of monthly review. We saw that one person's catheter care plan had been updated since our last inspection to ensure that it reflected guidance from the community nursing team.

We found that systems were in place to monitor people's health and wellbeing by the completion of daily checks in relation to a number of areas such as hydration and weight, although we did note that one person had not always been weighed in line with the frequency requested by the community nursing team. Overall, however these records were detailed and had been fully completed.

At our previous inspection we found that weekly blood sugar checks had not been recorded for one person. This had meant that we could not be assured that these checks were taking place. During this inspection we found that these checks were being documented. The provider may find it useful to note that the document used for recording the weekly blood sugar readings did not contain guidance about the normal ranges for the person's blood sugar readings. This information assists staff to effectively respond to fluctuations in the person's blood sugar readings.

At our previous inspection we had seen some examples where people's fluids intake and output charts had not been fully completed. At this inspection we found that where fluid monitoring charts were in place, these were being updated regularly. This meant that an

accurate record of what people drank was being maintained. The provider may find it useful to note that the form used for monitoring fluid intake did not contain information about a target fluid intake. Neither was the total amount of fluids taken by a person over a 24 hour period calculated on any of the charts we saw. This information assists care workers to assess whether people have had sufficient hydration on a daily basis.

When we visited in June 2014, we had found that the application of topical medicines was being recorded in the daily records and not on a topical medicines administration record (TMAR). Topical medicines are creams or lotions which are applied to the body to treat skin conditions. In September 2014, we found that TMAR's were used to record the applications of people's creams and lotions, although we did see a small number of examples where the application of a person's creams had still only been recorded in their daily records. Therefore the use of a TMAR needs to be embedded in practice and sustained to ensure that these are an accurate record of the topical medicines people receive.

## 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

### Essential standard

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)

### Regulated activity

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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